

FM Obamacare 2022\_5Tiers\_Comercial

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



## Lista de Medicamentos de Comercial

(Actualizado en febrero 2022)

*Esta es una versión de la lista comprensiva de medicamentos. Durante el año pueden ocurrir cambios y las exclusiones del plan pueden anular esta lista. Los diseños de beneficios pueden variar con respecto a la cobertura de medicamentos, límites en cantidad, terapia escalonada, días de suplido y pre-autorizaciones.*

Usted puede aprovechar al máximo su plan de beneficios de farmacia y controlar los costos de sus medicamentos recetados si utiliza los Medicamentos Preferidos. Recuerde mostrar esta lista a su doctor para seleccionar los medicamentos más económicos que sean clínicamente adecuados para el tratamiento de su condición o para conservar su salud.

Como utilizar esta guía:

Las categorías terapéuticas aparecen en orden alfabético en MAYUSCULA en los cuadros negros. Las clases terapéuticas en cada categoría están escritas en casillas grises.

Le siguen los tipos de medicamentos en cada clase.

Algunos medicamentos se usan para el tratamiento de más de una condición. Revise las diferentes categorías de su medicamento.

Algunos medicamentos o clases terapéuticas requieren autorización previa antes de que sean cubiertos por su plan. En algunos casos, un límite en la edad o de la cantidad puede ser requerido. Estos medicamentos o clases se indican con una abreviatura:

PA = requiere pre autorización QL= Tiene cantidad limitada ST= requiere de Terapia Escalonada AL=Tiene límite en edad

Comprensión de los copagos por niveles:

Su plan de beneficios de farmacia ofrece diferentes niveles de medicamentos que determinan los copagos:

**Primer Nivel:** Medicamentos Genéricos

**Segundo Nivel:** Medicamentos de Marca Preferidos.

**Tercer Nivel:** Medicamentos de Marca No Preferidos.

**Cuarto Nivel:** Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

**Quinto Nivel:** Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

Nota: Los anticonceptivos genéricos y aquellos productos de marca que no tienen genérico se cubren con cero (\$) copago. Aquellos anticonceptivos de marca que tienen genérico disponible en el mercado se cubrirán con el copago correspondiente a su beneficio de farmacia. Esto está sujeto a cambio según disponibilidad en el mercado.

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

FM Obamacare 2022\_5Tiers\_Comercial

***Todos los medicamentos incluidos en esta lista de medicamentos preferidos han sido aprobados por la Administración de Drogas y Alimentos (FDA).***

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]		
FM Obamacare 2022_5 Tiers		Page 3 of 157
		Update Date: 2/2022

FM Obamacare 2022\_5Tiers\_Comercial  
Table of Contents

**ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES] .....8**

**ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER] ..... 16**

**ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]..... 17**

**ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] .....21**

**ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES] .....26**

**ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA] .....30**

**ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN].....31**

**ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] .....34**

**ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS] .....35**

**ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA] .....37**

**ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN] .....37**

**ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA].....38**

**ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] .....39**

**ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] .....39**

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]		
FM Obamacare 2022_5 Tiers		Page 4 of 157
		Update Date: 2/2022

**ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER].....39**

**ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS] .....46**

**ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] .....47**

**ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO].....49**

**ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO].....51**

**ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES] .....52**

**ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD].....55**

**BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO].....56**

**BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE] .....61**

**CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN] .....63**

**CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS] .....73**

**DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA] .....77**

**DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL] .....77**

**DEVICES [DISPOSITIVOS].....81**

**ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO] .....82**

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]		
FM Obamacare 2022_5 Tiers		Page 5 of 157
		Update Date: 2/2022

**GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO] ..... 83**

**GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]..... 86**

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]..... 88**

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]..... 93**

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] ..... 93**

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS] ..... 102**

**HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] ..... 103**

**HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]..... 103**

**HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] ..... 103**

**HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS] ..... 104**

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

**IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]..... 104**

**INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO] ..... 107**

**METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]..... 108**

**MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS].... 108**

**OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS] ..... 111**

**OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]..... 115**

**RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN] ..... 115**

**SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] ..... 123**

**SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] ..... 123**

**THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS] ..... 124**

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]		
FM Obamacare 2022_5 Tiers		Page 7 of 157
		Update Date: 2/2022

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]</b>			
Therapeutic Class [Clase Terapéutica]			
<b>ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]</b>			
<b>Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]</b>			
BAC 50-325-40 mg tab	1		QL(90 / 30)
BUPAP 50-300 mg tab	3		QL(90 / 30)
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	ORBIVAN CF	QL(90 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	TENCON	QL(90 / 30)
<i>butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(90 / 30)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	FIORICET	QL(90 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg tab</i>	1		QL(90 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	FIORINAL	QL(90 / 30)
QUTENZA 8 % ext kit	5		PA
QUTENZA (2 PATCH) 8 % ext kit	5		PA
TENCON 50-325 mg tab	3		QL(90 / 30)
ZEBUTAL 50-325-40 mg cap	3		QL(90 / 30)
<b>Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]</b>			
<i>adult aspirin regimen 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 600 mg rect supp, 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin 81 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL

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



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>aspirin ec adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
BAYER ADVANCED ASPIRIN REG ST 325 mg tab	1		QL(30 / 30), AL
BAYER ASPIRIN 325 mg tab, 325 mg tab dr	1		QL(30 / 30), AL
BAYER ASPIRIN EC LOW DOSE 81 mg tab dr	1		QL(30 / 30), AL
BAYER ASPIRIN REGIMEN 325 mg tab dr	1		QL(30 / 30), AL
BAYER LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
CAMBIA 50 mg pckt	3		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin 325 mg tab, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>diclofenac epolamine 1.3 % patch</i>	1	FLECTOR	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 1.5 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	1	VOLTAREN	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
DUEXIS 800-26.6 mg tab	3		
ECOTRIN 325 mg tab dr	1		QL(30 / 30), AL
ECOTRIN LOW STRENGTH 81 mg tab dr	1		QL(30 / 30), AL
<i>eq aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>eq aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>eq aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	1	NALFON	
FENORTHO 200 mg cap	3		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>gnp aspirin 325 mg tab, 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>goodsense aspirin 325 mg tab, 325 mg tab dr, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>goodsense aspirin adult low st 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>goodsense aspirin adults 325 mg tab</i>	1		QL(30 / 30), AL
<i>goodsense aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>h-e-b aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm adult aspirin 325 mg tab</i>	1		QL(30 / 30), AL

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>hm aspirin 325 mg tab, 325 mg tab dr, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>hm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
IBU 600 mg tab	1		
IBU 800 mg tab	3		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
INDOCIN 50 mg rect supp	3		
INDOCIN 25 mg/5ml susp	3		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	1	TORADOL	QL(40 / 25)
<i>kls aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap	3		
NAPRELAN 750 mg tab er 24 hr	3		
<i>napro 15 % crm</i>	1		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>naproxen sodium 275 mg tab</i>	1	ANAPROX	
<i>naproxen sodium 550 mg tab</i>	1	ANAPROX DS	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>px aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>px enteric aspirin 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra pain relief aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
<i>sb aspirin 325 mg tab, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sb low dose asa ec 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>sm aspirin adult low strength 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>sm aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sm childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
SPRIX 15.75 mg/spray nasal soln	3		
ST JOSEPH ASPIRIN 81 mg tab dr	1		QL(30 / 30), AL
ST JOSEPH LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
ZIPSOR 25 mg cap	3		
<b>Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]</b>			
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	1	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		PA
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA
<i>levorphanol tartrate 2 mg tab</i>	1		PA
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	1	AVINZA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	2		PA
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	1	OXYCONTIN	PA
OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr	2		PA
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	1	OPANA ER	
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	PA
<i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	RYZOLT	PA
<b>Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]</b>			
<i>acetaminophen-codeine 300-15 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #2 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #3 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #4 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
ASCOMP-CODEINE 50-325-40-30 mg cap	3		
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	FIORICET WITH CODEINE	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
<i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>	1	SOMA COMPOUND WITH CODEINE	
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
DEMEROL 100 mg/2ml inj soln, 75 mg/ml inj soln	3		
ENDOCET 2.5-325 mg tab	3		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	1	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	3		
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	
<i>hydromorphone hcl 2 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 4 mg tab</i>	1	DILAUDID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>hydromorphone hcl 1 mg/ml liq</i>	1	DILAUDID	
<i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		PA
LAZANDA 100 mcg/act nasal soln, 400 mcg/act nasal soln	3		
LORTAB 10-300 mg/15ml oral elix	3		
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	2		
OXAYDO 5 mg tab, 7.5 mg tab	3		
<i>oxycodone hcl 5 mg cap</i>	1	OXYIR	
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	1	ROXICODONE	
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-aspirin 4.8355-325 mg tab</i>	1	PERCODAN	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
SUBSYS 100 mcg subl liq, 1200 (600 X 2) mcg subl liq, 1600 (800 X 2) mcg subl liq, 200 mcg subl liq, 400 mcg subl liq, 600 mcg subl liq, 800 mcg subl liq	3		
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
<b>ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]</b>			

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Local Anesthetics [Anestésicos Locales]</b>			
ANACAINE 10 % oint	3		
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	3		
GEBAUERS SPRAY AND STRETCH ext aer	3		
GLYDO 2 % External Prefilled Syringe	3		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % crm</i>	1	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1		
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
LIDO-PRILO CAINE PACK 2.5-2.5 % ext kit	3		
PRAMOX 1 % gel	3		
<i>premium lidocaine 5 % oint</i>	1		
SYNERA 70-70 mg patch	3		
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]</b>			
<b>Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]</b>			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	PA
<b>Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]</b>			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 17 of 157
			Update Date: 2/2022

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	PA
VIVITROL 380 mg im susp	5		PA
<b>Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]</b>			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	PA, QL(360 / 365)
CHANTIX 0.5 mg tab	3		PA, QL(120 / 365)
CHANTIX 1 mg tab	3		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	3		PA, QL(224 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab	3		PA, QL(106 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>cvs nicotine 2 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 4 mg m/t gum</i>	3		PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>eq nicotine 4 mg m/t gum</i>	3		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>gnp nicotine 14 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>gnp nicotine 21 mg/24hr td patch 24hr</i>	3		PA, QL(84 / 365)
<i>gnp nicotine 2 mg m/t gum, 4 mg m/t gum</i>	3		PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum, 4mg m/t gum</i>	3		PA, QL(2772 / 365)
HABITROL 21 mg/24hr td patch 24hr	3		PA, QL(84 / 365)
<i>hm nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>hm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>hm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>hm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg	3		PA, QL(2772 / 365)
KLS QUIT4 4 mg m/t gum, 4 mg m/t lozg	3		PA, QL(2772 / 365)
NICODERM CQ 7 mg/24hr td patch 24hr	3		PA, QL(28 / 365)
NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	3		PA, QL(84 / 365)
NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	3		PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	3		PA, QL(2772 / 365)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum	3		PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	1		QL(112 / 365)
<i>nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg, 2 mg m/t gum</i>	3		PA, QL(2772 / 365)
<i>nicotine polacrilex mini 2 mg m/t lozg</i>	3		PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
NICOTROL 10 mg inhaler	3		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	3		PA, QL(160 / 365)
<i>px stop smoking aid 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>px stop smoking aid 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	3		PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>ra nicotine gum 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>sm nicotine 4 mg m/t gum</i>	1		PA, QL(2772 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>sm nicotine 2 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
THRIVE 2 mg m/t gum	3		PA, QL(2772 / 365)
<b>ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]</b>			
<b>Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]</b>			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	
<b>Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]</b>			
ALTABAX 1 % oint	3		
<i>bacitracin 50000 unit im soln</i>	1	BACI-IM	
BETADINE OPHTHALMIC PREP 5 % ophth soln	3		
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	3		
CLEOCIN 100 mg vag supp	3		
CLINDACIN ETZ 1 % swab	3		
CLINDACIN-P 1 % swab	3		
CLINDAGEL 1 % gel	3		ST
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	3	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % gel</i>	3	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
FEM PH 0.9-0.025 % vag gel	3		
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 21 of 157
			Update Date: 2/2022

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		PA
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
MONUROL 3 gm pckt	3		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
PRIMSOL 50 mg/5ml soln	3		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD 1 % crm	3		
SULFAMYLON 85 mg/gm crm	3		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	5		PA
<b>Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]</b>			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	1	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	1	CECLOR CD	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 1 gm tab</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>cefдинир 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefдинир 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	
<i>cefподoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefподoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab</i>	1	CEFTIN	
<i>cefuroxime axetil 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
SUPRAX 100 mg tab chew, 200 mg tab chew	3		
SUPRAX 500 mg/5ml susp	3		
<b>Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]</b>			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin 250 mg tab chew</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	3		
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	3		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	1	PFIZERPEN	
<i>penicillin g procaine 600000 unit/ml im susp</i>	1		
<i>penicillin g sodium 5000000 unit inj soln</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
<b>Macrolides - Antibiotics [Macrólidos - Antibióticos]</b>			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 1 gm pckt, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
DIFICID 200 mg tab	3		
DIFICID 40 mg/ml susp	3		
E.E.S. 400 400 mg tab	3		
<i>ery 2 % pad</i>	1		

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	3		
ERYTHROCIN STEARATE 250 mg tab	3		
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		
<i>erythromycin base 500 mg tab</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	1	ERYPED	
ZITHROMAX 1 gm pckt	3		
<b>Quinolones - Antibiotics [Quinolonas - Antibióticos]</b>			
CIPRO 250 MG/5ML (5%) susp	3		
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
<b>Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]</b>			
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
<b>Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]</b>			
<i>avidoxy 100 mg tab</i>	1	ADOXA	
AVIDOXY DK 100 mg cmb kit	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 200 mg tab dr, 50 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg cap dr prt, 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
MONDOXYNE NL 100 mg cap, 75 mg cap	3		
MORGIDOX 1 x 100 mg cmb kit, 100 mg cap, 2 x 100 mg cmb kit	3		
NUTRIDOX 75 mg oral kit	3		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
VIBRAMYCIN 50 mg/5ml syr	3		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	3		
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]</b>			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]</b>			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
ROWEEPRA 500 mg tab	3		
<b>Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]</b>			
CELONTIN 300 mg cap	3		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	1	ZONEGRAN	
<b>Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]</b>			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	1	ONFI	
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	1	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	3		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	3		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	3		
DIASTAT ACUDIAL 20 mg rect gel	3		
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln</i>	1		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	1	DEPAKOTE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>phenobarbital 20 mg/5ml oral elix</i>	1		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
<i>vigabatrin 500 mg pkt, 500 mg tab</i>	4	SABRIL	PA
<b>Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]</b>			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit	3		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine 25 &amp; 50 &amp; 100 mg oral kit</i>	1	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	LAMICTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	1	TOPAMAX	
<b>Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]</b>			
BANZEL 200 mg tab, 400 mg tab	3		
BANZEL 40 mg/ml susp	3		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
DILANTIN 100 mg cap, 30 mg cap	3		
DILANTIN 125 mg/5ml susp	3		
DILANTIN INFATABS 50 mg tab chew	3		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
<i>fosphenytoin sodium 500 mg pe/10ml inj soln</i>	1		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln</i>	1	CEREBYX	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
PHENYTEK 200 mg cap, 300 mg cap	3		
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>phenytoin sodium extended 100 mg cap</i>	1	DILANTIN	
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	
TEGRETOL 200 mg tab	3		
TEGRETOL 100 mg/5ml susp	3		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	3		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	2		
<b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]</b>			
<b>Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
<b>Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
<b>N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>memantine hcl 28 x 5 MG &amp; 21 x 10 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	3		
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]</b>			
<b>Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]</b>			
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	3		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	1	FORFIVO XL	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	3		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
<b>Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]</b>			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		
MARPLAN 10 mg tab	3		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
<b>Ssr/snr/s (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Irsr/s/lrsns (Inhibidores Selectivos De La</b>			
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 31 of 157
			Update Date: 2/2022

