



Formulario 2021 de Bright
(Lista de medicamentos cubiertos)

Planes individuales y familiares de Bright Health

Illinois

LEA: Este documento contiene información acerca de algunos medicamentos que Bright Health cubre en los planes individuales y familiares.

Este formulario se actualizó el 12/01/2021. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con nosotros al 833-661-1988 o visite www.brighthealthplan.com.

Bienvenido a Bright

Adjunto encontrará una lista de los medicamentos incluidos en nuestros planes individuales y familiares de Bright Health, del 1 de enero de 2021 al 31 de diciembre de 2021. A medida que revise, asegúrese de tener sus medicamentos a mano para que pueda confirmar que sus recetas están cubiertas, y comparar la dosis y los precios de los medicamentos que toma.

Tenga en cuenta que este documento incluye una lista de medicamentos *integral* (formulario) incluidos en nuestros planes Individuales y Familiares. Para ver un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Como miembro de Bright Health, generalmente debe usar farmacias dentro de la red para surtir sus recetas. Los beneficios, el formulario, la red de farmacias o los copagos o el coseguro pueden cambiar el 1 de enero de 2022, y cada cierto tiempo durante el año.

Atentamente,
Su equipo de Bright Health

Preguntas frecuentes:

¿Qué es un formulario (lista de medicamentos)?

Un formulario es una lista de medicamentos cubiertos seleccionados por Bright Health en consulta con un equipo de proveedores de atención médica, que representa las terapias con medicamentos recetados que se cree son una parte necesaria de un programa de tratamiento de calidad. Por lo general, Bright Health cubrirá los medicamentos incluidos en nuestro formulario siempre que el medicamento sea médicamente necesario y la receta se surta en una farmacia de la red de Bright Health.

¿Puede cambiar el Formulario (lista de medicamentos)?

Por lo general, si está tomando un medicamento de nuestro formulario 2021 que tenía cobertura a principios de año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2021, excepto cuando esté disponible un medicamento genérico menos costoso o cuando se divulgue información nueva adversa acerca de la seguridad o efectividad de un medicamento. Estos tipos de cambios pueden ocurrir sin previo aviso. Creemos que es importante que usted tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en los casos en los que puede ahorrar dinero adicional, o podemos garantizar su seguridad.

Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario es inseguro o el fabricante del medicamento lo retira del mercado, inmediatamente retiraremos el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento. Para obtener información actualizada sobre los medicamentos cubiertos por Bright Health, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

¿Cómo utilizo el formulario?

Hay dos formas de buscar los medicamentos que toma en el formulario:

1. Afección médica

Los medicamentos en este formulario están agrupados en categorías según el tipo de afecciones médicas que se utilizan para el tratamiento. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se incluyen en la categoría “Cardiovascular”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza a continuación. Luego busque en el nombre de la categoría de su medicamento.

2. Lista alfabética

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice al final del formulario. El Índice proporciona una lista en orden alfabético de todos los medicamentos

incluidos en este documento. Tanto los medicamentos de marca como los genéricos se incluyen en el Índice. Consulte el Índice para buscar su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar la información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Bright Health cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA), ya que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Bright Health requiere que usted [o su médico] obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Bright Health antes de surtir sus recetas. Si no obtiene la aprobación, Bright Health podría no cubrir el medicamento.
- **Límites de cantidad:** en ciertos medicamentos, Bright Health limita la cantidad del medicamento que cubrimos. Por ejemplo, Bright Health proporciona 15 tabletas cada 25 días por receta para Zolpidem Tartrate 5 mg. Esto puede ser adicional a un suministro estándar para un mes o tres meses.
- **Terapia de pasos:** en algunos casos, Bright Health requiere que usted pruebe primero ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, Bright Health podría no cubrir el medicamento B a menos que primero intente usar el medicamento A. Si el medicamento A no funciona para usted, Bright Health cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales revise el formulario. También puede obtener más información acerca de las restricciones que se aplican a medicamentos específicos cubiertos si visita nuestro sitio web, www.brighthealthplan.com. Hemos publicado en línea documentos que explican nuestro proceso de autorización previa y las restricciones de terapia de pasos. Usted también puede solicitar que le enviemos una copia.

Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitar a Bright Health que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que traten la misma afección médica. Consulte la sección “¿Cómo solicito una excepción al Formulario de Bright Health”?, para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si se entera de que Bright Health no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por Bright Health. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Bright Health.
- Puede solicitar a Bright Health que haga una excepción y cubra el medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Bright Health?

Puede solicitarnos que exoneremos las restricciones de cobertura o límites de su medicamento. Por ejemplo, en algunos medicamentos, Bright Health limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que exoneremos el límite y cubramos una cantidad mayor.

Por lo general, Bright Health solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, o las restricciones de utilización adicionales, podrían no ser tan efectivos para tratar su afección o podrían provocar efectos médicos adversos.

Debe comunicarse con nosotros para pedirnos una decisión inicial de cobertura de una excepción de restricción de formulario, de nivel o de utilización. **Cuando solicite una excepción de restricción al formulario o a la utilización, debe presentar una declaración de su médico o profesional que receta que respalde su solicitud.**

Por lo general, debemos tomar nuestra decisión dentro de las siguientes 72 horas después de recibir la declaración de respaldo del médico que receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría dañarse gravemente si espera hasta por 72 horas para una decisión. Si se autoriza su solicitud acelerada, debemos proporcionarle una decisión a más tardar 24 horas después de haber recibido una declaración de respaldo del médico u otro profesional que receta.

¿Qué debo hacer antes de que pueda hablar con mi médico sobre un cambio en mis medicamentos o de solicitar una excepción?

Como miembro nuevo o continuado en nuestro plan, puede tomar medicamentos que no se

encuentren en nuestra lista de medicamentos. O bien, usted puede estar tomando un medicamento que no está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede necesitar una autorización previa de nuestra parte antes de poder surtir su receta. Usted debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma.

Más información

Si tiene preguntas sobre Bright Health, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Nuestro Formulario (lista de medicamentos)

El formulario a continuación proporciona información de cobertura sobre los medicamentos cubiertos por nuestros para los planes individuales y familiares Bright. Si tiene dificultades para encontrar su medicamento en la lista, consulte el Índice al final del formulario.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca están en mayúsculas y los medicamentos genéricos están en minúscula cursiva.

La segunda columna del gráfico, Nivel del medicamento, le indica en qué nivel se encuentra el medicamento. Los niveles de medicamentos son la forma en que dividimos los medicamentos recetados en diferentes niveles de costo. Cuánto pagará dependerá de su plan individual, sin embargo, esto es lo que le dice el nivel de medicamentos.

Nivel 1: Medicamentos preventivos sin costo compartido para el miembro según la Ley del Cuidado de Salud a Bajo Precio

Nivel 2: Medicamentos genéricos preferidos

Nivel 3: Medicamentos genéricos no preferidos; Medicamentos de marca preferidos

Nivel 4: Medicamentos genéricos no preferidos; Medicamentos de marca no preferidos

Nivel 5: Medicamentos especializados

La información en la columna de Requisitos/límites indica si nuestros planes tienen algún requisito especial para la cobertura de su medicamento.

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Bright Health Illinois

CURRENT AS OF 12/1/2021

Nombre Del Medicamento	Nivel	Requisitos/Limites
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>methamphetamine hcl oral tablet 5 mg</i>	2	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	QL (30 EA per 30 days)
*Analeptics***		
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	2	
<i>caffeine citrate oral solution 20 mg/ml</i>	2	
<i>caffeine-sodium benzoate injection solution 125-125 mg/ml</i>	2	

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	2	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	2	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA; SP

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	PA; SP; QL (30 EA per 30 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; SP; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; SP; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	3	QL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	5	PA
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; SP
*Interleukin-6 Receptor Inhibitors***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; SP; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; SP; QL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>fenoprofen calcium oral tablet 600 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketoprofen oral capsule 50 mg</i>	2	QL (180 EA per 30 days)
<i>ketoprofen oral capsule 75 mg</i>	2	QL (120 EA per 30 days)
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 5 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	
<i>nabumetone oral tablet 500 mg</i>	2	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	2	QL (60 EA per 30 days)
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin sodium oral capsule 400 mg</i>	3	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	3	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG	5	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; SP; QL (55 EA per 28 days)
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
*Soluble Tumor Necrosis Factor Receptor Agents***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; SP; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ANALGESICS - NONNARCOTIC		
*Analgesics-Sedatives***		
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	3	QL (48 EA per 25 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	3	QL (180 EA per 30 days)
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	3	QL (48 EA per 25 days)
TENCON ORAL TABLET 50-325 MG	4	
*Salicylates***		
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	OTC; QL (100 EA per 30 days)
<i>aspirin oral tablet 325 mg</i>	1	OTC; QL (30 EA per 30 days)
<i>aspirin oral tablet delayed release 325 mg</i>	1	OTC; QL (30 EA per 30 days)
<i>diflunisal oral tablet 500 mg</i>	2	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	1	OTC; QL (100 EA per 30 days)
<i>salsalate oral tablet 500 mg</i>	2	
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	2	QL (390 EA per 30 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	QL (390 EA per 30 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	3	QL (48 EA per 25 days)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	4	QL (50 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	QL (180 EA per 30 days)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	PA; QL (60 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	4	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (240 EA per 30 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	4	
<i>levorphanol tartrate oral tablet 2 mg</i>	2	
<i>methadone hcl injection solution 10 mg/ml</i>	2	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	2	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	QL (240 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	
<i>methadone hcl oral tablet soluble 40 mg</i>	2	QL (9 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
METHADOSE ORAL TABLET SOLUBLE 40 MG	2	QL (9 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml</i>	4	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate intravenous solution 1 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>	4	
<i>morphine sulfate rectal suppository 30 mg</i>	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	3	PA; QL (60 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	PA
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	2	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
*Opioid Combinations***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
ENDOCET ORAL TABLET 2.5-325 MG	2	
ENDOCET ORAL TABLET 5-325 MG	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	2	QL (240 EA per 30 days)
*Opioid Partial Agonists***		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	PA; SP
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	3	PA; QL (4 EA per 28 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	3	
ANDROGENS-ANABOLIC		
*Anabolic Steroids***		
ANADROL-50 ORAL TABLET 50 MG	5	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	4	PA; QL (60 EA per 30 days)
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	PA
<i>methyltestosterone oral capsule 10 mg</i>	2	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	3	PA

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
COLOCORT RECTAL ENEMA 100 MG/60ML	2	
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	4	
*Rectal Steroids***		
<i>hydrocortisone acetate rectal suppository 30 mg</i>	2	QL (12 EA per 30 days)
PROCTOCORT EXTERNAL CREAM 1 %	2	
PROCTOZONE-HC RECTAL CREAM 2.5 %	2	
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	4	PA
EMVERM ORAL TABLET CHEWABLE 100 MG	4	QL (12 EA per 365 days)
<i>ivermectin oral tablet 3 mg</i>	2	QL (10 EA per 30 days)
ANTIANGINAL AGENTS		
*Antianginals-Other***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	4	PA; QL (60 EA per 30 days)
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin er oral capsule extended release 9 mg</i>	2	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
ANTIANXIETY AGENTS		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	AGE (Max 64 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	
*Benzodiazepines***		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	
<i>procainamide hcl injection solution 100 mg/ml</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
*Antiarrhythmics Type I-B***		
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	5	PA
*Adrenergic Combinations***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; SP
*Beta Adrenergics***		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	2	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	4	PA; QL (30 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	PA; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	4	PA; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	ST
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	4	QL (4 GM per 30 days)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	2	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	QL (36 GM per 30 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	QL (12.9 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	2	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	QL (30 EA per 30 days)
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL (30 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	4	QL (1 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	QL (10.6 GM per 30 days)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	2	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	2	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	PA
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	PA
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	PA; QL (60 EA per 30 days)
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	5	QL (10 EA per 30 days)
*Anticonvulsants - Misc.***		
APTiom ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	PA
<i>pregabalin oral solution 20 mg/ml</i>	3	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	4	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
*Gaba Modulators***		
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>vigabatrin oral packet 500 mg</i>	5	PA; SP
*Hydantoins***		
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium injection solution 50 mg/ml</i>	2	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
ANTIDEPRESSANTS		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	2	
<i>citalopram hydrobromide oral tablet 40 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	3	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	3	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	3	PA
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	2	
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	PA
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	PA
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	2	AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (60 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 75 mg</i>	2	AGE (Max 64 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>miglitol oral tablet 25 mg, 50 mg</i>	2	
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Diabetic Other***		
<i>glucagon emergency injection kit 1 mg</i>	1	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	2	ST; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	ST; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 EA per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	4	
*Human Insulin***		
APIDRA INJECTION SOLUTION 100 UNIT/ML	4	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	3	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	3	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	3	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	3	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	OTC
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	OTC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	OTC