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]</b>			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	PA
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	1	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	LUVOX CR	
<i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>	1	LUDIOMIL	
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	1	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	3		
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	1	DESYREL	
trazodone hcl 300 mg tab	1	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	
venlafaxine hcl er 225 mg tab er 24 hr	1		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	3		
<b>Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]</b>			
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ELAVIL	
amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab	1	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	1	ASENDIN	
chlordiazepoxide-amitriptyline 10-25 mg tab	1	LIMBITROL	
chlordiazepoxide-amitriptyline 5-12.5 mg tab	1	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	NORPRAMIN	
doxepin hcl 10 mg cap	1	SINEQUAN	
doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	1	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
<b>ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]</b>			
<b>Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]</b>			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp</i>	1	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	3		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
<b>Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]</b>			
ANZEMET 100 mg tab	5		QL(1 / 30)
ANZEMET 50 mg tab	5		QL(2 / 30)
<i>aprepitant 125 mg cap, 40 mg cap, 80 &amp; 125 mg cap, 80 mg cap</i>	1	EMEND	
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	QL(6 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	1	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	QL(9 / 30)
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	4	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	3		
ZUPLENZ 4 mg oral film, 8 mg oral film	3		QL(9 / 30)
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]</b>			
<b>Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]</b>			
ALA-QUIN 3-0.5 % crm	3		
CICLODAN 8 % ext soln	3		PA
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	1	PENLAC	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
CRESEMBA 186 mg cap	3		PA
DERMAZENE 1-1 % crm	3		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
ERTACZO 2 % crm	3		
EXELDERM 1 % crm	3		
EXELDERM 1 % ext soln	3		
EXODERM 25-1 % lot	3		
<i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1	ALCORTIN A	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	PA
<i>itraconazole 100 mg cap</i>	1	SPORANOX	PA
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
LOPROX 0.77 % ext kit	3		
MENTAX 1 % crm	3		
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	1	VUSION	
<i>naftifine hcl 1 % gel, 2 % crm</i>	1	NAFTIN	
NATACYN 5 % ophth susp	3		
NOXAFIL 40 mg/ml susp	3		
NYAMYC 100000 unit/gm ext pwdr	3		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
ORAVIG 50 mg bucc tab	3		
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % lot	3		
QUINJA 1.25-1 % gel	3		
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	5	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	5	VFEND	PA
VUSION 0.25-15-81.35 % oint	3		
XOLEGEL 2 % gel	3		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	3		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	3		
<b>ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]</b>			
<b>Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]</b>			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
<i>probenecid 500 mg tab</i>	1	BENEMID	
<b>ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]</b>			
<b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>			
<i>anucort-hc 25 mg rect supp</i>	1		
EPIFOAM 1-1 % foam	3		
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	1	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
<i>mezparox-hc 1-2.5 % crm</i>	1	PRAMOSONE	
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
PROCTO-MED HC 2.5 % crm	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PROCTO-PAK 1 % crm	3		
PROCTOSOL HC 2.5 % crm	3		
<b>ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]</b>			
<b>Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]</b>			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	QL(24 / 30)
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subl	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		
<b>Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]</b>			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	1	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(9 / 30)
SUMAVEL DOSEPRO 6 mg/0.5ml sc soln jet-inj	3		QL(3 / 30)
TOSYMRA 10 mg/act nasal soln	2		
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln	2		QL(6 / 30)
<b>ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]</b>			
<b>Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]</b>			
<i>guanidine hcl 125 mg tab</i>	1		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
<b>ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]</b>			
<b>Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]</b>			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
<b>Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]</b>			
CAPASTAT SULFATE 1 gm inj soln	5		PA
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	1		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
TRECTOR 250 mg tab	3		
<b>ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]</b>			
<b>Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]</b>			
<i>busulfan 6 mg/ml iv soln</i>	4	BUSULFEX	PA
<i>cyclophosphamide 1 gm inj soln</i>	1		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	4		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	5		PA
LEUKERAN 2 mg tab	5		PA
MATULANE 50 mg cap	5		PA
<i>melfalan 2 mg tab</i>	4	ALKERAN	PA
<i>melfalan hcl 50 mg iv soln</i>	5	ALKERAN	PA
MYLERAN 2 mg tab	5		PA
TEMODAR 100 mg iv soln	5		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	5	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	5	THIOPLEX	PA
ZANOSAR 1 gm iv soln	5		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	4		PA
<b>Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]</b>			
<i>abiraterone acetate 250 mg tab</i>	4	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	5	CASODEX	
ERLEADA 60 mg tab	4		PA
<i>flutamide 125 mg cap</i>	5	EULEXIN	PA
<i>nilutamide 150 mg tab</i>	4	NILANDRON	PA
NUBEQA 300 mg tab	4		PA
<b>Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]</b>			
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
<b>Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]</b>			
EMCYT 140 mg cap	5		PA
SOLTAMOX 10 mg/5ml soln	5		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	5	NOLVADEX	
<b>Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]</b>			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4	XELODA	PA
CARAC 0.5 % crm	5		PA

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



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
FLUOROPLEX 1 % crm	3		
fluorouracil 0.5 % crm	4	CARAC	PA
fluorouracil 5 % crm	4	EFUDEX	PA
fluorouracil 2 % ext soln, 5 % ext soln	4	EFUDEX	PA
hydroxyurea 500 mg cap	5	HYDREA	PA
mercaptopurine 50 mg tab	5	PURINETHOL	PA
NIPENT 10 mg iv soln	5		PA
<b>Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]</b>			
ABRAXANE 100 mg iv susp	5		PA
ADRIAMYCIN 2 mg/ml iv soln	5		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	5		PA
ARRANON 5 mg/ml iv soln	5		PA
arsenic trioxide 12 mg/6ml iv soln	4	TRISENOX	PA
BENDEKA 100 mg/4ml iv soln	4		PA
bleomycin sulfate 15 unit inj soln, 30 unit inj soln	5	BLENOXANE	PA
bortezomib 3.5 mg iv soln	4		PA
carmustine 100 mg iv soln	4	BICNU	PA
cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln	5		PA
cladribine 10 mg/10ml iv soln	5	LEUSTATIN	PA
clofarabine 1 mg/ml iv soln	4	CLOLAR	PA
cytarabine 20 mg/ml inj soln	5		PA
cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln	5		PA
dacarbazine 100 mg iv soln, 200 mg iv soln	5		PA
dactinomycin 0.5 mg iv soln	5	COSMEGEN	PA
daunorubicin hcl 20 mg/4ml iv soln	5		PA
decitabine 50 mg iv soln	5	DACOGEN	PA
dexrazoxane hcl 500 mg iv soln	4	TOTECT	PA
dexrazoxane hcl 250 mg iv soln	4	ZINECARD	PA
docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc	4	TAXOTERE	PA
doxorubicin hcl 10 mg iv soln	4		PA

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>doxorubicin hcl 2 mg/ml iv soln</i>	1	ADRIAMYCIN	PA
<i>doxorubicin hcl liposomal 2 mg/ml iv inj</i>	4	DOXIL	PA
<i>epirubicin hcl 200 mg/100ml iv soln, 50 mg/25ml iv soln</i>	4	ELLENCEN	PA
<i>floxuridine 0.5 gm inj soln</i>	5	FUDR	PA
<i>fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln</i>	5		PA
<i>fulvestrant 250 mg/5ml im soln</i>	4	FASLODEX	PA
<i>gemcitabine hcl 2 gm iv soln</i>	4		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln</i>	4		PA
<i>gemcitabine hcl 1 gm iv soln, 200 mg iv soln</i>	4	GEMZAR	PA
HALAVEN 1 mg/2ml iv soln	5		PA
<i>idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	5	IDAMYCIN PFS	PA
IFEX 3 gm iv soln	5		PA
<i>ifosfamide 1 gm iv soln, 3 gm iv soln</i>	4	IFEX	PA
<i>ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln</i>	4	IFEX	PA
<i>irinotecan hcl 500 mg/25ml iv soln</i>	4		PA
<i>irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln</i>	4	CAMPTOSAR	PA
ISTODAX (OVERFILL) 10 mg iv soln	5		PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	5		PA
JEVTANA 60 mg/1.5ml iv soln	5		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	5		PA
KANJINTI 150 mg iv soln, 420 mg iv soln	4		PA
KYPROLIS 10 mg iv soln, 30 mg iv soln, 60 mg iv soln	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	5	MUTAMYCIN	PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	4	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	4	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc</i>	5	TAXOL	PA
PERJETA 420 mg/14ml iv soln	4		PA
PHOTOFRIN 75 mg iv soln	5		PA
PROLEUKIN 22000000 unit iv soln	5		PA
TABLOID 40 mg tab	5		PA
<i>teniposide 10 mg/ml iv soln</i>	5	VUMON	PA
TICE BCG 50 mg i-vesic susp	3		PA
TOTECT 500 mg iv soln	5		PA
TREANDA 100 mg iv soln, 25 mg iv soln	4		PA
VELCADE 3.5 mg inj soln	5		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	4		PA
VINCASAR PFS 1 mg/ml iv soln	4		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	5	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	5	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	5		PA
<b>Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]</b>			
<i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	5	PARAPLATIN	PA
ERWINAZE 10000 unit inj soln	5		PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	4		PA
<i>fludarabine phosphate 50 mg iv soln</i>	4	FLUDARA	PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>levoleucovorin calcium 50 mg iv soln</i>	4	FUSILEV	PA
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	4		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	4	NOVANTRONE	PA
ONCASPAR 750 unit/ml inj soln	5		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA
ZOLINZA 100 mg cap	5		PA
<b>Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]</b>			
<i>anastrozole 1 mg tab</i>	5	ARIMIDEX	
<i>exemestane 25 mg tab</i>	4	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	5	FEMARA	PA
<b>Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]</b>			
ETOPOPHOS 100 mg iv soln	5		PA
<i>etoposide 50 mg cap</i>	4		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	4	VEPESID	PA
HYCAMTIN 0.25 mg cap, 1 mg cap	5		PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	5		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	5		PA
<i>topotecan hcl 4 mg iv soln</i>	5	HYCAMTIN	PA
<b>Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]</b>			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	5		PA
CAPRELSA 100 mg tab, 300 mg tab	5		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
ERIVEDGE 150 mg cap	5		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	5		PA

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	5		PA
IRESSA 250 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
KEYTRUDA 100 mg/4ml iv soln	5		PA
<i>lapatinib ditosylate 250 mg tab</i>	4	TYKERB	PA
NEXAVAR 200 mg tab	5		PA
ROZLYTREK 100 mg cap, 200 mg cap	4		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	5		PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TYKERB 250 mg tab	5		PA
VOTRIENT 200 mg tab	5		PA
XALKORI 200 mg cap, 250 mg cap	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab, 150 mg tab	5		PA
ZYKADIA 150 mg tab	5		PA
<b>Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]</b>			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	5		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	5		PA
GAZYVA 1000 mg/40ml iv soln	5		PA
RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
TRAZIMERA 420 mg iv soln	4		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	5		PA
<b>Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]</b>			
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 45 of 157
			Update Date: 2/2022

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	PA
PANRETIN 0.1 % gel	5		PA
TARGRETIN 1 % gel	5		PA
<i>tretinoin 10 mg cap</i>	5	VESANOID	PA
<b>Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]</b>			
<i>mesna 100 mg/ml iv soln</i>	5	MESNEX	PA
MESNEX 400 mg tab	5		PA
<b>ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]</b>			
<b>Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]</b>			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
<b>Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]</b>			
ALINIA 500 mg tab	3		
ALINIA 100 mg/5ml susp	3		QL(60 / 3)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	3		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	1	DARAPRIM	
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
<b>Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]</b>			
CROTAN 10 % lot	3		PA
<i>lindane 1 % shampoo</i>	1		PA
<i>malathion 0.5 % lot</i>	1	OVIDE	PA
NATROBA 0.9 % ext susp	3		PA
<i>permethrin 5 % crm</i>	1	ELIMITE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
SKLICE 0.5 % lot	3		PA
<i>spinosad 0.9 % ext susp</i>	1		PA
<i>sulfurated lime ext soln</i>	1		PA
<b>ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]</b>			
<b>Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	ARTANE	
<b>Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
<i>tolcapone 100 mg tab</i>	4	TASMAR	PA
<b>Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	5		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	5		PA
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	2		
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25</i>	1	MIRAPEX ER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>			
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
<b>Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]</b>			
APOKYN 30 mg/3ml sc soln cart	5		PA
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
STALEVO 125 31.25-125-200 mg tab	3		
STALEVO 150 37.5-150-200 mg tab	3		
STALEVO 200 50-200-200 mg tab	3		
STALEVO 50 12.5-50-200 mg tab	3		
STALEVO 75 18.75-75-200 mg tab	3		
<b>Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
ZELAPAR 1.25 mg tab disint	3		