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Nombre Del Medicamento	Nivel	Requisitos/Limites
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	OTC
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
*Insulin-Incretin Mimetic Combinations***		
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	4	PA
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
*Sodium-Glucose Co- Transporter 2 (Sglt2) Inhibitors***		
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
*Sodium-Glucose Co- Transporter 2 Inhibitor- Biguanide Comb***		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150- 1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	AGE (Max 64 Years)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg, 5 mg</i>	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	AGE (Max 64 Years)
<i>tolbutamide oral tablet 500 mg</i>	2	
*Sulfonylurea-Thiazolidinedione Combinations***		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	2	QL (30 EA per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antiperistaltic Agents***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>loperamide hcl oral liquid 1 mg/5ml</i>	2	OTC
MOTOFEN ORAL TABLET 1-0.025 MG	4	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA; SP
<i>deferiprone oral tablet 500 mg</i>	5	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; SP
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	PA; SP
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 100 MG, 50 MG	4	ST
<i>granisetron hcl oral tablet 1 mg</i>	4	QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	QL (200 ML per 21 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (2 EA per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL (18 EA per 21 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	QL (18 EA per 21 days)
*Antiemetic Combinations***		
AKYNZEO ORAL CAPSULE 300-0.5 MG	5	PA; QL (2 EA per 28 days)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	3	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	AGE (Max 64 Years)
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	QL (60 EA per 30 days)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	ST
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	5	QL (4 EA per 28 days)
ANTIFUNGALS		
*Antifungals***		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>terbinafine hcl oral tablet 250 mg</i>	2	
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	2	
*Triazoles***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
CRESEMBA ORAL CAPSULE 186 MG	5	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	5	PA
<i>itraconazole oral solution 10 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	PA
ANTI-HISTAMINES		
*Antihistamines - Ethanolamines***		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	2	OTC
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	2	OTC
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	2	
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	QL (300 ML per 30 days)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>desloratadine oral tablet 5 mg</i>	2	
<i>eq allergy relief oral tablet 10 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 60 mg</i>	2	OTC; QL (60 EA per 30 days)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
*Antihistamines - Phenothiazines***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	AGE (Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	QL (12 EA per 30 days)
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 1 gm</i>	4	ST; QL (120 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	3	QL (120 EA per 30 days)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	QL (378 GM per 30 days)
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
WELCHOL ORAL PACKET 3.75 GM	2	
WELCHOL ORAL TABLET 625 MG	2	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg</i>	2	
FIBRICOR ORAL TABLET 105 MG, 35 MG	2	
<i>gemfibrozil oral tablet 600 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium oral tablet 40 mg</i>	2	
<i>atorvastatin calcium oral tablet 80 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	\$0 copay for members age 40 through 75
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin oral tablet 80 mg</i>	2	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	3	ST
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	5	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	5	PA; QL (3.5 ML per 30 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	5	PA; QL (2 ML per 28 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	5	PA; QL (2 ML per 28 days)
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	2	QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	3	QL (30 EA per 30 days)
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	2	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
*Agents For Pheochromocytoma***		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	2	PA; SP
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	ST
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	2	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	
*Angiotensin Ii Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>eprosartan mesylate oral tablet 600 mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	2	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 EA per 30 days)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	3	
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
*Beta Blocker & Diuretic Combinations***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	2	
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
*Dopamine D1 Receptor Agonists***		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	5	
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
*Vasodilators***		
<i>hydralazine hcl injection solution 20 mg/ml</i>	2	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
IMPAVIDO ORAL CAPSULE 50 MG	4	SP
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>trimethoprim oral tablet 100 mg</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	QL (90 EA per 30 days)
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>nitazoxanide oral tablet 500 mg</i>	5	PA
*Carbapenem Combinations***		
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
*Carbapenems***		
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
*Glycopeptides***		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 10 gm</i>	3	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	3	QL (40 EA per 10 days)
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
*Oxazolidinones***		
<i>linezolid intravenous solution 600 mg/300ml</i>	4	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	4	
<i>linezolid oral tablet 600 mg</i>	3	QL (28 EA per 14 days)
SIVEXTRO ORAL TABLET 200 MG	4	PA; SP
*Polymyxins***		
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	4	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	2	AGE (Max 64 Years)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	3	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	3	QL (30 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg</i>	4	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	4	
ANTIMYASTHENIC/CHOLINE RGIC AGENTS		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Antimyasthenic/Cholinergic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	4	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	4	
ANTIMYCOBACTERIAL AGENTS		
*Anti Tb Combinations***		
RIFAMATE ORAL CAPSULE 150-300 MG	4	
RIFATER ORAL TABLET 50-120-300 MG	4	
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	PA
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG	4	PA; SP
TRECATOR ORAL TABLET 250 MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
<i>busulfan intravenous solution 6 mg/ml</i>	4	PA
<i>carboplatin intravenous solution 50 mg/5ml</i>	2	
<i>cisplatin intravenous solution 50 mg/50ml</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	2	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; SP; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; SP
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	3	PA; SP
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	2	
<i>flutamide oral capsule 125 mg</i>	2	
<i>nilutamide oral tablet 150 mg</i>	2	SP
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; SP
*Antimetabolites***		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	2	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	PA
<i>capecitabine oral tablet 150 mg</i>	5	PA; SP; QL (120 EA per 30 days)
<i>capecitabine oral tablet 500 mg</i>	5	PA; SP; QL (300 EA per 30 days)
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	2	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 500 mg/10ml</i>	2	
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	4	PA
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	4	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate oral tablet 2.5 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
TABLOID ORAL TABLET 40 MG	5	PA; SP
*Antineoplastic - Alk Inhibitors***		
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; SP
*Antineoplastic - Anti-Her2 Agents***		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG	5	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; SP; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; SP; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; SP; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; SP; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; SP; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; SP
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP; QL (120 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; SP; QL (240 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA; SP; QL (30 EA per 30 days)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; SP; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; SP; QL (21 EA per 21 days)
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (30 EA per 30 days)
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP; QL (30 EA per 30 days)
<i>temsirolimus intravenous solution 25 mg/ml</i>	5	PA
*Antineoplastic - Multikinase Inhibitors***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; QL (30 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; SP
NEXAVAR ORAL TABLET 200 MG	5	PA; SP; QL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; SP; QL (120 EA per 30 days)
*Antineoplastic - Proteasome Inhibitors***		
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	5	PA
*Antineoplastic Antibiotics***		
<i>adriamycin intravenous solution reconstituted 10 mg</i>	2	
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	2	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	2	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	2	
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	2	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	2	
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; SP
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	4	PA
<i>hydroxyurea oral capsule 500 mg</i>	2	
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	PA; SP