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b>			
<b>1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
COMPRO 25 mg rect supp	1		
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 20 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln, 50 mg/10ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
<b>2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	3		
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	5		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER			
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	2		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	3		
<b>Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
<b>ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]</b>			
<b>Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]</b>			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]</b>			
<b>Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]</b>			
<i>valganciclovir hcl 450 mg tab</i>	1	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	1	VALCYTE	
ZIRGAN 0.15 % ophth gel	3		
<b>Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]</b>			
ALFERON N 5000000 unit/ml inj soln	5		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	5		PA
INTRON A 10000000 unit/ml inj soln, 6000000 unit/ml inj soln	5		PA
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	PA
<b>Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]</b>			
MAVYRET 100-40 mg tab	4		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	4	EPCLUSA	PA
ZEPATIER 50-100 mg tab	5		PA
<b>Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]</b>			
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
<b>Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]</b>			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 5 % crm, 5 % oint</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
DENAVIR 1 % crm	3		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	4	FAMVIR	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTRESX	
XERESE 5-1 % crm	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]</b>			
BIKTARVY 50-200-25 mg tab	4		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	4		PA
ISENTRESS HD 600 mg tab	4		PA
STRIBILD 150-150-200-300 mg tab	5		PA
<b>Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]</b>			
ATRIPLA 600-200-300 mg tab	4		PA
COMPLERA 200-25-300 mg tab	5		PA
EDURANT 25 mg tab	4		PA
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	4	SUSTIVA	PA
<i>efavirenz-emtricitab-tenofovir 600-200-300 mg tab</i>	4	ATRIPLA	PA
<i>etravirine 200 mg tab</i>	4	INTELENCE	PA
INTELENCE 100 mg tab, 25 mg tab	4		PA
<i>nevirapine 50 mg/5ml susp</i>	4	VIRAMUNE	PA
<i>nevirapine 200 mg tab</i>	5	VIRAMUNE	PA
<i>nevirapine er 100 mg tab er 24 hr</i>	4	VIRAMUNE XR	PA
<i>nevirapine er 400 mg tab er 24 hr</i>	5	VIRAMUNE XR	PA
<b>Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]</b>			
<i>abacavir sulfate 300 mg tab</i>	4	ZIAGEN	PA
<i>abacavir sulfate 20 mg/ml soln</i>	4	ZIAGEN	PA
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	4	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	4	TRIZIVIR	PA
DOVATO 50-300 mg tab	4		PA
<i>emtricitabine 200 mg cap</i>	4	EMTRIVA	PA
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	4	TRUVADA	PA
EMTRIVA 10 mg/ml soln	5		PA
<i>lamivudine 150 mg tab, 300 mg tab</i>	4	EPIVIR	PA
<i>lamivudine 10 mg/ml soln</i>	4	EPIVIR	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>lamivudine-zidovudine 150-300 mg tab</i>	4	COMBIVIR	PA
RETROVIR 10 mg/ml iv soln	5		PA
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	4	ZERIT	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	4	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	4		PA
VIREAD 40 mg/gm oral pwdr	4		PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	5	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	5	RETROVIR	PA
<b>Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]</b>			
FUZEON 90 mg sc soln	5		PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	4		PA
SELZENTRY 20 mg/ml soln	4		PA
<b>Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]</b>			
APTIVUS 250 mg cap	5		PA
APTIVUS 100 mg/ml soln	5		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	4	REYATAZ	PA
CRIXIVAN 400 mg cap	4		PA
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	PA
INVIRASE 500 mg tab	5		PA
KALETRA 100-25 mg tab	4		PA
LEXIVA 50 mg/ml susp	4		PA
<i>lopinavir-ritonavir 200-50 mg tab</i>	4	KALETRA	PA
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	4	KALETRA	PA
NORVIR 100 mg pkt	4		PA
NORVIR 80 mg/ml soln	4		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	5		PA
PREZISTA 100 mg/ml susp	5		PA
<i>ritonavir 100 mg tab</i>	4	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	4		PA
<b>Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]</b>			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers		Page 54 of 157	
		Update Date: 2/2022	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/blister inh aer pwr br act	3		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (40 MG DOSE) 2 x 20 mg tab pack	2		
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack, 2 x 40 mg tab pack	2		
<b>ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]</b>			
<b>Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]</b>			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
<b>Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]</b>			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	3		
DORAL 15 mg tab	3		
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>lorazepam 2 mg/ml inj soln, 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
<i>quazepam 15 mg tab</i>	1	DORAL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	
<b>BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b>			
<b>Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
<b>BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]</b>			
<b>Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]</b>			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	3		ST
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	3		ST
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	3	NESINA	ST

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



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	3	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	3	OSENI	ST
BYDUREON 2 mg sc pen-inj	2		ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		ST
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		ST
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		ST
CYCLOSET 0.8 mg tab	3		
FARXIGA 10 mg tab, 5 mg tab	2		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		ST
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	3		ST
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
INVOKANA 100 mg tab, 300 mg tab	3		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
JARDIANCE 10 mg tab, 25 mg tab	2		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	3		ST
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	3		ST
ONGLYZA 2.5 mg tab, 5 mg tab	3		ST
OSENI 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	3		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		ST
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 4 mg/3ml sc soln pen-inj	2		ST
QTERN 10-5 mg tab, 5-5 mg tab	3		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		ST
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	3		ST
STEGLATRO 15 mg tab, 5 mg tab	3		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	3		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TANZEUM 30 mg sc pen-inj	3		ST
<i>tolbutamide 500 mg tab</i>	1	ORINASE	
TRADJENTA 5 mg tab	2		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj	2		ST
VICTOZA 18 mg/3ml sc soln pen-inj	2		ST
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
<b>Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]</b>			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj kit</i>	3	GLUCAGON EMERGENCY	
KORLYM 300 mg tab	3		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]</b>			
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30), ST
HUMALOG 100 unit/ml sc soln	2		QL(20 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		QL(15 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	2		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(6 / 30)
LANTUS 100 unit/ml sc soln	2		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
LEVEMIR 100 unit/ml sc soln	2		QL(20 / 30)
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TRESIBA 100 unit/ml sc soln	2		QL(15 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		QL(15 / 30)
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]</b>			
<b>Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]</b>			
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml sc soln, 120 mg/0.8ml sc soln, 150 mg/ml sc soln, 30 mg/0.3ml sc soln, 300 mg/3ml inj soln, 40 mg/0.4ml sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln</i>	5	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	5	ARIXTRA	PA
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000 unit/0.6ml sc soln, 18000 unit/0.72ml sc soln, 2500 unit/0.2ml sc soln, 5000 unit/0.2ml sc soln, 7500 unit/0.3ml sc soln, 95000 unit/3.8ml sc soln	5		PA
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab	2		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	3		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]</b>			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	5		PA
<i>azacitidine 100 mg inj susp</i>	5	VIDAZA	PA
MOZOBIL 24 mg/1.2ml sc soln	5		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	4		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	3		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	4		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	4		PA
ZIEXTENZO 6 mg/0.6ml sc soln pfs	4		PA
<b>Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]</b>			
<i>aminocaproic acid 500 mg tab</i>	1	AMICAR	QL(10 / 30)
<b>Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]</b>			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	1	DIOVAN	
<b>Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]</b>			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
<b>Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]</b>			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	CORDARONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	2		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	3		
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	3		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
<b>Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	1	NORMODYNE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
<b>Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]</b>			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	3		
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>	1	CARDIZEM CD	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl er coated beads 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	1	CARDIZEM LA	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap</i>	1	DYNACIRC	
<i>isradipine 5 mg cap</i>	1	DYNACIRC	
<i>MATZIM LA 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	3		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	2		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr,</i>	1	VERELAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr			
<b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]</b>			
ALDACTAZIDE 50-50 mg tab	3		
aliskiren fumarate 150 mg tab, 300 mg tab	1	TEKTURNA	
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	1	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	1	CADUET	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	1	EXFORGE HCT	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	1	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
BIDIL 20-37.5 mg tab	3		
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>captopril-hydrochlorothiazide 50-15 mg tab</i>	1	CAPOZIDE	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
<i>DIGITEK 250 mcg tab</i>	2		
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<i>DUTOPROL 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr</i>	3		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	2		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isoxsuprine hcl 10 mg tab</i>	1		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>	1	ALDORIL	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSEK	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	1	INDERIDE	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	3		PA
<b>Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]</b>			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
<b>Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]</b>			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPRA	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	1	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
<b>Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]</b>			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
<b>Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]</b>			
ANTARA 30 mg cap, 90 mg cap	3		
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FIBRICOR 105 mg tab, 35 mg tab	3		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	2		
TRIGLIDE 160 mg tab	3		
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]</b>			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
<b>Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]</b>			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	3		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
PREVALITE 4 gm/dose oral pwdr	3		
<b>Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]</b>			

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<b>Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]</b>			
DILATRATE-SR 40 mg cap er	3		
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	1	IMDUR	
MINITRAN 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	3		
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	1	NITROSTAT	
NITROMIST 400 mcg/spray tl aer soln	3		
NITRO-TIME 9 mg cap er	3		
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]</b>			
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap</i>	1	ADDERALL XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>			
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	1	PROCENTRA	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]</b>			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	2		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		
<i>methylphenidate hcl er 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	1	RITALIN LA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	3		
<b>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]</b>			
GRALISE 300 mg tab, 600 mg tab	3		
HORIZANT 300 mg tab er, 600 mg tab er	3		
NUDEXTA 20-10 mg cap	3		
<i>riluzole 50 mg tab</i>	5	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	PA
<b>Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]</b>			
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>pregabalin 225 mg cap, 300 mg cap</i>	1	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	PA, QL(90 / 30)
<i>pregabalin er 82.5 mg tab er 24 hr</i>	1	LYRICA CR	QL(30 / 30)
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr</i>	1	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
<b>Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]</b>			
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 &amp; 240 mg oral misc</i>	4	TECFIDERA STARTER PACK	PA
GILENYA 0.25 mg cap, 0.5 mg cap	4		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs</i>	4	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
MAYZENT 0.25 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
VUMERITY 231 mg cap dr	4		PA
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack	4		PA
<b>DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]</b>			
<b>Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]</b>			
AQUORAL m/t soln	3		
BOCASAL m/t pckt	3		
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	3		
KEPIVANCE 6.25 mg iv soln	5		PA
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
NEUTRASAL m/t pckt	3		
NUMOISYN m/t liq	3		
ORALONE 0.1 % m/t paste	3		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
SALIVAMAX m/t pckt	3		
TOPEX TOPICAL ANESTHETIC 20 % Mouth/Throat Aerosol	3		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
<b>DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]</b>			
<b>Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]</b>			
ACANYA 1.2-2.5 % gel	3		ST
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	5	SORIATANE	PA
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 77 of 157
			Update Date: 2/2022

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	3		
AVAR CLEANSER 10-5 % ext liq	3		
AVAR-E EMOLLIENT 10-5 % crm	3		
AVAR-E GREEN 10-5 % crm	3		
AVITA 0.025 % crm, 0.025 % gel	3		PA
AZELEX 20 % crm	3		
BENZAACLIN 1-5 % gel	3		ST
BENZAACLIN WITH PUMP 1-5 % gel	3		ST
BENZAMYCIN 5-3 % gel	3		ST
<i>benzoyl peroxide 8 % gel</i>	1	BREVOXYL	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
BIONECT 0.2 % gel	3		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bp wash 2.5 % ext liq</i>	1		
<i>bp wash 7 % ext liq</i>	1		
<i>bpo foaming cloths 6 % ext misc</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % oint</i>	1	TACLONEX	
CALCITRENE 0.005 % oint	3		
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CLINDACIN ETZ 1 % ext kit	3		
CLINDACIN PAC 1 % ext kit	3		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZAACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	3		
CORTANE-B 10-10-1 mg/ml lot	3		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	4		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	4		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	4		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	4		PA
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
DRITHO-CREME HP 1 % crm	3		
EPIDUO 0.1-2.5 % gel	2		
EPIDUO FORTE 0.3-2.5 % gel	2		
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1	ANALPRAM HC	
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	1	ANALPRAM HC	
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>imiquimod pump 3.75 % crm</i>	1	ZYCLARA	PA
IODOSORB 0.9 % gel	3		
LEVULAN KERASTICK 20 % ext soln	3		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-1 % rect kit</i>	1	ANAMANTLE HC FORTE	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	1	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	1	RECTAGEL HC	
<i>methoxsalen rapid 10 mg cap</i>	5	OXSORALEN-ULTRA	PA
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
NEUAC 1.2-5 % gel	3		
NORITATE 1 % crm	3		
ONEXTON 1.2-3.75 % gel	2		
OVACE PLUS 10 % crm	3		
PANOXYL 2.5 % ext liq	1		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PICATO 0.015 % gel, 0.05 % gel	3		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PROCORT 1.85-1.15 % crm	3		
PROCTOFOAM HC 1-1 % foam	3		
PROMISEB crm	3		
PRUDOXIN 5 % crm	3		
RECTIV 0.4 % rect oint	3		
REGRANEX 0.01 % gel	3		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	3		PA
ROSDAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	3		
ROSDAN 0.75 % crm, 0.75 % gel	3		
SANTYL 250 unit/gm oint	3		
SCALACORT DK 2 & 2-2 % ext kit	3		
<i>selenium sulfide 2.25 % shampoo</i>	1		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	4		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	4		PA
<i>sodium sulfacetamide 10 % shampoo</i>	1		
SORILUX 0.005 % foam	3		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION SCT	
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
<i>sulfacetamide sodium 10 % ext liq</i>	1		
<i>sulfacetamide sodium (cleans) 10 % gel</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % crm</i>	1	PLEXION SCT	
<i>sulfacetamide sodium-sulfur 9-4.5 % ext liq</i>	1	SUMADAN WASH	

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



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	1	SUMAXIN	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide sod-sulfur wash 9-4.5 % ext kit</i>	1		
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	1	ROSULA CLEANSER	
SYNALAR TS 0.01 % ext kit	3		
TACLONEX 0.005-0.064 % ext susp	3		
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	PA
<i>tazarotene 0.1 % crm</i>	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	2		PA
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
VECTICAL 3 mcg/gm oint	3		
VELTIN 1.2-0.025 % gel	3		ST
VEREGEN 15 % oint	3		
<i>virti-sulf 10-5 % crm</i>	1	PLEXION SCT	
<i>zaclir cleansing 8 % lot</i>	1		
ZIANA 1.2-0.025 % gel	3		ST
ZITHRANOL 1 % shampoo	3		
ZONALON 5 % crm	3		
ZYCLARA 3.75 % crm	3		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	3		
<b>DEVICES [DISPOSITIVOS]</b>			
<b>Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]</b>			
EUFLEXXA 20 mg/2ml i-artic soln pfs	5		PA
GENVISC 850 25 mg/2.5ml i-artic soln pfs	5		PA

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs	5		PA
ORTHOVISC 30 mg/2ml i-artic soln pfs	5		PA
SUPARTZ FX 25 mg/2.5ml i-artic soln pfs	5		PA
SYNVISC 16 mg/2ml i-artic soln pfs	5		PA
SYNVISC ONE 48 mg/6ml i-artic soln pfs	5		PA
<b>ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]</b>			
<b>Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]</b>			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	3		
<i>miglustat 100 mg cap</i>	4	ZAVESCA	PA
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	3		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	3		ST
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	3		ST
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]</b>			
<b>Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]</b>			
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	3		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	1	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1	ANASPAZ	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVVID	
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	3		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>oscimin sr 0.375 mg tab er 12 hr</i>	1	LEVVID	
SYMAX DUOTAB 0.375 mg tab er	3		
SYMAX-SR 0.375 mg tab er 12 hr	3		
<b>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]</b>			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>amoxicill-clarithro-lansopraz oral misc</i>	1	PREVPAC	QL(336 / 365)
CHENODAL 250 mg tab	3		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
ENTEREG 12 mg cap	3		
<i>metoclopramide hcl 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	3		ST
MOTOFEN 1-0.025 mg tab	3		
MOVANTIK 12.5 mg tab, 25 mg tab	2		ST
PYLERA 140-125-125 mg cap	3		QL(360 / 365)
RELISTOR 150 mg tab	3		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	3		ST
SYMPROIC 0.2 mg tab	2		ST
TRULANCE 3 mg tab	3		ST
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
<b>Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]</b>			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>nizatidine 15 mg/ml soln</i>	1	AXID	
<b>Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]</b>			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		ST
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 84 of 157
			Update Date: 2/2022

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	ST
<b>Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]</b>			
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
KRISTALOSE 10 gm pckt, 20 gm pckt	3		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	2		
<b>Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]</b>			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
<b>Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]</b>			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	3		
FIRST-OMEPRAZOLE 2 mg/ml susp	3		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
NEXIUM 2.5 mg pckt, 5 mg pckt	3		ST
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	3		
omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	1	ZEGERID	QL(90 / 365)
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	
pantoprazole sodium 40 mg pckt	1	PROTONIX	
PRILOSEC 10 mg pckt, 2.5 mg pckt	3		ST
PROTONIX 40 mg pckt	3		ST
rabeprazole sodium 20 mg tab dr	1	ACIPHEX	ST
<b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]</b>			
<b>Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]</b>			
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	1	ENABLEX	
flavoxate hcl 100 mg tab	1		
GELNIQUE 10 % td gel	3		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	3		
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml syr	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	3		
solifenacin succinate 10 mg tab, 5 mg tab	1	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	1	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	1	DETROL LA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>tropium chloride 20 mg tab</i>	1	SANCTURA	
<i>tropium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
<b>Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]</b>			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
<b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]</b>			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
ELMIRON 100 mg cap	3		
ENCARE 100 mg vag supp	3		
HYOPHEN 81.6 mg tab	3		
LITHOSTAT 250 mg tab	3		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	3		
PHENAZO 200 mg tab	3		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
PHOSPHASAL 81.6 mg tab	3		
RIMSO-50 50 % i-vesic soln	3		
SHUR-SEAL CONTRACEPTIVE 2 % vag gel	3		
THIOLA 100 mg tab	3		
TODAY SPONGE 1000 mg vag misc	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>trientine hcl 250 mg cap</i>	4	SYPRINE	PA
URELLE 81 mg tab	3		
URIMAR-T 120 mg tab	3		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-458 81 mg tab</i>	1		
<i>uro-mp 118 mg cap</i>	1		
USTELL 120 mg cap	3		
UTIRA-C 81.6 mg tab	3		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	3		
VCF VAGINAL CONTRACEPTIVE 12.5 % vag foam, 4 % vag gel	3		
VILAMIT MB 118 mg cap	3		
VILEVEV MB 81 mg tab	3		
<b>Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]</b>			
<i>calcium acetate (phos binder) 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	3		
<i>sevelamer carbonate 800 mg tab</i>	1	RENVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Glucocorticoids / Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
ALA SCALP 2 % lot	3		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>ala-cort 2.5 % crm</i>	1	HYTONE	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>amcinonide 0.1 % crm, 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	3		
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 88 of 157
			Update Date: 2/2022



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone sod phos &amp; acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
CAPEX 0.01 % shampoo	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % oint</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % ext soln</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLODAN	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	OLUX-E	
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % shampoo	3		
CLODERM 0.1 % crm	3		
CORDRAN 4 mcg/sqcm tape	3		
DEPO-MEDROL 20 mg/ml inj susp	3		
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	1	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % oint	3		
HALOG 0.1 % ext soln	3		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	3		
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
NOLIX 0.05 % lot	3		
PANDEL 0.1 % crm	3		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
<i>psorcon 0.05 % crm</i>	1	PSORCON	
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	3		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 2 gm inj soln	3		
TEXACORT 2.5 % ext soln	3		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>triamcinolone in absorbase 0.05 % oint</i>	1	TRIANEX	
TRIANEX 0.05 % oint	3		
TRIDERM 0.1 % crm	3		
VERDESO 0.05 % foam	3		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDVAP	PA
STIMATE 1.5 mg/ml nasal soln	3		PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
<i>testosterone 40.5 MG/2.5GM (1.62%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	PA
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	PA
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	2		PA
<b>Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
ALORA 0.025 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	3		
AMETHIA 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
AMETHIA LO 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
AMETHYST 90-20 mcg tab	3		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
ARANELLE 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
AUBRA 0.1-20 mg-mcg tab	3		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	3		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
CAZIAN 0.1/0.125/0.15 -0.025 mg tab	3		QL(28 / 28)
CHATEAL 0.15-30 mg-mcg tab	3		QL(28 / 28)
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	3		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
COVARYX 1.25-2.5 mg tab	3		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
COVARYX HS 0.625-1.25 mg tab	3		
CYCLAFEM 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
CYCLAFEM 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
CYRED 0.15-30 mg-mcg tab	3		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	3		
DELYLA 0.1-20 mg-mcg tab	3		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	3		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	BEKYREE 28 DAY	QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	DESOGEN	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	3		
DIVIGEL 1 mg/gm td gel	3		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
ELINEST 0.3-30 mg-mcg tab	3		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr</i>	1	CLIMARA	

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>tdwk patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch</i>			
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
ESTROSTEP FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	1	DEMULEN 1/35-28	QL(28 / 28)
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	1	DEMULEN 1/50-28	QL(28 / 28)
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	1	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	3		
FALMINA 0.1-20 mg-mcg tab	3		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	3		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
FEMYNOR 0.25-35 mg-mcg tab	3		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	3		
GIANVI 3-0.02 mg tab	3		QL(28 / 28)
INTROVALE 0.15-0.03 mg tab	3		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	3		QL(28 / 28)
JOLESSA 0.15-0.03 mg tab	3		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	3		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	3		QL(28 / 28)

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



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	3		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	3		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	3		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	3		QL(28 / 28)
<i>levonorgest-eth est &amp; eth est 42-21-21-7 days tab</i>	1	QUARTETTE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>	1	LOSEASONIQUE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i>	1	SEASONIQUE	QL(91 / 91)
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	AMETHYST 28 DAY	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	3		QL(28 / 28)
LILLOW 0.15-30 mg-mcg tab	3		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	3		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	3		QL(28 / 28)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	3		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	3		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	3		QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
MELODETTA 24 FE 1-20 mg-mcg(24) tab chew	3		QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	3		
MENOSTAR 14 mcg/24hr tdkw patch	3		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	3		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	3		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	2		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	3		QL(28 / 28)
NIKKI 3-0.02 mg tab	3		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	LOESTRIN FE 1/20	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	LOESTRIN 1/20	QL(28 / 28)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
norethindrone-eth estradiol 1-5 mg-mcg tab	1	FEMHRT 1/5	
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	1	FEMHRT LOW DOSE	
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	1	FEMCOM FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	1	GENERESS FE	QL(28 / 28)
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1	ORTHO-CYCLEN (28)	QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab	1	ORTHO TRI-CYCLEN LO	QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	3		QL(1 / 28)
PHILITH 0.4-35 mg-mcg tab	3		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	3		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
QUARTETTE 42-21-21-7 days tab	3		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	3		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	3		QL(91 / 91)
SEASONIQUE 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	3		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	3		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
TILIA FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	3		QL(28 / 28)
VESTURA 3-0.02 mg tab	3		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	3		QL(28 / 28)
viorele 0.15-0.02/0.01 mg (21/5) tab	1	BEKYREE 28 DAY	QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	3		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	3		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	3		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	3		QL(3 / 28)
YUVAFEM 10 mcg vag tab	2		
ZARAH 3-0.03 mg tab	3		QL(28 / 28)
<b>Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
ELLA 30 mg tab	3		
<b>Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
AFTERA 1.5 mg tab	3		
AFTERPILL 1.5 mg tab	3		
CAMILA 0.35 mg tab	3		QL(28 / 28)
CRINONE 4 % vag gel	3		PA
DEBLITANE 0.35 mg tab	3		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	3		QL(1 / 90)
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 100 of 157
			Update Date: 2/2022

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		QL(1 / 90)
ECONTRA EZ 1.5 mg tab	3		
ECONTRA ONE-STEP 1.5 mg tab	3		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	3		PA
JENCYCLA 0.35 mg tab	3		QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
LYZA 0.35 mg tab	3		QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	1	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	5	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	5	MEGACE	PA
MIRENA (52 MG) 20 mcg/24hr iud	4		PA
MY CHOICE 1.5 mg tab	3		
MY WAY 1.5 mg tab	3		
NEW DAY 1.5 mg tab	3		
NEXPLANON 68 mg sc implant	3		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
NORLYROC 0.35 mg tab	3		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	3		
OPTION 2 1.5 mg tab	3		
PLAN B ONE-STEP 1.5 mg tab	3		
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
REACT 1.5 mg tab	3		
SHAROBEL 0.35 mg tab	3		QL(28 / 28)
TAKE ACTION 1.5 mg tab	3		
<b>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs</b> <b>[Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 101 of 157
			Update Date: 2/2022

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]</b>			
<b>Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]</b>			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	3		
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>	1	TIROSINT	
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NATURE-THROID 113.75 mg tab, 130 mg tab, 146.25 mg tab, 16.25 mg tab, 162.5 mg tab, 195 mg tab, 260 mg tab, 32.5 mg tab, 325 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
<i>np thyroid 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 200 mcg cap, 50 mcg cap	3		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	3		
WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab	3		
WP THYROID 113.75 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]</b>			
LYSODREN 500 mg tab	5		PA
<b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants [ ]</b>			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]</b>			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	4		PA
FIRMAGON 80 mg sc soln	5		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	5		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	5	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
ORILISSA 150 mg tab, 200 mg tab	4		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	5		PA
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]</b>			
<b>Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]</b>			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
<b>IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]</b>			
<b>Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]</b>			
AZASAN 100 mg tab, 75 mg tab	3		PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA

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



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
BENLYSTA 120 mg iv soln, 400 mg iv soln	4		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	4		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	4	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	4	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	4	NEORAL	PA
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI 50 mg/ml sc soln cart	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	4	ZORTRESS	PA
GENGRAF 100 mg cap, 25 mg cap	5		PA
GENGRAF 100 mg/ml soln	5		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PSOR/UEVIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	4		PA
<i>methotrexate 2.5 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 1 gm inj soln</i>	5		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	5		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	5		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	5	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	5	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	4	MYFORTIC	PA
ORENCIA 250 mg iv soln	4		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
RENFLEXIS 100 mg iv soln	4		PA
RINVOQ 15 mg tab er 24 hr	4		PA
SANDIMMUNE 100 mg/ml soln	3		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	5	PROGRAF	PA
<i>temsirolimus 25 mg/ml iv soln</i>	4	TORISEL	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	5		
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
<b>Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]</b>			
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	4		QL(2 / 365)
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	4		QL(2 / 365)
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	4		QL(2 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
RHOPHYLAC 1500 unit/2ml inj soln pfs	4		QL(2 / 365)
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	5		QL(2 / 365)
<b>Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]</b>			
ACTIMMUNE 2000000 unit/0.5ml sc soln	5		PA
ARCALYST 220 mg sc soln	5		PA
ILARIS 150 mg/ml sc soln	3		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	5		PA
RIDAURA 3 mg cap	3		
<b>INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]</b>			
<b>Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]</b>			
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	3		
<b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>			
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
CORTIFOAM 10 % foam	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]</b>			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
<b>METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]</b>			
<b>Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]</b>			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
BINOSTO 70 mg tab eff	3		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	PA
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	5		PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	5		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	5		PA
XGEVA 120 mg/1.7ml sc soln	5		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	4	ZOMETA	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]</b>			
<b>Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]</b>			
<i>aimSCO lubricated misc</i>	1		QL(12 / 30)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
CAYA vag diaph	3		
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE dev	3		QL(12 / 30)
DUREX REALFEEL dev	3		QL(12 / 30)
FANTASY LUBRICATED misc	3		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
FC FEMALE CONDOM misc	3		
FC2 FEMALE CONDOM misc	3		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	3		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	1		
KAMELEON LUBRICATED misc	3		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	3		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	3		QL(12 / 30)
K-Y ME & YOU EXTRA LUBRICATED dev	3		QL(12 / 30)
K-Y ME & YOU INTENSE dev	3		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine (dietary) 1 gm/10ml soln</i>	1		
<i>levocarnitine l-tartrate 330 mg tab</i>	1		
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	3		
OMNIFLEX DIAPHRAGM vag diaph	3		
PARAGARD INTRAUTERINE COPPER iud	4		PA
<i>premium condoms lubricated misc</i>	1		QL(12 / 30)
REALITY LATEX CONDOMS misc	3		QL(12 / 30)

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
REALITY LATEX/ULTRA TEXTURED dev	3		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	3		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	3		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDED misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	3		QL(12 / 30)
TRUSTEX LUBRICATED misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	3		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	3		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX-NONNOXYNOL-9/RIB/STUD misc	3		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	3		
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]</b>			
<b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]</b>			
AKTEN 3.5 % ophth gel	3		
ALTACAINE 0.5 % ophth soln	3		
ALTACAINE 0.5 % ophth soln	3		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	3		
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>cyclopentolate hcl 2 % ophth soln</i>	1	CYCLOGYL	
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln</i>	1	CYCLOGYL	
HOMATROPAIRE 5 % ophth soln	3		
MIOCHOL-E 20 mg i-ocul soln	3		PA
<i>neomycin-bacitracin zn-polymyx 5- 400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000- 0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
RESTASIS 0.05 % ophth emul	3		
RESTASIS MULTIDOSE 0.05 % ophth emul	3		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	1	MYDRIACYL	
<b>Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]</b>			
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 111 of 157
			Update Date: 2/2022