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Nombre Del Medicamento	Nivel	Requisitos/Limites
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	PA; SP
MATULANE ORAL CAPSULE 50 MG	5	PA; SP
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	2	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	2	QL (30 EA per 30 days)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; SP; QL (21 EA per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; SP; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; SP; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; SP; QL (63 EA per 28 days)
*Estrogen Receptor Antagonist***		
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	5	PA; SP
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	4	SP
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
*Imidazotetrazines***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	5	PA; SP
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; SP; QL (30 EA per 30 days)
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (60 EA per 30 days)
*Lhrh Analogs***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	5	PA; SP
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	PA; SP
*Mitotic Inhibitors***		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	3	
<i>docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml</i>	2	
<i>docetaxel intravenous solution 20 mg/2ml, 80 mg/8ml</i>	2	
<i>etoposide intravenous solution 100 mg/5ml</i>	2	
<i>teniposide intravenous solution 10 mg/ml</i>	3	
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	2	
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	2	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	2	
*Nitrogen Mustards And Related Analogues***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	4	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	2	
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	
LEUKERAN ORAL TABLET 2 MG	5	PA; SP
<i>melfhalan hcl intravenous solution reconstituted 50 mg</i>	2	
<i>melfhalan oral tablet 2 mg</i>	2	SP
*Nitrosoureas***		
<i>carmustine intravenous solution reconstituted 100 mg</i>	2	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	PA; SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; SP
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG	5	PA; SP; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; SP; QL (120 EA per 30 days)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	5	PA; SP

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	5	PA; SP
*Topoisomerase I Inhibitors***		
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	5	
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG	5	PA; SP
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; SP; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; SP; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; SP; QL (60 EA per 30 days)
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate injection solution 1 mg/ml</i>	2	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	5	PA; SP
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	4	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	PA

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	ST; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	ST; QL (30 EA per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
*Antipsychotics - Misc.***		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
*Benzisoxazoles***		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	5	PA
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	PA
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	PA
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	2	
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	4	
<i>chlorpromazine hcl oral tablet 50 mg</i>	3	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	PA
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	5	QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	QL (60 EA per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	5	\$ 0 Copay for HIV Prevention; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	5	QL (450 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	5	QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	QL (180 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	SP; QL (60 EA per 30 days)
*Antiretrovirals - Integrase Inhibitors***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (30 EA per 30 days)
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	5	QL (300 ML per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	5	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	5	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	5	QL (180 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	5	QL (1575 ML per 28 days)
NORVIR ORAL SOLUTION 80 MG/ML	5	QL (450 ML per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (480 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	5	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	5	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	5	QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	5	QL (90 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	5	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	5	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	5	QL (480 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	5	QL (900 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	5	QL (603 ML per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	5	
<i>lamivudine oral solution 10 mg/ml</i>	2	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	5	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
*Cmv Agents***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	5	PA
*Hepatitis B Agents***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	PA; SP
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; SP
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	5	PA; SP
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	SP; QL (1800 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	SP; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL TABLET 100-40 MG	5	PA; SP; QL (84 EA per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; SP; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; SP; QL (28 EA per 28 days)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	PA; SP
<i>ribavirin oral capsule 200 mg</i>	4	PA; SP
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (120 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (20 EA per 5 days)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG	2	
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	2	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	2	QL (30 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>	2	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
CARDIOVASCULAR AGENTS - MISC.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	3	
*Neprilysin Inhib (Arni)- Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL (60 EA per 30 days)
*Prostaglandin Vasodilators***		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; SP
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; SP
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; SP
OPSUMIT ORAL TABLET 10 MG	5	PA; SP
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ ORAL TABLET 20 MG	5	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	5	PA; SP
<i>tadalafil (pah) oral tablet 20 mg</i>	5	PA; SP
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; SP
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefditoren pivoxil oral tablet 400 mg</i>	3	
<i>cefixime oral capsule 400 mg</i>	3	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
*Combination Contraceptives - Oral***		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	1	
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
GIANVI ORAL TABLET 3-0.02 MG	1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
ZARAH ORAL TABLET 3-0.03 MG	1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	1	
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	
*Copper Contraceptives - Iud***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	1	QL (1 EA per 300 days)
*Emergency Contraceptives***		
ELLA ORAL TABLET 30 MG	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	1	OTC
TAKE ACTION ORAL TABLET 1.5 MG	1	OTC
*Extended-Cycle Contraceptives - Oral***		
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	1	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	QL (1 EA per 300 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (1 ML per 90 days)
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	QL (1 EA per 300 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	1	QL (1 EA per 300 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	QL (1 EA per 300 days)
*Progestin Contraceptives - Oral***		
ERRIN ORAL TABLET 0.35 MG	1	
HEATHER ORAL TABLET 0.35 MG	1	
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
*Triphasic Contraceptives - Oral***		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>	5	
<i>cortisone acetate oral tablet 25 mg</i>	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg</i>	2	
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	2	
*Antitussive-Expectorant***		
<i>cheratussin ac oral syrup 100-10 mg/5ml</i>	2	OTC
*Decongestant & Antihistamine***		
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	3	
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	2	
*Mucolytics***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	2	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	2	
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	2	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	4	
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	2	
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external foam 1 %</i>	4	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>ery external pad 2 %</i>	2	
<i>erythromycin external gel 2 %</i>	2	
<i>erythromycin external solution 2 %</i>	2	
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	ST