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
ALOCRIL 2 % ophth soln	3		
azelastine hcl 0.05 % ophth soln	1	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	1	BEPREVE	
cromolyn sodium 4 % ophth soln	1	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	3		
epinastine hcl 0.05 % ophth soln	1	ELESTAT	
LASTACFT 0.25 % ophth soln	2		
olopatadine hcl 0.2 % ophth soln	1	PATADAY	
olopatadine hcl 0.1 % ophth soln	1	PATANOL	
<b>Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]</b>			
AZASITE 1 % ophth soln	3		
bacitracin 500 unit/gm ophth oint	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
ciprofloxacin hcl 0.3 % ophth soln	1	CILOXAN	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
levofloxacin 0.5 % ophth soln	1	QUIXIN	
moxifloxacin hcl 0.5 % ophth soln	1	VIGAMOX	
ofloxacin 0.3 % ophth soln	1	OCUFLOX	
tobramycin 0.3 % ophth soln	1	TOBEX	
TOBEX 0.3 % ophth oint	3		
<b>Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]</b>			
acetazolamide 125 mg tab, 250 mg tab	1	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
apraclonidine hcl 0.5 % ophth soln	1	IOPIDINE	
betaxolol hcl 0.5 % ophth soln	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
brimonidine tartrate 0.2 % ophth soln	1	ALPHAGAN	

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>brimonidine tartrate 0.15 % ophth soln</i>	1	ALPHAGAN P	
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1	COSOPT PF	
IOPIDINE 1 % ophth soln	3		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	3		PA
OZURDEX 0.7 mg Intravitreal Implant	5		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTOCARPINE	
RETISERT 0.59 mg Intravitreal Implant	3		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	1	ISTALOL	
<b>Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs</b> <b>[Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]</b>			
ACUVAIL 0.45 % ophth soln	2		
ALOMIDE 0.1 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
<i>bromfenac sodium (once-daily)</i> 0.09 % ophth soln	1	BROMDAY	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	3		
FML FORTE 0.25 % ophth susp	3		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR LS	
LOTEMAX 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEVANAC 0.1 % ophth susp	3		
PRED MILD 0.12 % ophth susp	3		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth soln	3		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	3		PA
ZYLET 0.5-0.3 % ophth susp	3		
<b>Ophthalmic Prostaglandin And Prostanoid Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanoidas - Medicamentos Para Glaucoma]</b>			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN Z	
<b>OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]</b>			
<b>Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]</b>			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
CORTIC-ND 10-10-1 mg/ml otic soln	3		
<i>exotic-hc 10-10-1 mg/ml otic soln</i>	1		
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	ACETASOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
<b>Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]</b>			
CETRAXAL 0.2 % otic soln	3		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
<b>RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]</b>			
<b>Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]</b>			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	QL(30 / 30)
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers		Page 115 of 157	
		Update Date: 2/2022	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
azelastine hcl 0.15 % nasal soln	1	ASTEPRO	QL(30 / 30)
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
cetirizine hcl 1 mg/ml soln	1	ZYRTEC	
clemastine fumarate 2.68 mg tab	1	TAVIST	
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	1	CLARINEX	
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	
hydroxyzine pamoate 100 mg cap	1	VISTARIL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	1	XYZAL	
olopatadine hcl 0.6 % nasal soln	1	PATANASE	
<b>Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]</b>			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	3		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	2		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
ASMANEX (30 METERED DOSES) 110 mcg/inh inh aer pwdr br act, 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (7 METERED DOSES) 110 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	3		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	3		QL(25 / 25)
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(60 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>cvs budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>eq budesonide nasal 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act, 50 mcg/blist inh aer pwdr br act	2		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	2		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	2		QL(12 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	QL(25 / 25)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	3		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	2		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
QNASL CHILDRENS 40 mcg/act nasal aer soln	2		
QVAR REDHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	2		QL(10.6 / 30)
<i>ra budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
ZETONNA 37 mcg/act nasal aer soln	3		
<b>Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]</b>			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
<b>Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]</b>			
ATROVENT HFA 17 mcg/act inh aer soln	3		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 25)
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
SPIRIVA HANDHALER 18 mcg inh cap	2		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act	3		QL(30 / 30), ST
<b>Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]</b>			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25), AL

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(300 / 25)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr</i>	1	VOSPIRE ER	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
BROVANA 15 mcg/2ml inh neb soln	3		QL(60 / 30)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	3	XOPENEX HFA	QL(30 / 30), ST
PERFOROMIST 20 mcg/2ml inh neb soln	3		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	2		QL(17 / 30)
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	2		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	3		QL(56 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	3		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	3		QL(30 / 30), ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]</b>			
CAYSTON 75 mg inh soln	5		PA
KALYDECO 150 mg tab, 25 mg pckt	5		PA
KITABIS PAK 300 mg/5ml inh neb soln	5		PA
PULMOZYME 2.5 mg/2.5ml inh soln	5		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	5	TOBI	PA
<b>Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]</b>			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
<b>Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]</b>			
DALIRESP 250 mcg tab, 500 mcg tab	3		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
<i>theophylline 80 mg/15ml soln</i>	1		
<i>theophylline er 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
<b>Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]</b>			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	4	LETAIRIS	PA
OPSUMIT 10 mg tab	4		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	4	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4	ADCIRCA	PA

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



Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	5		PA
<b>Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]</b>			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	3		
ADVAIR DISKUS 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act	2		QL(60 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	2		QL(10.7 / 30)
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	2		QL(60 / 30)
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	3		QL(13 / 30), ST
<i>fluticasone-salmeterol 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
GILPHEX TR 10-388 mg tab	3		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC EXT	
<i>hydrocodone-homatropine 5-1.5 mg tab</i>	1		
<i>hydrocodone-homatropine 5-1.5 mg/5ml syr</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml syr</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln	3		
<i>phenyleph-promethazine-cod 5-6.25-10 mg/5ml syr</i>	1		
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>ribavirin 6 gm inh soln</i>	4	VIRAZOLE	
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	1	HYPERSAL	
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		QL(10.2 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	2		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	2		QL(13.8 / 30)
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	5		PA
TUSSICAPS 10-8 mg cap er 12 hr	3		
WIXELA INHUB 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act	1		QL(60 / 30)
<b>Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]</b>			
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
TUSNEL 60-30-400 mg tab	3		
<b>SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]</b>			
<b>Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]</b>			
BOTOX 100 unit inj soln, 200 unit inj soln	5		PA
<i>carisoprodol 350 mg tab</i>	1	SOMA	
<i>carisoprodol 250 mg tab</i>	1	SOMA	
<i>chlorzoxazone 750 mg tab</i>	1	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
DYSPORT 300 unit im soln, 500 unit im soln	3		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
LORZONE 375 mg tab	3		
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	1	ROBAXIN	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	5		PA
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
XEOMIN 100 unit im soln, 200 unit im soln, 50 unit im soln	5		PA
<b>SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]</b>			
<b>Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]</b>			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
EDLUAR 10 mg tab subl, 5 mg tab subl	3		
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	1	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	1	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	1	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	1	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	3		
<b>Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]</b>			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	1	NUVIGIL	
modafinil 100 mg tab, 200 mg tab	1	PROVIGIL	
ramelteon 8 mg tab	1	ROZEREM	
XYREM 500 mg/ml soln	5		PA
<b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]</b>			
<b>Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b>			
ABATRON liq	3		AL
animal shapes/iron 18 mg tab chew	1		AL
ATABEX EC 29-1 mg tab dr	3		
bite-a-mins/iron 15 mg tab chew	1		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	3		AL
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	3		
calcium-folic acid plus d 1342-1 mg oral wafer	1		
CARBAGLU 200 mg tab	3		
CEROVITE JR 18 mg tab chew	1		AL

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>childrens animal shapes 18 mg tab chew</i>	1		AL
<i>childrens multivitamin/iron 15 mg tab chew</i>	1		AL
<i>childrens vitamins/iron 15 mg tab chew</i>	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	3		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	3		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	3		
CITRANATAL DHA 27-1 & 250 mg oral misc	3		
CITRANATAL RX 27-1 mg tab	3		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 &amp; 200 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	3		
CONCEPT DHA 53.5-38-1 mg cap	3		
CONCEPT OB 130-92.4-1 mg cap	3		
<i>cvs chewable childrens vitamin 18 mg tab chew</i>	1		AL
<i>cvs childrens complete 18 mg tab chew</i>	1		AL
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pkt</i>	1		
DUET DHA 400 25-1 & 400 mg oral misc	3		
DUET DHA BALANCED 25-1 & 267 mg oral misc	3		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	3		
ELITE-OB 50-1.25 mg tab	3		
<i>eq complete multivitamin child 18 mg tab chew</i>	1		AL
<i>eq child multivit/minerals 18 mg tab chew</i>	1		AL
FA-8 0.8 mg cap	1		QL(30 / 30), AL
FER-IN-SOL 75 (15 Fe) mg/ml soln	3		AL

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>ferrous sulfate 220 (44 Fe) mg/5ml liq, 220 (44 Fe) mg/5ml oral elix, 300 (60 Fe) mg/5ml syr</i>	1		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	AL
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	3	FER-IN-SOL	AL
FLINTSTONES COMPLETE 10 mg tab chew, 18 mg tab chew	1		AL
FLINTSTONES W/IRON 18 mg tab chew	1		AL
<i>fluoritab 0.275 (0.125 F) mg/drop soln</i>	1		AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30), AL
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
FOLIVANE-OB 85-1 mg cap	3		
<i>fruity chews/iron tab chew</i>	1		AL
GALZIN 25 mg cap, 50 mg cap	3		
<i>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>hm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ICAR 15 mg/1.25ml susp	1		AL
INATAL GT tab	3		
IROFOL 100-1000-15 mg-mcg/5ml liq	3		AL
<i>iron supplement 220 (44 Fe) mg/5ml oral elix</i>	1		AL
<i>iron supplement childrens 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	AL
IRON UP 15 mg/0.5ml liq	3		AL
KLOR-CON 20 meq pckt	2		
KLOR-CON M10 10 meq tab er	2		
KLOR-CON M15 15 meq tab er	2		
KLOR-CON/EF 25 meq tab eff	2		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>kp niacin 500 mg tab</i>	1		
K-PHOS 500 mg tab	3		
K-PHOS NO 2 305-700 mg tab	3		
K-PRIME 25 meq tab eff	3		
K-TAB 8 meq tab er	2		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
<i>little animals plus iron 15 mg tab chew</i>	1		AL
MAGNEBIND 400 80-115 mg tab	3		
<i>multi-vitamin drops/fe soln</i>	1		AL
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL
<i>multivitamins plus iron child 18 mg tab chew</i>	1		AL
NATACHEW 28-1 mg tab chew	3		
NATALVIT tab	3		
NEEVO DHA 27-1.13 mg cap	3		
NESTABS 32-1 mg tab	3		
NESTABS DHA 32-1 mg oral misc	3		
<i>niacin 500 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	3		
NOVAFERRUM 125 mg/5ml liq	3		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	3		AL
OB COMPLETE 50-1.25 mg tab	3		
OB COMPLETE ONE 50-1-476 mg cap	3		
OB COMPLETE PETITE 35-5-1-200 mg cap	3		
OB COMPLETE PREMIER 30-20-1 mg tab	3		
OB COMPLETE/DHA 30-10-1-200 mg cap	3		
OBSTETRIX DHA 29-1 & 387 mg oral misc	3		
OBSTETRIX EC 29-1 mg tab	3		
ORACIT 490-640 mg/5ml soln	3		
<i>pc pediatric iron drops 15 mg/ml soln</i>	3	FER-IN-SOL	AL
<i>pc pediatric poly-vita/fe drop 10 mg/ml soln</i>	1		AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	3		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	3		

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

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>plain niacin 500 mg tab</i>	1		
<i>pnv tabs 29-1 29-1 mg tab</i>	1		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha plus 27-1.13-0.4 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
<i>poly-vita/iron 10 mg/ml soln</i>	1		AL
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
<b>PRENATABS RX 29-1 mg tab</b>	3		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 tab, 29-1 mg tab</i>	1		
<i>prenatal plus iron 29-1 mg tab</i>	1		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	1		

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



FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PRENATAL-U 106.5-1 mg cap	3		
<i>preplus 27-1 mg tab</i>	1		
<i>pretab 29-1 mg tab</i>	1		
PX CHILDRENS VITAMIN 18 mg tab chew	1		AL
<i>px folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>qc childrens complete 18 mg tab chew</i>	1		AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra niacin 500 mg tab</i>	1		
<i>ra no flush niacin 500 mg tab</i>	1		
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
SELECT-OB 29-1 mg tab chew	3		
SELECT-OB+DHA 29-1 & 250 mg oral misc	3		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>sm animal shapes complete 18 mg tab chew</i>	1		AL
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>sodium fluoride 1.1 (0.5 F) mg tab</i>	1		AL
<i>sodium fluoride 0.275 (0.125 F) mg/drop soln</i>	1		AL
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	AL
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	AL
TARON-C DHA 35-1 mg cap	3		
TARON-PREX 30-1.2-265 mg cap	3		
<i>thrivite 19 1 mg tab</i>	1		
<i>thrivite rx 29-1 mg tab</i>	1		
TRICARE tab	3		
TRICARE PRENATAL DHA ONE 27-1-500 mg cap	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	3		
TRIVEEN-DUO DHA 29-1-200 & 300 mg oral misc	3		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	3		
VINATE II 29-1 mg tab	3		
VINATE ONE 60-1 mg tab	3		
<i>virt-c dha 53.5-38-1 mg cap</i>	1		
<i>virt-nate dha 28-1-200 mg cap</i>	1		
<i>virt-phos 250 neutral 155-852-130 mg tab</i>	1		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
<i>virt-pn plus 28-0.6-0.4-340 mg cap</i>	1		
VITAFOL-OB tab	3		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	3		
VITAFOL-ONE 29-1-200 mg cap	3		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	3		
VIVA DHA 28-1-200 mg cap	3		
<i>vp-pnv-dha 28-1-215.8 mg cap</i>	1		
<i>wee care 15 mg/1.25ml susp</i>	1		AL
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	3		
ZATEAN-PN PLUS 28-0.6-0.4-340 mg cap	3		
<i>zoo friends plus iron 15 mg tab chew</i>	1		AL
<b>Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b>			
CHEMET 100 mg cap	3		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	4	JADENU	PA
FERRIPROX 500 mg tab	4		PA
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2022_5 Tiers			Page 130 of 157
			Update Date: 2/2022

FM Obamacare 2022\_5Tiers\_Comercial

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
FERRIPROX 100 mg/ml soln	4		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	4		PA
<i>sodium polystyrene sulfonate oral pwr</i>	1	KAYEXALATE	
SPS 15 gm/60ml susp	3		

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

**A**

*abacavir sulfate*..... 52  
*abacavir sulfate-lamivudine*..... 52  
*abacavir-lamivudine-zidovudine*..... 52  
 ABATRON..... 121  
*abiraterone acetate* ..... 39  
 ABRAXANE ..... 40  
*acamprosate calcium* ..... 17  
 ACANYA ..... 76  
*acarbose* ..... 55  
*acebutolol hcl*..... 64  
*acetaminophen-codeine*..... 14  
*acetaminophen-codeine #2*..... 14  
*acetaminophen-codeine #3*..... 14  
*acetaminophen-codeine #4*..... 14  
*acetazolamide*..... 110  
*acetazolamide er*..... 110  
*acetic acid*..... 112  
*acetylcysteine* ..... 118  
*acitretin* ..... 76  
 ACTIMMUNE ..... 104  
 ACUVAIL..... 111  
*acyclovir*..... 51  
*adapalene* ..... 76  
*adapalene-benzoyl peroxide*..... 76  
 ADEMPAS ..... 118  
 ADLYXIN..... 55  
 ADLYXIN STARTER PACK ..... 55  
 ADRENALIN ..... 118  
 ADRIAMYCIN ..... 40  
*adult aspirin regimen*..... 8  
 ADVAIR DISKUS ..... 118  
 ADVAIR HFA ..... 118  
 AFTERA..... 98  
 AFTERPILL..... 98  
*aimsco lubricated*..... 106  
 AIRDUO RESPICLICK 113/14..... 118  
 AIRDUO RESPICLICK 232/14..... 118  
 AIRDUO RESPICLICK 55/14..... 118  
 AKTEN..... 108  
 ALA SCALP ..... 86  
*ala-cort*..... 86  
 ALA-QUIN..... 34  
*albendazole*..... 45

*albuterol sulfate*..... 116  
*albuterol sulfate er*..... 116  
*albuterol sulfate hfa*..... 116  
*alclometasone dipropionate* ..... 86  
 ALDACTAZIDE ..... 66  
*alendronate sodium*..... 105  
 ALFERON N..... 51  
*alfuzosin hcl er* ..... 85  
 ALIMTA ..... 40  
 ALINIA..... 45  
*aliskiren fumarate*..... 66  
*allopurinol*..... 36  
*almotriptan malate*..... 37  
 ALOCRIL..... 109  
*alogliptin benzoate* ..... 55  
*alogliptin-metformin hcl* ..... 55  
*alogliptin-pioglitazone*..... 55  
 ALOMIDE ..... 111  
 ALORA..... 91  
*alose tron hcl*..... 83  
 ALPHAGAN P ..... 110  
*alprazolam*..... 54  
*alprazolam er* ..... 54  
 ALPRAZOLAM INTENSOL ..... 54  
*alprazolam xr*..... 54  
 ALREX ..... 111  
 ALTABAX ..... 21  
 ALTACAINE ..... 108  
 ALTAFRIN..... 108  
 ALTOPREV ..... 70  
 ALVESCO ..... 114  
*alyacen 1/35*..... 92  
*alyacen 7/7/7*..... 92  
 AMABELZ ..... 92  
*amantadine hcl*..... 46  
*ambrisentan* ..... 118  
*amcinonide*..... 86  
 AMETHIA ..... 92  
 AMETHIA LO ..... 92  
 AMETHYST..... 92  
*amiloride hcl*..... 69  
*amiloride-hydrochlorothiazide* ..... 66  
*aminocaproic acid* ..... 61  
*amiodarone hcl*..... 63

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>amitriptyline hcl</i> .....	32	ASMANEX (60 METERED DOSES) .....	114
<i>amlodipine besy-benazepril hcl</i> .....	66	ASMANEX (7 METERED DOSES) .....	114
<i>amlodipine besylate</i> .....	65	ASMANEX HFA .....	114
<i>amlodipine besylate-valsartan</i> .....	66	<i>aspirin</i> .....	8
<i>amlodipine-atorvastatin</i> .....	66	<i>aspirin 81</i> .....	8
<i>amlodipine-olmesartan</i> .....	67	<i>aspirin adult low dose</i> .....	8
<i>amlodipine-valsartan-hctz</i> .....	67	<i>aspirin adult low strength</i> .....	8
<i>amoxapine</i> .....	32	<i>aspirin childrens</i> .....	8
<i>amoxicill-clarithro-lansopraz</i> .....	82	<i>aspirin ec</i> .....	8
<i>amoxicillin</i> .....	23	<i>aspirin ec adult low strength</i> .....	8
<i>amoxicillin-pot clavulanate</i> .....	23	<i>aspirin ec low dose</i> .....	9
<i>amoxicillin-pot clavulanate er</i> .....	23	<i>aspirin ec low strength</i> .....	9
<i>amphetamine-dextroamphet er</i> .....	72	<i>aspirin low dose</i> .....	9
<i>amphetamine-dextroamphetamine</i> .....	72	<i>aspirin low strength</i> .....	9
<i>ampicillin</i> .....	23	<i>aspirin-dipyridamole er</i> .....	61
ANACAINE.....	16	ATABEX EC .....	121
<i>anagrelide hcl</i> .....	60	<i>atazanavir sulfate</i> .....	53
ANALPRAM-HC .....	76	<i>atenolol</i> .....	64
<i>anastrozole</i> .....	43	<i>atenolol-chlorthalidone</i> .....	67
ANGELIQ .....	92	<i>atomoxetine hcl</i> .....	72
<i>animal shapes/iron</i> .....	121	<i>atorvastatin calcium</i> .....	70
ANTARA .....	69	<i>atovaquone</i> .....	45
<i>anucort-hc</i> .....	36	<i>atovaquone-proguanil hcl</i> .....	45
ANZEMET.....	34	ATRIPLA .....	52
APEXICON E .....	87	ATROPEN .....	81
APLENZIN .....	30	<i>atropine sulfate</i> .....	108
APOKYN.....	47	ATROVENT HFA.....	115
<i>apraclonidine hcl</i> .....	110	AUBAGIO.....	74
<i>aprepitant</i> .....	34	AUBRA.....	92
APTIVUS.....	53	AUGMENTIN.....	23
AQUORAL .....	75	AVAR CLEANSER .....	76
ARANELLE .....	92	AVAR-E EMOLLIENT.....	76
ARANESP (ALBUMIN FREE) .....	60	AVAR-E GREEN .....	76
ARCALYST .....	104	<i>avidoxy</i> .....	25
<i>aripiprazole</i> .....	49	AVIDOXY DK .....	25
<i>armodafinil</i> .....	121	AVITA.....	76
ARMOUR THYROID.....	99	AVONEX PEN.....	74
ARNUITY ELLIPTA.....	114	AVONEX PREFILLED.....	74
ARRANON .....	40	<i>azacitidine</i> .....	61
<i>arsenic trioxide</i> .....	40	AZASAN.....	102
ARZERRA.....	44	AZASITE .....	109
ASCOMP-CODEINE .....	14	<i>azathioprine</i> .....	102
ASMANEX (120 METERED DOSES) .....	114	<i>azelastine hcl</i> .....	109, 113
ASMANEX (14 METERED DOSES) .....	114	<i>azelastine-fluticasone</i> .....	113
ASMANEX (30 METERED DOSES).....	114	AZELEX .....	76

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

FM Obamacare 2022\_5Tiers\_Comercial

azithromycin.....	24	BICILLIN C-R .....	23
AZURETTE .....	92	BICILLIN C-R 900/300 .....	23
<b>B</b>		BICILLIN L-A .....	23
BAC .....	8	BIDIL .....	67
<i>bacitracin</i> .....	21, 109	BIKTARVY .....	51
<i>bacitracin-polymyxin b</i> .....	108	<i>bimatoprost</i> .....	112
<i>bacitra-neomycin-polymyxin-hc</i> .....	111	BINOSTO .....	105
<i>baclofen</i> .....	50	BIONECT .....	76
BALZIVA .....	92	<i>bisoprolol fumarate</i> .....	64
BANZEL.....	28	<i>bisoprolol-hydrochlorothiazide</i> .....	67
BAQSIMI ONE PACK .....	58	<i>bite-a-mins/iron</i> .....	121
BAQSIMI TWO PACK.....	58	<i>bleomycin sulfate</i> .....	40
BASAGLAR KWIKPEN .....	58	BLEPHAMIDE .....	111
BAYER ADVANCED ASPIRIN REG ST .....	9	BLEPHAMIDE S.O.P.....	111
BAYER ASPIRIN .....	9	BLISOVI FE 1.5/30.....	92
BAYER ASPIRIN EC LOW DOSE .....	9	BLISOVI FE 1/20.....	92
BAYER ASPIRIN REGIMEN.....	9	BOCASAL .....	75
BAYER LOW DOSE .....	9	<i>bortezomib</i> .....	40
BECONASE AQ.....	114	BOSULIF.....	43
<i>benazepril hcl</i> .....	62	BOTOX.....	120
<i>benazepril-hydrochlorothiazide</i> .....	67	<i>bp 10-1</i> .....	76
BENDEKA.....	40	<i>bp cleansing wash</i> .....	76
BENLYSTA .....	102	<i>bp wash</i> .....	76
BENZAACLIN.....	76	<i>bpo foaming cloths</i> .....	76
BENZAACLIN WITH PUMP .....	76	BPROTECTED PEDIA IRON .....	122
BENZAMYCIN .....	76	BPROTECTED PEDIA POLY-VITE/FE.....	122
<i>benzonatate</i> .....	118	BREO ELLIPTA.....	118
<i>benzoyl peroxide</i> .....	76	<i>briellyn</i> .....	92
<i>benzoyl peroxide-erythromycin</i> .....	76	BRILINTA .....	61
<i>benztropine mesylate</i> .....	46	<i>brimonidine tartrate</i> .....	110
<i>bepotastine besilate</i> .....	109	<i>brinzolamide</i> .....	110
BESIVANCE .....	109	<i>bromfenac sodium (once-daily)</i> .....	111
BETADINE OPHTHALMIC PREP .....	21	<i>bromocriptine mesylate</i> .....	46
<i>betamethasone dipropionate</i> .....	87	BROVANA.....	116
<i>betamethasone dipropionate aug</i> .....	87	<i>budesonide</i> .....	105, 114
<i>betamethasone sod phos &amp; acet</i> .....	87	<i>bumetanide</i> .....	69
<i>betamethasone valerate</i> .....	87	BUPAP .....	8
BETASERON.....	74	<i>buprenorphine</i> .....	13
<i>betaxolol hcl</i> .....	64, 110	<i>buprenorphine hcl</i> .....	17
<i>bethanechol chloride</i> .....	85	<i>buprenorphine hcl-naloxone hcl</i> .....	17
BETIMOL .....	110	<i>bupropion hcl</i> .....	30
BETOPTIC-S .....	110	<i>bupropion hcl er (smoking det)</i> .....	17
BEVESPI AEROSPHERE.....	118	<i>bupropion hcl er (sr)</i> .....	30
<i>bexarotene</i> .....	45	<i>bupropion hcl er (xl)</i> .....	30
<i>bicalutamide</i> .....	39	<i>bupirone hcl</i> .....	54

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>busulfan</i> .....	39	CARDIZEM LA .....	65
<i>butalbital-acetaminophen</i> .....	8	CARDURA XL .....	85
<i>butalbital-apap-caff-cod</i> .....	14	<i>carisoprodol</i> .....	120
<i>butalbital-apap-caffeine</i> .....	8	<i>carisoprodol-aspirin-codeine</i> .....	14
<i>butalbital-asa-caff-codeine</i> .....	14	<i>carmustine</i> .....	40
<i>butalbital-aspirin-caffeine</i> .....	8	<i>carteolol hcl</i> .....	110
<i>butorphanol tartrate</i> .....	14	<i>carvedilol</i> .....	64
BYDUREON .....	55	<i>carvedilol phosphate er</i> .....	64
BYDUREON BCISE .....	56	CAYA .....	106
BYETTA 10 MCG PEN .....	56	CAYSTON .....	117
BYETTA 5 MCG PEN .....	56	CAZANT .....	92
BYSTOLIC .....	64	<i>cefaclor</i> .....	22
<b>C</b>		<i>cefaclor er</i> .....	22
<i>cabergoline</i> .....	101	<i>cefadroxil</i> .....	22
CALCIFOL .....	122	<i>cefdinir</i> .....	22
<i>calcipotriene</i> .....	76	<i>cefixime</i> .....	22
<i>calcipotriene-betameth diprop</i> .....	76	<i>cefpodoxime proxetil</i> .....	22
<i>calcitonin (salmon)</i> .....	105	<i>cefprozil</i> .....	22
CALCITRENE .....	76	<i>ceftriaxone sodium</i> .....	22
<i>calcitriol</i> .....	76, 105	<i>cefuroxime axetil</i> .....	22
<i>calcium acetate (phos binder)</i> .....	86	<i>celecoxib</i> .....	9
<i>calcium-folic acid plus d</i> .....	122	CELONTIN .....	26
CAMBIA .....	9	CENTANY .....	21
CAMILA .....	98	CENTANY AT .....	21
CAMRESE .....	92	<i>cephalexin</i> .....	22, 23
CAMRESE LO .....	92	CEROVITE JR .....	122
<i>candesartan cilexetil</i> .....	62	<i>cetirizine hcl</i> .....	113
<i>candesartan cilexetil-hctz</i> .....	67	CETRAXAL .....	113
CAPASTAT SULFATE .....	38	<i>cevimeline hcl</i> .....	75
<i>capecitabine</i> .....	40	CHANTIX .....	17
CAPEX .....	87	CHANTIX CONTINUING MONTH PAK .....	17
CAPRELSA .....	43	CHANTIX STARTING MONTH PAK .....	17
<i>captopril</i> .....	62	CHATEAL .....	92
<i>captopril-hydrochlorothiazide</i> .....	67	CHEMET .....	127
CARAC .....	40	CHENODAL .....	82
CARBAGLU .....	122	<i>childrens animal shapes</i> .....	122
<i>carbamazepine</i> .....	28	<i>childrens aspirin</i> .....	9
<i>carbamazepine er</i> .....	28	<i>childrens multivitamin/iron</i> .....	122
CARBATROL .....	28	<i>childrens vitamins/iron</i> .....	122
<i>carbidopa</i> .....	47	<i>chlordiazepoxide hcl</i> .....	54
<i>carbidopa-levodopa</i> .....	47	<i>chlordiazepoxide-amitriptyline</i> .....	32
<i>carbidopa-levodopa er</i> .....	47	<i>chlordiazepoxide-clidinium</i> .....	81
<i>carbidopa-levodopa-entacapone</i> .....	47	<i>chloroquine phosphate</i> .....	45
<i>carbinoxamine maleate</i> .....	113	<i>chlorpromazine hcl</i> .....	48
<i>carboplatin</i> .....	42	<i>chlorthalidone</i> .....	69