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	3	
*Acne Products***		
<i>adapalene external cream 0.1 %</i>	2	AGE (Max 34 Years)
<i>adapalene external gel 0.1 %, 0.3 %</i>	2	AGE (Max 34 Years)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	PA
AVITA EXTERNAL GEL 0.025 %	3	QL (45 GM per 30 days); AGE (Max 34 Years)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
DIFFERIN EXTERNAL LOTION 0.1 %	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	QL (45 GM per 30 days); AGE (Max 34 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	3	QL (45 GM per 30 days); AGE (Max 34 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL OINTMENT 1 %	4	
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 %	4	ST
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>mupirocin external ointment 2 %</i>	2	
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	QL (60 ML per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
*Antifungals - Topical***		
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	3	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
MENTAX EXTERNAL CREAM 1 %	4	
<i>naftifine hcl external gel 1 %</i>	4	PA; QL (60 GM per 30 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	2	
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution 2 %, 5 %</i>	3	
*Antipruritics - Topical***		
<i>doxepin hcl external cream 5 %</i>	4	
*Antipsoriatics - Systemic***		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; SP; QL (2 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; SP; QL (2 ML per 28 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; SP; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; SP; QL (2 ML per 28 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	4	PA; SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; SP; QL (1 EA per 28 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; SP; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; SP; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; SP; QL (1 ML per 28 days)
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	4	
<i>calcipotriene external ointment 0.005 %</i>	3	
<i>calcipotriene external solution 0.005 %</i>	3	
<i>calcitriol external ointment 3 mcg/gm</i>	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	5	PA; AGE (Max 34 Years)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>selenium sulfide external shampoo 2.25 %</i>	2	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	3	PA
DENAVIR EXTERNAL CREAM 1 %	5	PA
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA

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Nombre Del Medicamento	Nivel	Requisitos/Limites
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; SP
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	2	
SSD EXTERNAL CREAM 1 %	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	3	QL (56.7 GM per 30 days)
*Corticosteroids - Topical***		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>amcinonide external cream 0.1 %</i>	4	
<i>amcinonide external lotion 0.1 %</i>	4	
<i>amcinonide external ointment 0.1 %</i>	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (100 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	QL (100 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone valerate external foam 0.12 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	QL (90 GM per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	3	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>clobetasol propionate external ointment 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	3	
<i>clobetasol propionate external solution 0.05 %</i>	3	QL (100 ML per 30 days)
<i>clocortolone pivalate external cream 0.1 %</i>	4	
<i>desonide external cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	3	
<i>desonide external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	3	QL (200 GM per 30 days)
<i>desoximetasone external gel 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	QL (200 GM per 30 days)
<i>diflorasone diacetate external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (120 ML per 30 days)
<i>flurandrenolide external cream 0.05 %</i>	4	PA
<i>flurandrenolide external lotion 0.05 %</i>	5	PA
<i>fluticasone propionate external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	5	
<i>fluticasone propionate external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>halcinonide external cream 0.1 %</i>	4	QL (100 GM per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>halobetasol propionate external cream 0.05 %</i>	3	QL (100 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	3	QL (100 GM per 30 days)
HALOG EXTERNAL OINTMENT 0.1 %	4	QL (100 GM per 30 days)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	
<i>hydrocortisone external cream 1 %</i>	2	QL (120 GM per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	QL (120 ML per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	2	QL (90 GM per 30 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	2	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	QL (120 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>prednicarbate external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>prednicarbate external ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	3	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
*Enzymes - Topical***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole external solution 1 %</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	QL (85 GM per 30 days)
ERTACZO EXTERNAL CREAM 2 %	4	
EXELDERM EXTERNAL CREAM 1 %	4	QL (60 GM per 30 days)
EXELDERM EXTERNAL SOLUTION 1 %	4	QL (30 ML per 30 days)
<i>ketconazole external cream 2 %</i>	2	QL (60 GM per 28 days)
<i>ketconazole external shampoo 2 %</i>	2	QL (120 ML per 30 days)
LUZU EXTERNAL CREAM 1 %	4	PA
<i>oxiconazole nitrate external cream 1 %</i>	4	
OXISTAT EXTERNAL LOTION 1 %	4	
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	2	QL (12 EA per 28 days)
*Keratolytic/Antimitotic Agents***		
<i>podofilox external solution 0.5 %</i>	2	
*Local Anesthetics - Topical***		
<i>lidocaine external ointment 5 %</i>	2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external cream 3 %</i>	2	QL (85 GM per 30 days)
<i>lidocaine hcl external lotion 3 %</i>	2	QL (100 ML per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	QL (100 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	2	QL (90 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	2	QL (90 ML per 30 days)
*Macrolide Immunosuppressants - Topical***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>pimecrolimus external cream 1 %</i>	4	PA; QL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	3	
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	4	PA
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external lotion 0.75 %</i>	3	
MIRVASO EXTERNAL GEL 0.33 %	4	PA
*Scabicides & Pediculicides***		
CROTAN EXTERNAL LOTION 10 %	2	ST
<i>ivermectin external lotion 0.5 %</i>	4	PA
<i>lindane external shampoo 1 %</i>	2	
<i>malathion external lotion 0.5 %</i>	2	
NATROBA EXTERNAL SUSPENSION 0.9 %	3	ST; QL (120 ML per 30 days)
<i>permethrin external cream 5 %</i>	2	
<i>spinosad external suspension 0.9 %</i>	3	ST; QL (120 ML per 30 days)
ULESFIA EXTERNAL LOTION 5 %	4	ST; QL (454 GM per 30 days)
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	QL (30 GM per 30 days)
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	ST; QL (120 GM per 30 days)
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 %	5	PA
DIAGNOSTIC PRODUCTS		
*Diagnostic Drugs***		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	4	
*Diagnostic Tests***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
DIASTIX IN VITRO STRIP	2	OTC
ONETOUCH ULTRA IN VITRO STRIP	3	Non Insulin QL (100 per 30 days); Insulin QL (150 per 30 days); OTC
ONETOUCH VERIO IN VITRO STRIP	3	Non Insulin QL (100 per 30 days); Insulin QL (150 per 30 days); OTC
*Multiple Urine Tests***		
CHEMSTRIP 9 IN VITRO STRIP	3	OTC
KETO-DIASTIX IN VITRO STRIP	3	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
*Dietary Management Product Combinations***		
<i>av-vite fb forte oral tablet 2.5-25-2 mg</i>	2	
FOLBIC ORAL TABLET 2.5-25-2 MG	2	
<i>westab max oral tablet 2.5-25-2 mg</i>	2	
*Nutritional Supplements***		
PKU AIR15 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR15 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR15 YELLOW ORAL LIQUID	3	PA; OTC
PKU AIR20 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR20 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR20 YELLOW ORAL LIQUID	3	PA; OTC
PKU COOLER 10 ORAL LIQUID	3	PA; OTC
PKU COOLER 15 ORAL LIQUID	3	PA; OTC
PKU COOLER 20 ORAL LIQUID	3	PA; OTC
PKU EXPRESS ORAL PACKET	3	PA; OTC
PKU EXPRESS20 ORAL PACKET	3	PA; OTC
PKU GEL ORAL PACKET	3	PA; OTC
PKU SPHERE 20 ORAL PACKET	3	PA; OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	QL (60 EA per 30 days)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	2	
*Loop Diuretics***		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>triamterene oral capsule 100 mg</i>	2	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	2	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	PA
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	3	SP
<i>pamidronate disodium intravenous solution reconstituted 30 mg</i>	3	SP
<i>pamidronate disodium intravenous solution reconstituted 90 mg</i>	4	SP
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium tablet 35 mg oral 35 mg</i>	2	
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	5	PA
*Calcitonins***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	5	PA
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	3	
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; SP
*Growth Hormones***		
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; SP
*Homocystinuria Treatment - Agents***		
CYSTADANE ORAL POWDER	5	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	3	PA
<i>paricalcitol oral capsule 4 mcg</i>	2	PA
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; SP
*Lhrh/Gnrh Agonist Analog Combinations***		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG	5	PA; SP