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>chlorzoxazone</i> .....	120	CLODAN .....	87
<i>cholestyramine</i> .....	70	CLODERM .....	87
<i>cholestyramine light</i> .....	70	<i>clofarabine</i> .....	40
CICLODAN .....	34	<i>clomipramine hcl</i> .....	32
<i>ciclopirox</i> .....	34	<i>clonazepam</i> .....	26
<i>ciclopirox olamine</i> .....	34	<i>clonidine</i> .....	61
<i>ciclopirox treatment</i> .....	34	<i>clonidine hcl</i> .....	61
<i>cilostazol</i> .....	61	<i>clonidine hcl er</i> .....	73
CILOXAN .....	109	<i>clopidogrel bisulfate</i> .....	61
<i>cimetidine</i> .....	82	<i>clorazepate dipotassium</i> .....	54
<i>cimetidine hcl</i> .....	82	<i>clotrimazole</i> .....	34
<i>cinacalcet hcl</i> .....	101	<i>clotrimazole-betamethasone</i> .....	34
CIPRO .....	24	<i>clozapine</i> .....	50
CIPRO HC .....	112	<i>c-nate dha</i> .....	122
<i>ciprofloxacin hcl</i> .....	24, 109, 113	COARTEM .....	45
<i>ciprofloxacin-dexamethasone</i> .....	112	<i>codeine sulfate</i> .....	14
<i>cisplatin</i> .....	40	<i>colchicine</i> .....	36
<i>citalopram hydrobromide</i> .....	31	<i>colchicine-probenecid</i> .....	36
CITRANATAL 90 DHA .....	122	<i>colesevelam hcl</i> .....	70
CITRANATAL ASSURE .....	122	<i>colestipol hcl</i> .....	71
CITRANATAL B-CALM .....	122	COMBIGAN.....	110
CITRANATAL DHA .....	122	COMBIPATCH .....	92
CITRANATAL RX.....	122	COMBIVENT RESPIMAT .....	115
<i>cladribine</i> .....	40	COMPLERA .....	52
CLARINEX-D 12 HOUR.....	120	<i>complete natal dha</i> .....	122
<i>clarithromycin</i> .....	24	<i>completenate</i> .....	122
<i>clarithromycin er</i> .....	24	COMPRO .....	48
<i>clemastine fumarate</i> .....	113	CO-NATAL FA .....	122
CLEOCIN .....	21	CONCEPT DHA .....	122
CLIMARA PRO .....	92	CONCEPT OB .....	122
CLINDACIN ETZ.....	21, 76	<i>condoms</i> .....	106
CLINDACIN PAC .....	77	CONDYLOX .....	77
CLINDACIN-P .....	21	<i>constulose</i> .....	83
CLINDAGEL.....	21	CONZIP.....	13
<i>clindamycin hcl</i> .....	21	CORDRAN .....	87
<i>clindamycin palmitate hcl</i> .....	21	CORTANE-B .....	77
<i>clindamycin phos-benzoyl perox</i> .....	77	CORTIC-ND .....	112
<i>clindamycin phosphate</i> .....	21	CORTIFOAM.....	105
<i>clindamycin-tretinoin</i> .....	77	COSENTYX .....	77
<i>clobazam</i> .....	26	COSENTYX (300 MG DOSE) .....	77
<i>clobetasol prop emollient base</i> .....	87	COSENTYX SENSOREADY (300 MG).....	77
<i>clobetasol propionate</i> .....	87	COSENTYX SENSOREADY PEN .....	77
<i>clobetasol propionate e</i> .....	87	COVARYX.....	92
<i>clobetasol propionate emulsion</i> .....	87	COVARYX HS.....	92
<i>clocortolone pivalate</i> .....	87	CREON .....	80

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



FM Obamacare 2022\_5Tiers\_Comercial

CRESEMBA.....	34	DASETTA 7/7/7.....	93
CRINONE.....	98	daunorubicin hcl.....	40
CRIXIVAN.....	53	DAYSEE.....	93
cromolyn sodium.....	82, 109, 117	DAYTRANA.....	73
CROTAN.....	45	DEBLITANE.....	98
cvs aspirin.....	9	decitabine.....	40
cvs aspirin adult low dose.....	9	deferasirox.....	128
cvs aspirin adult low strength.....	9	DELESTROGEN.....	93
cvs aspirin ec.....	9	DELYLA.....	93
cvs aspirin low dose.....	9	demeclocycline hcl.....	25
cvs aspirin low strength.....	9	DEMEROL.....	15
cvs budesonide.....	114	DENAVIR.....	51
cvs chewable childrens vitamin.....	122	DEPAKOTE.....	27
cvs childrens complete.....	122	DEPAKOTE ER.....	27
cvs folic acid.....	122	DEPAKOTE SPRINKLES.....	27
cvs genuine aspirin.....	9	DEPO-ESTRADIOL.....	93
cvs nicotine.....	18	DEPO-MEDROL.....	87
cvs nicotine polacrilex.....	18	DEPO-PROVERA.....	98
CYCLAFEM 1/35.....	92	DEPO-SUBQ PROVERA 104.....	98
CYCLAFEM 7/7/7.....	92	DERMAZENE.....	34
cyclobenzaprine hcl.....	120	desipramine hcl.....	33
CYCLOMYDRIL.....	109	desloratadine.....	113
cyclopentolate hcl.....	108	desmopressin ace spray refrig.....	91
cyclophosphamide.....	39	desmopressin acetate.....	91
cycloserine.....	38	desmopressin acetate spray.....	91
CYCLOSET.....	56	desogestrel-ethinyl estradiol.....	93
cyclosporine.....	102	desonide.....	87
cyclosporine modified.....	102	desoximetasone.....	88
cyproheptadine hcl.....	113	desvenlafaxine succinate er.....	31
CYRAMZA.....	43	dexamethasone.....	88
CYRED.....	92	DEXAMETHASONE INTENSOL.....	88
CYSTAGON.....	80	dexamethasone sod phosphate pf.....	88
cytarabine.....	40	dexamethasone sodium phosphate.....	88, 110
cytarabine (pf).....	40	DEXILANT.....	83
cytra k crystals.....	122	dexmethylphenidate hcl.....	73
<b>D</b>		dexmethylphenidate hcl er.....	73
dacarbazine.....	40	dexrazoxane hcl.....	41
dactinomycin.....	40	dextroamphetamine sulfate.....	72
dalfampridine er.....	74	dextroamphetamine sulfate er.....	72
DALIRESP.....	117	DIASTAT ACUDIAL.....	27
danazol.....	91	diazepam.....	27, 54
dantrolene sodium.....	50	DIAZEPAM INTENSOL.....	54
dapsone.....	38, 77	diazoxide.....	58
darifenacin hydrobromide er.....	84	diclofenac epolamine.....	9
DASETTA 1/35.....	92	diclofenac potassium.....	9

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>diclofenac sodium</i> .....	9, 111	<i>doxorubicin hcl liposomal</i> .....	41
<i>diclofenac sodium er</i> .....	9	<i>doxycycline</i> .....	77
<i>diclofenac-misoprostol</i> .....	10	<i>doxycycline hyclate</i> .....	25
<i>dicloxacillin sodium</i> .....	23	<i>doxycycline monohydrate</i> .....	25
<i>dicyclomine hcl</i> .....	81	<i>doxylamine-pyridoxine</i> .....	33
DIFICID .....	24	DRITHO-CREME HP .....	77
<i>diflorasone diacetate</i> .....	88	<i>dronabinol</i> .....	34
<i>diflunisal</i> .....	10	<i>droperidol</i> .....	54
<i>difluprednate</i> .....	110	<i>drospiren-eth estrad-levomefol</i> .....	93
DIGITEK.....	67	<i>drospirenone-ethinyl estradiol</i> .....	93
<i>digox</i> .....	67	DROXIA .....	40
<i>digoxin</i> .....	67	DUET DHA 400 .....	122
<i>dihydroergotamine mesylate</i> .....	37	DUET DHA BALANCED.....	122
DILANTIN.....	28	DUEXIS.....	10
DILANTIN INFATABS .....	28	DULERA.....	119
DILATRATE-SR .....	71	<i>duloxetine hcl</i> .....	31
<i>diltiazem hcl</i> .....	65	DUREX EXTRA SENSITIVE .....	106
<i>diltiazem hcl er</i> .....	65	DUREX REALFEEL .....	106
<i>diltiazem hcl er beads</i> .....	65	<i>dutasteride</i> .....	85
<i>diltiazem hcl er coated beads</i> .....	65	<i>dutasteride-tamsulosin hcl</i> .....	85
<i>dilt-xr</i> .....	65	DUTOPROL .....	67
<i>dimenhydrinate</i> .....	33	DYSPORT .....	120
<i>dimethyl fumarate</i> .....	74	<b>E</b>	
<i>dimethyl fumarate starter pack</i> .....	75	E.E.S. 400 .....	24
<i>diphenhydramine hcl</i> .....	113	<i>econazole nitrate</i> .....	34
<i>diphenoxylate-atropine</i> .....	82	ECONTRA EZ .....	98
<i>dipyridamole</i> .....	61	ECONTRA ONE-STEP .....	98
<i>disopyramide phosphate</i> .....	63	ECOTRIN .....	10
<i>disulfiram</i> .....	17	ECOTRIN LOW STRENGTH .....	10
DIURIL .....	69	EDLUAR.....	121
<i>divalproex sodium</i> .....	27	<i>ed-spaz</i> .....	81
<i>divalproex sodium er</i> .....	27	EDURANT .....	52
DIVIGEL.....	93	<i>efavirenz</i> .....	52
<i>docetaxel</i> .....	41	<i>efavirenz-emtricitab-tenofovir</i> .....	52
<i>dofetilide</i> .....	63	EFFER-K.....	123
<i>donepezil hcl</i> .....	29	ELESTRIN.....	93
DORAL .....	54	<i>eletriptan hydrobromide</i> .....	37
<i>dorzolamide hcl</i> .....	110	ELIGARD .....	101
<i>dorzolamide hcl-timolol mal</i> .....	110	ELINEST .....	93
<i>dorzolamide hcl-timolol mal pf</i> .....	110	ELIQUIS.....	59
DOVATO.....	52	ELIQUIS DVT/PE STARTER PACK.....	59
<i>doxazosin mesylate</i> .....	85	ELITE-OB.....	123
<i>doxepin hcl</i> .....	33	ELIXOPHYLLIN.....	117
<i>doxercalciferol</i> .....	105	ELLA .....	98
<i>doxorubicin hcl</i> .....	41	ELMIRON .....	85

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

FM Obamacare 2022\_5Tiers\_Comercial

EMCYT .....	39	ERLEADA .....	39
EMEND .....	34	<i>erlotinib hcl</i> .....	43
EMSAM .....	31	ERTACZO .....	35
<i>emtricitabine</i> .....	52	ERWINAZE .....	42
<i>emtricitabine-tenofovir df</i> .....	52	<i>ery</i> .....	24
EMTRIVA .....	52	ERY-TAB .....	24
<i>enalapril maleate</i> .....	62	ERYTHROCIN STEARATE .....	24
<i>enalapril-hydrochlorothiazide</i> .....	67	<i>erythromycin</i> .....	24, 109
ENBREL .....	102	<i>erythromycin base</i> .....	24
ENBREL MINI .....	102	<i>erythromycin ethylsuccinate</i> .....	24
ENBREL SURECLICK .....	102	<i>escitalopram oxalate</i> .....	31
ENCARE .....	85	<i>esomeprazole magnesium</i> .....	83
<i>endocet</i> .....	15	<i>est estrogens-methyltest</i> .....	93
ENDOCET .....	15	<i>est estrogens-methyltest ds</i> .....	93
<i>enovarx-cyclobenzaprine hcl</i> .....	120	<i>est estrogens-methyltest hs</i> .....	93
<i>enoxaparin sodium</i> .....	59	<i>estazolam</i> .....	54
<i>entacapone</i> .....	46	<i>estradiol</i> .....	93
<i>entecavir</i> .....	51	<i>estradiol valerate</i> .....	94
ENTEREG .....	82	<i>estradiol-norethindrone acet</i> .....	94
ENTRESTO .....	67	ESTRING .....	94
<i>enulose</i> .....	83	ESTROGEL .....	94
EPIDUO .....	77	ESTROSTEP FE .....	94
EPIDUO FORTE .....	77	<i>eszopiclone</i> .....	121
EPIFOAM .....	36	<i>ethacrynic acid</i> .....	69
<i>epinastine hcl</i> .....	109	<i>ethambutol hcl</i> .....	38
<i>epirubicin hcl</i> .....	41	<i>ethosuximide</i> .....	26
<i>eplerenone</i> .....	69	<i>ethyl chloride</i> .....	16
<i>eq aspirin</i> .....	10	<i>ethynodiol diac-eth estradiol</i> .....	94
<i>eq aspirin adult low dose</i> .....	10	<i>etodolac</i> .....	10
<i>eq aspirin low dose</i> .....	10	<i>etodolac er</i> .....	10
<i>eq budesonide nasal</i> .....	114	<i>etonogestrel-ethinyl estradiol</i> .....	94
<i>eq complete multivitamin child</i> .....	123	ETOPOPHOS .....	43
<i>eq nicotine</i> .....	18	<i>etoposide</i> .....	43
<i>eq nicotine polacrilex</i> .....	18	<i>etravirine</i> .....	52
<i>eq nicotine step 3</i> .....	18	EUFLEXXA .....	80
<i>eql aspirin ec</i> .....	10	EVAMIST .....	94
<i>eql aspirin low dose</i> .....	10	<i>everolimus</i> .....	43, 103
<i>eql child multivit/minerals</i> .....	123	EXELDERM .....	35
<i>eql nicotine polacrilex</i> .....	18	<i>exemestane</i> .....	43
EQUETRO .....	28	EXODERM .....	35
ERBITUX .....	44	<i>exotic-hc</i> .....	112
<i>ergoloid mesylates</i> .....	29	<i>ezetimibe</i> .....	71
ERGOMAR .....	37	<i>ezetimibe-simvastatin</i> .....	71
<i>ergotamine-caffeine</i> .....	37	<b>F</b>	
ERIVEDGE .....	43	FA-8 .....	123