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL NASAL SOLUTION 2 MG/ML	4	
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	5	PA; SP
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	1	PA
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	PA; SP
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	5	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA; SP
*Vasopressin***		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	3	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	3	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	5	PA; SP
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	5	PA; SP

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Nombre Del Medicamento	Nivel	Requisitos/Limites
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	4	
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
JINTELI ORAL TABLET 1-5 MG-MCG	1	QL (28 EA per 28 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	QL (28 EA per 28 days)
*Estrogens***		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	2	QL (8 EA per 28 days); AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	AGE (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days); AGE (Max 64 Years)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	AGE (Max 64 Years)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	2	QL (8 EA per 28 days); AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	AGE (Max 64 Years)
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	4	QL (30 EA per 30 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	4	PA

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Nombre Del Medicamento	Nivel	Requisitos/Limites
BAXDELA ORAL TABLET 450 MG	4	PA; QL (28 EA per 14 days)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	4	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	
<i>ofloxacin oral tablet 400 mg</i>	2	
GASTROINTESTINAL AGENTS - MISC.		
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	QL (60 EA per 30 days)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	PA

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	4	PA
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	4	QL (180 EA per 30 days)
<i>mesalamine rectal enema 4 gm</i>	3	QL (1680 ML per 28 days)
<i>mesalamine rectal suppository 1000 mg</i>	5	PA
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	3	PA
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	2	PA
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	PA
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	5	PA; SP; QL (1 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	5	PA; SP; QL (3 EA per 180 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; SP; QL (1 EA per 28 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
*Anti-Infective Genitourinary Irrigants***		
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	2	
*Citrates***		
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML	2	OTC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	2	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	2	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
*Genitourinary Irrigants***		
<i>acetic acid irrigation solution 0.25 %</i>	2	
RENACIDIN IRRIGATION SOLUTION	4	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	2	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	2	
*Interstitial Cystitis Agents***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
ELMIRON ORAL CAPSULE 100 MG	5	PA
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	2	
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral capsule 0.6 mg</i>	3	ST
<i>colchicine oral tablet 0.6 mg</i>	3	ST
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	2	
HEMATOLOGICAL AGENTS - MISC.		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA; SP
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 EA per 30 days)
*Glycoprotein Iib/Iiia Receptor Inhibitors***		
<i>eptifibatide intravenous solution 20 mg/10ml</i>	3	
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	QL (90 EA per 30 days)
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	QL (60 EA per 30 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	AGE (Max 64 Years)
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	4	QL (30 EA per 30 days)
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	QL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	
*Erythropoiesis-Stimulating Agents (Esas)***		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	5	PA; SP
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; SP
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>	1	QL (30 EA per 30 days)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	OTC; QL (30 EA per 30 days)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; SP
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; SP
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	4	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	
HYPNOTICS/SEDATIVES/SLE EP DISORDER AGENTS		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	2	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	QL (30 EA per 30 days)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	4	QL (30 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)
*Selective Melatonin Receptor Agonists***		
HETLIOZ ORAL CAPSULE 20 MG	5	PA; SP
<i>ramelteon oral tablet 8 mg</i>	4	ST; QL (30 EA per 30 days)
LAXATIVES		
*Bowel Evacuant Combinations***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	3	\$0 copay for members age 50 through 74
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	3	\$0 copay for members age 50 through 74
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	\$0 copay for members age 50 through 74
*Laxatives - Miscellaneous***		
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	PA

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>lactulose oral solution 10 gm/15ml</i>	2	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	
MACROLIDES		
*Azithromycin***		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>azithromycin oral tablet 600 mg</i>	2	
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
*Erythromycins***		
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG	4	PA
MEDICAL DEVICES AND SUPPLIES		
*Applicators,Cotton Balls,Etc***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
BD SWAB SINGLE USE REGULAR PAD	3	OTC
BD SWABS SINGLE USE BUTTERFLY PAD	3	OTC
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	QL (1 EA per 300 days)
*Condoms - Female***		
FC2 FEMALE CONDOM	1	OTC
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
*Glucose Monitoring Test Supplies***		
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLAT PED RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLATINUM RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLATINUM TRANSMITTER	3	QL (1 EA per 84 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
DEXCOM G4 SENSOR	3	QL (12 EA per 84 days)
DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL (12 EA per 84 days)
DEXCOM G5 MOBILE RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G5 MOBILE TRANSMITTER	3	QL (1 EA per 84 days)
DEXCOM G6 RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G6 SENSOR	3	QL (9 EA per 90 days)
DEXCOM G6 TRANSMITTER	3	QL (1 EA per 90 days)
DIASCREEN 10	2	OTC
FREESTYLE LIBRE 14 DAY READER DEVICE	3	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	3	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE	3	QL (1 EA per 365 days)
FREESTYLE LIBRE SENSOR SYSTEM	3	QL (2 EA per 28 days)
ONETOUCH DELICA LANCETS 30G	3	OTC
ONETOUCH DELICA LANCETS 33G	3	OTC
ONETOUCH DELICA LANCING DEV	3	OTC
ONETOUCH DELICA PLUS LANCET30G	3	OTC
ONETOUCH DELICA PLUS LANCET33G	3	OTC
ONETOUCH DELICA PLUS LANCING	3	OTC
ONETOUCH SURESOFT LANCING DEV	3	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	3	OTC
ONETOUCH ULTRA MINI KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH ULTRASOFT LANCETS	3	OTC
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO SOLUTION	3	OTC
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Insulin Administration Supplies***		
OMNIPOD 5 PACK	3	
OMNIPOD DASH 5 PACK PODS	3	
OMNIPOD DASH SYSTEM KIT	3	
OMNIPOD STARTER KIT	3	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
*Iv Sets/Tubing***		
BD SAFETY-LOK SET	2	
*Needles & Syringes***		
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	OTC
BD AUTOSHIELD DUO 30G X 5 MM	2	OTC
BD DISP NEEDLE 23G X 1"	2	OTC
BD DISP NEEDLES 16G X 1-1/2" , 18G X 1-1/2" , 19G X 1" , 20G X 1" , 20G X 1-1/2" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8" , 25G X 7/8" , 27G X 1/2" , 30G X 1/2"	2	OTC
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 22G X 1-1/2" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2" , 26G X 3/8"	2	OTC
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	OTC
BD INSULIN SYRINGE 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	OTC
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	2	OTC
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.3 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	OTC
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	2	OTC

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Nombre Del Medicamento	Nivel	Requisitos/Limites
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	OTC
BD INSULIN SYRINGE U-40 25G X 5/8" 1 ML	2	OTC
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	OTC
BD INTEGRA SYRINGE 25G X 1" 1 ML	2	OTC
BD PEN	2	OTC
BD PEN MINI	2	OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	2	OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	2	OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	2	OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	OTC
BD PRECISIONGLIDE NEEDLE 27G X 1-1/2"	2	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	OTC
BD SAFETYGLIDE NEEDLE 25G X 5/8"	2	OTC
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	2	OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	2	OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	2	OTC
BD YALE LNR REUSABLE NEEDLE 26G X 1/2"	2	OTC
YALE DISP NEEDLES 21G X 1-1/4"	2	OTC

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER PLUS FLO-VU	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
OPTICHAMBER FACE MASK-SMALL	3	OTC
PEDIATRIC PANDA MASK	3	OTC
MIGRAINE PRODUCTS		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	ST; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	ST; QL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA
*Ergot Combinations***		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (40 EA per 28 days)
*Migraine Products***		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	QL (8 ML per 30 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	ST; QL (9 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	2	ST
<i>frovatriptan succinate oral tablet 2.5 mg</i>	4	ST; QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	QL (9 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	PA; QL (12 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	PA; QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	PA; QL (12 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	3	PA; QL (12 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	4	QL (6 EA per 30 days)
MINERALS & ELECTROLYTES		
*Fluoride***		
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	1	
*Magnesium***		
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 40 gm/1000ml</i>	2	
*Potassium***		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	3	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
*Sodium***		
<i>sodium chloride intravenous solution 0.9 %</i>	2	
MISCELLANEOUS THERAPEUTIC CLASSES		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	5	SP
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	5	PA
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; SP; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	5	PA; SP; QL (21 EA per 28 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	3	PA
*Irrigation Solutions***		
TIS-U-SOL IRRIGATION SOLUTION	2	
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	
*Potassium Removing Agents***		
KIONEX ORAL SUSPENSION 15 GM/60ML	2	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	2	
*Purine Analogs***		
AZASAN ORAL TABLET 100 MG, 75 MG	4	PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	PA
<i>azathioprine oral tablet 50 mg</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
*Saliva Stimulants***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>cevimeline hcl oral capsule 30 mg</i>	2	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
MULTIVITAMINS		
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	2	
*Ped Mv W/ Fluoride***		
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	2	
MVC-FLUORIDE ORAL TABLET CHEWABLE 1 MG	2	
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
*Ped Vitamins Acid W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	2	
<i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	2	
<i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>	2	
*Prenatal Mv & Min W/Fe-Fa***		
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	3	
CITRANATAL RX ORAL TABLET 27-1 MG	3	
PRENATABS RX ORAL TABLET 29-1 MG	2	
MUSCULOSKELETAL THERAPY AGENTS		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i>	2	AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	AGE (Max 64 Years)
<i>metaxalone oral tablet 400 mg</i>	2	AGE (Max 64 Years)
<i>metaxalone oral tablet 800 mg</i>	3	PA; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	QL (90 EA per 30 days)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (15 ML per 30 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>olopatadine hcl nasal solution 0.6 %</i>	2	QL (31 GM per 30 days)
*Nasal Steroids***		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	4	ST
<i>budesonide nasal suspension 32 mcg/act</i>	2	OTC; QL (8.43 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	3	ST
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	ST

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	2	
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	5	SP
*Neuromuscular Blocking Agent - Neurotoxins***		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT	5	PA; SP
OPHTHALMIC AGENTS		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	QL (8 ML per 30 days)
*Beta-Blockers - Ophthalmic Combinations***		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	PA
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	2	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	2	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	2	
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
*Ophthalmic Antiallergic***		
ALOCRIAL OPHTHALMIC SOLUTION 2 %	4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	4	PA
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	QL (6 ML per 30 days)
BEPREVE OPHTHALMIC SOLUTION 1.5 %	4	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	4	PA
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	4	PA
*Ophthalmic Antibiotics***		
AZASITE OPHTHALMIC SOLUTION 1 %	4	PA
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 %	4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	PA
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	4	PA
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	4	QL (15 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
*Ophthalmic Immunomodulators***		
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
*Ophthalmic Local Anesthetics***		
ALTAINE OPHTHALMIC SOLUTION 0.5 %	2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	4	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	QL (3.5 GM per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	QL (5 ML per 30 days)
*Ophthalmic Steroids***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	4	
DUREZOL OPHTHALMIC EMULSION 0.05 %	4	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
FML OPHTHALMIC OINTMENT 0.1 %	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	3	QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	2	QL (5 ML per 30 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	4	ST; QL (7.5 ML per 30 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	QL (5 ML per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	ST; QL (30 EA per 30 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	2	
*Otic Anti-Infectives***		
<i>ofloxacin otic solution 0.3 %</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	PA
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
OXYTOCICS		
*Oxytocics***		
METHERGINE ORAL TABLET 0.2 MG	2	
<i>oxytocin injection solution 10 unit/ml</i>	4	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA; SP
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA; SP
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	2	QL (28 EA per 14 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	PA
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	3	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; SP
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; SP
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; SP

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Nombre Del Medicamento	Nivel	Requisitos/Limites
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	5	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; SP
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; SP
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	5	PA; SP
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; SP
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	5	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA; SP
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	QL (49 EA per 365 days)
*Phenothiazines & Tricyclic Agents***		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	2	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	4	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	\$0 limited to 2 treatment cycles/year; QL (60 EA per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	\$0 limited to 2 treatment cycles/year; QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	1	OTC; QL (810 EA per 365 days)
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC; QL (810 EA per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	\$0 limited to 2 treatment cycles/year; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24hr</i>	1	\$0 limited to 2 treatment cycles/year; OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC; QL (90 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	1	\$0 limited to 2 treatment cycles/year
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	QL (60 EA per 30 days)

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP
RESPIRATORY AGENTS - MISC.		
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP; QL (112 EA per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; SP
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML	5	PA; SP
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG	5	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; SP
SULFONAMIDES		
*Sulfonamides***		
sulfadiazine oral tablet 500 mg	4	
TETRACYCLINES		
*Tetracyclines***		
demeclocycline hcl oral tablet 150 mg, 300 mg	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	3	
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
EUTHYROX ORAL TABLET 25 MCG	2	
LEVO-T ORAL TABLET 25 MCG	2	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 195 MG, 32.5 MG	2	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG	2	
WESTHROID ORAL TABLET 65 MG	2	
TOXOIDS		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5- 2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	\$0 copay for 18 years of age and younger
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	\$0 copay for 18 years of age and younger
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	\$0 copay for 18 years of age and younger
KINRIX INTRAMUSCULAR SUSPENSION	1	\$0 copay for 18 years of age and younger
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	\$0 copay for 18 years of age and younger
PEDIARIX INTRAMUSCULAR SUSPENSION	1	\$0 copay for 18 years of age and younger
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	\$0 copay for 19 years of age and older
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	\$0 copay for 19 years of age and older
ULCER DRUGS/ANTISPASMODICS/A NTICHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	2	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>famotidine intravenous solution 20 mg/2ml</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 15 mg/ml</i>	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	2	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	3	PA
<i>sucralfate oral tablet 1 gm</i>	2	
*Proton Pump Inhibitors***		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (30 EA per 30 days)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
URINARY ANTISPASMODICS		

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Nombre Del Medicamento	Nivel	Requisitos/Limites
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	3	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	3	ST
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	3	ST
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	3	ST
<i>trospium chloride oral tablet 20 mg</i>	3	ST
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>	2	
VACCINES		
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	\$0 copay for 18 years of age and younger
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	\$0 copay for 18 years of age and younger
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	1	
PREVNAR 13 INTRAMUSCULAR SUSPENSION	1	QL (5 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
*Viral Vaccine Combinations***		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	\$0 copay for 19 years of age and older
*Viral Vaccines***		
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	1	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	1	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	

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Nombre Del Medicamento	Nivel	Requisitos/Limites
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
IPOL INJECTION INJECTABLE	1	\$0 copay for 18 years of age and younger
<i>janssen covid-19 vaccine intramuscular suspension 0.5 ml</i>	1	QL (2 ML per 365 days)
<i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i>	1	QL (3 ML per 365 days)
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>	1	QL (3 ML per 365 days)
<i>pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml</i>	1	QL (3 ML per 365 days)
<i>pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml</i>	1	QL (3 ML per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
ROTATEQ ORAL SOLUTION	1	\$0 copay for 18 years of age and younger
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	\$0 copay for 19 years of age and older; QL (1 EA per 1 day)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	1	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	\$0 copay for 19 years of age and older
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
*Miscellaneous Vaginal Products***		
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
*Spermicides***		
OPTIONS CONCEPTROL VAGINAL GEL 4 %	1	OTC
TODAY SPONGE VAGINAL 1000 MG	1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	1	OTC
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
ESTRING VAGINAL RING 2 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	4	
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %, 8 %	5	PA
ENDOMETRIN VAGINAL INSERT 100 MG	4	PA
VASOPRESSORS		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Nombre Del Medicamento	Nivel	Requisitos/Limites
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (4 EA per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	4	QL (4 EA per 30 days)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
VITAMINS		
*Vitamin B-3***		
<i>niacin oral tablet 500 mg</i>	2	OTC
*Vitamin B-6***		
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	2	OTC
*Vitamin D***		
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	2	OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

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