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

FM Obamacare 2022\_5Tiers\_Comercial

FALMINA .....	94	FLOVENT DISKUS .....	114
<i>famciclovir</i> .....	51	FLOVENT HFA .....	114, 115
<i>famotidine</i> .....	82	<i>floxuridine</i> .....	41
FANAPT .....	49	<i>fluconazole</i> .....	35
FANAPT TITRATION PACK .....	49	<i>flucytosine</i> .....	35
FANTASY LUBRICATED .....	106	<i>fludarabine phosphate</i> .....	42
FANTASY LUBRICATED/SPERMICIDE ....	106	<i>fludrocortisone acetate</i> .....	88
FARXIGA .....	56	<i>flunisolide</i> .....	115
FARYDAK .....	44	<i>fluocinolone acetonide</i> .....	88, 112
FAYOSIM .....	94	<i>fluocinolone acetonide body</i> .....	88
FC FEMALE CONDOM .....	106	<i>fluocinolone acetonide scalp</i> .....	88
FC2 FEMALE CONDOM .....	106	<i>fluocinonide</i> .....	88
<i>febuxostat</i> .....	36	<i>fluocinonide emulsified base</i> .....	88
<i>felbamate</i> .....	27	<i>fluoritab</i> .....	123
<i>felodipine er</i> .....	65	<i>fluorometholone</i> .....	111
FEM PH .....	21	FLUOROPLEX .....	40
FEMCAP .....	106	<i>fluorouracil</i> .....	40, 41
FEMRING .....	94	<i>fluoxetine hcl</i> .....	31
FEMYNOR .....	94	<i>fluoxetine hcl (pmdd)</i> .....	31
<i>fenofibrate</i> .....	69, 70	<i>fluphenazine decanoate</i> .....	48
<i>fenofibrate micronized</i> .....	70	<i>fluphenazine hcl</i> .....	48
<i>fenofibric acid</i> .....	70	<i>flurandrenolide</i> .....	89
<i>fenoprofen calcium</i> .....	10	<i>flurazepam hcl</i> .....	121
FENORTHO .....	10	<i>flurbiprofen</i> .....	10
<i>fentanyl</i> .....	13	<i>flurbiprofen sodium</i> .....	111
<i>fentanyl citrate</i> .....	15	<i>flutamide</i> .....	39
FENTORA .....	15	<i>fluticasone propionate</i> .....	89, 115
FER-IN-SOL .....	123	<i>fluticasone-salmeterol</i> .....	119
FERRIPROX .....	128	<i>fluvastatin sodium</i> .....	70
<i>ferrous sulfate</i> .....	123	<i>fluvoxamine maleate</i> .....	31
<i>fe-vite iron</i> .....	123	<i>fluvoxamine maleate er</i> .....	31
FIBRICOR .....	70	FML .....	111
<i>finasteride</i> .....	85	FML FORTE .....	111
FIRMAGON .....	101	<i>folate</i> .....	123
FIRMAGON (240 MG DOSE) .....	101	<i>folic acid</i> .....	123
FIRST-LANSOPRAZOLE .....	83	FOLIVANE-OB .....	123
FIRST-MOUTHWASH BLM .....	75	<i>fondaparinux sodium</i> .....	60
FIRST-OMEPRAZOLE .....	83	FORFIVO XL .....	30
FIRST-PROGESTERONE VGS .....	98	FOSAMAX PLUS D .....	105
FIRVANQ .....	21	<i>fosamprenavir calcium</i> .....	53
FLAREX .....	111	<i>fosfomycin tromethamine</i> .....	21
<i>flavoxate hcl</i> .....	84	<i>fosinopril sodium</i> .....	62
<i>flecainide acetate</i> .....	63	<i>fosinopril sodium-hctz</i> .....	67
FLINTSTONES COMPLETE .....	123	<i>fosphenytoin sodium</i> .....	29
FLINTSTONES W/IRON .....	123	FRAGMIN .....	60

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>frovatriptan succinate</i> .....	37	<i>gnp childrens chewables/iron</i> .....	123
<i>fruity chews/iron</i> .....	123	<i>gnp folic acid</i> .....	123
<i>fulvestrant</i> .....	41	<i>gnp nicotine</i> .....	18
<i>furosemide</i> .....	69	<i>gnp nicotine mini</i> .....	18
FUZEON.....	53	<i>gnp nicotine polacrilex</i> .....	18
FYAVOLV.....	94	<i>goodsense aspirin</i> .....	10
<b>G</b>		<i>goodsense aspirin adult low st</i> .....	10
<i>gabapentin</i> .....	27	<i>goodsense aspirin adults</i> .....	10
<i>galantamine hydrobromide</i> .....	29	<i>goodsense aspirin low dose</i> .....	10
<i>galantamine hydrobromide er</i> .....	30	<i>goodsense nicotine</i> .....	18, 19
GALZIN.....	123	GRALISE.....	74
<i>gatifloxacin</i> .....	109	<i>granisetron hcl</i> .....	34
GAZYVA.....	44	<i>griseofulvin microsize</i> .....	35
GEBAUERS PAIN EASE.....	16	<i>griseofulvin ultramicrosize</i> .....	35
GEBAUERS SPRAY AND STRETCH.....	16	<i>guanfacine hcl</i> .....	62
GELNIQUE.....	84	<i>guanfacine hcl er</i> .....	73
<i>gemcitabine hcl</i> .....	41	<i>guanidine hcl</i> .....	38
<i>gemfibrozil</i> .....	70	<b>H</b>	
<i>generlac</i> .....	83	HABITROL.....	19
GENGRAF.....	103	HALAVEN.....	41
GENTAK.....	109	<i>halobetasol propionate</i> .....	89
<i>gentamicin sulfate</i> .....	20, 109	HALOG.....	89
GENVISC 850.....	80	<i>haloperidol</i> .....	48
GIANVI.....	94	<i>haloperidol decanoate</i> .....	48
GILENYA.....	75	<i>haloperidol lactate</i> .....	48
GILPHEX TR.....	119	<i>h-e-b aspirin</i> .....	10
<i>glatiramer acetate</i> .....	75	<i>hm adult aspirin</i> .....	10
GLEOSTINE.....	39	<i>hm aspirin</i> .....	10
<i>g-levocarnitine s/f</i> .....	106	<i>hm aspirin ec</i> .....	10
<i>glimepiride</i> .....	56	<i>hm aspirin ec low dose</i> .....	11
<i>glipizide</i> .....	56	<i>hm folic acid</i> .....	123
<i>glipizide er</i> .....	56	<i>hm nicotine</i> .....	19
<i>glipizide xl</i> .....	56	<i>hm nicotine polacrilex</i> .....	19
<i>glipizide-metformin hcl</i> .....	56	HOMATROPAIRE.....	108
<i>glucagon emergency</i> .....	58	HORIZANT.....	74
<i>glyburide</i> .....	56	HUMALOG.....	58
<i>glyburide micronized</i> .....	56	HUMALOG JUNIOR KWIKPEN.....	58
<i>glyburide-metformin</i> .....	56	HUMALOG KWIKPEN.....	58
<i>glycopyrrolate</i> .....	81	HUMALOG MIX 50/50.....	58
GLYDO.....	16	HUMALOG MIX 50/50 KWIKPEN.....	59
GLYXAMBI.....	56	HUMALOG MIX 75/25.....	59
<i>gnp adult aspirin low strength</i> .....	10	HUMALOG MIX 75/25 KWIKPEN.....	59
<i>gnp aspirin</i> .....	10	HUMIRA.....	103
<i>gnp aspirin low dose</i> .....	10	HUMIRA PEDIATRIC CROHNS START.....	103
<i>gnp budesonide nasal spray</i> .....	115	HUMIRA PEN.....	103

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

FM Obamacare 2022\_5Tiers\_Comercial

HUMIRA PEN-CD/UC/HS STARTER .....	103	IBU .....	11
HUMIRA PEN-PS/UV/ADOL HS START ....	103	<i>ibuprofen</i> .....	11
HUMIRA PEN-PSOR/UEVEIT STARTER .....	103	ICAR.....	123
HUMULIN 70/30.....	59	<i>idarubicin hcl</i> .....	41
HUMULIN 70/30 KWIKPEN .....	59	IFEX .....	41
HUMULIN N .....	59	<i>ifosfamide</i> .....	41
HUMULIN N KWIKPEN.....	59	ILARIS.....	104
HUMULIN R .....	59	<i>imatinib mesylate</i> .....	44
HUMULIN R U-500 (CONCENTRATED) .....	59	<i>imipramine hcl</i> .....	33
HUMULIN R U-500 KWIKPEN.....	59	<i>imipramine pamoate</i> .....	33
HYALGAN.....	80	<i>imiquimod</i> .....	77
HYCAMTIN .....	43	<i>imiquimod pump</i> .....	77
<i>hydralazine hcl</i> .....	71	INATAL GT.....	123
<i>hydrochlorothiazide</i> .....	69	<i>indapamide</i> .....	69
<i>hydrocod polst-cpm polst er</i> .....	119	INDERAL XL .....	64
<i>hydrocodone-acetaminophen</i> .....	15	INDOCIN .....	11
<i>hydrocodone-homatropine</i> .....	119	<i>indomethacin</i> .....	11
<i>hydrocodone-ibuprofen</i> .....	15	<i>indomethacin er</i> .....	11
<i>hydrocortisone</i> .....	89, 105	INLYTA.....	44
<i>hydrocortisone (perianal)</i> .....	36	INNOPRAN XL.....	64
<i>hydrocortisone ace-pramoxine</i> .....	36, 77	INTELENCE .....	52
<i>hydrocortisone acetate</i> .....	36, 37	INTRON A .....	51
<i>hydrocortisone butyr lipo base</i> .....	89	INTROVALE .....	94
<i>hydrocortisone butyrate</i> .....	89	INVEGA SUSTENNA .....	49
<i>hydrocortisone valerate</i> .....	89	INVIRASE .....	53
<i>hydrocortisone-acetic acid</i> .....	112	INVOKAMET .....	56
<i>hydrocortisone-iodoquinol</i> .....	35	INVOKAMET XR .....	56
<i>hydrocort-pramoxine (perianal)</i> .....	77	INVOKANA.....	56
<i>hydromet</i> .....	119	<i>iodoquinol-hc-aloe polysacch</i> .....	35
<i>hydromorphone hcl</i> .....	15	IODOSORB.....	77
<i>hydromorphone hcl er</i> .....	15	IOPIDINE .....	110
<i>hydroxychloroquine sulfate</i> .....	45	<i>ipratropium bromide</i> .....	115
<i>hydroxyurea</i> .....	40	<i>ipratropium-albuterol</i> .....	116
<i>hydroxyzine hcl</i> .....	54, 113	<i>irbesartan</i> .....	62
<i>hydroxyzine pamoate</i> .....	113	<i>irbesartan-hydrochlorothiazide</i> .....	67
HYOPHEN .....	85	IRESSA .....	44
<i>hyoscyamine sulfate</i> .....	81	<i>irinotecan hcl</i> .....	41
<i>hyoscyamine sulfate er</i> .....	81	IROFOL.....	123
<i>hyoscyamine sulfate sl</i> .....	81	<i>iron supplement</i> .....	123
<i>hyosyne</i> .....	81	<i>iron supplement childrens</i> .....	123
HYPERRHO S/D.....	104	IRON UP .....	123
HYPERSAL.....	119	ISENTRESS.....	51
<b>I</b>		ISENTRESS HD.....	51
<i>ibandronate sodium</i> .....	105, 106	ISIBLOOM.....	94
IBRANCE .....	44	<i>isoniazid</i> .....	38

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>isosorbide dinitrate</i> .....	71	<i>kimono</i> .....	106
<i>isosorbide mononitrate</i> .....	71	KIMONO COLORS.....	106
<i>isosorbide mononitrate er</i> .....	71	<i>kimono micro thin</i> .....	106
<i>isoxsuprine hcl</i> .....	67	<i>kimono micro thin plus</i> .....	106
<i>isradipine</i> .....	65	<i>kimono plus</i> .....	106
ISTODAX (OVERFILL) .....	41	<i>kimono ps</i> .....	106
<i>itraconazole</i> .....	35	<i>kimono ps plus</i> .....	106
<i>ivermectin</i> .....	45	<i>kimono sensation</i> .....	106
IXEMPRA KIT .....	41	<i>kimono sensation plus</i> .....	107
<b>J</b>		KIMONO SPECIAL.....	107
JADENU SPRINKLE.....	128	KITABIS PAK .....	117
JAKAFI.....	44	KLOR-CON .....	123
JANTOVEN.....	60	KLOR-CON M10 .....	123
JANUMET .....	56	KLOR-CON M15 .....	124
JANUMET XR .....	56	KLOR-CON/EF.....	124
JANUVIA.....	56	<i>kls aspirin ec</i> .....	11
JARDIANCE.....	57	<i>kls aspirin low dose</i> .....	11
JENCYCLA .....	98	KLS QUIT2.....	19
JENTADUETO .....	57	KLS QUIT4.....	19
JENTADUETO XR .....	57	KOMBIGLYZE XR.....	57
JEVTANA.....	41	KORLYM.....	58
JOLESSA.....	94	<i>kp aspirin</i> .....	11
JULEBER.....	94	<i>kp folic acid</i> .....	124
JUNEL 1/20.....	94	<i>kp niacin</i> .....	124
JUNEL FE 1.5/30 .....	94	K-PHOS .....	124
JUNEL FE 1/20 .....	94	K-PHOS NO 2 .....	124
<b>K</b>		K-PRIME .....	124
KADCYLA .....	41	KRISTALOSE.....	83
KAITLIB FE .....	94	K-TAB.....	124
KALETRA.....	53	KURVELO .....	94
KALYDECO .....	117	K-Y ME & YOU EXTRA LUBRICATED .....	107
KAMELEON LUBRICATED .....	106	K-Y ME & YOU INTENSE .....	107
KANJINTI.....	42	KYNMOBI.....	46
KARIVA.....	94	KYNMOBI TITRATION KIT .....	46
KAZANO .....	57	KYPROLIS .....	42
KENALOG.....	89	<b>L</b>	
KEPIVANCE .....	75	<i>labetalol hcl</i> .....	64
KESIMPTA.....	75	<i>lactulose</i> .....	83
<i>ketoconazole</i> .....	35	<i>lactulose encephalopathy</i> .....	83
<i>ketoprofen</i> .....	11	LAMICTAL XR.....	28
<i>ketoprofen er</i> .....	11	<i>lamivudine</i> .....	51, 52
<i>ketorolac tromethamine</i> .....	11, 111	<i>lamivudine-zidovudine</i> .....	52
KEVZARA .....	104	<i>lamotrigine</i> .....	28
KEYTRUDA .....	44	<i>lamotrigine er</i> .....	28
		LAND BEFORE TIME MULTIVITAMIN .....	124

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>lansoprazole</i> .....	83, 84	LEXIVA.....	53
<i>lanthanum carbonate</i> .....	86	<i>lidocaine</i> .....	16
LANTUS.....	59	<i>lidocaine hcl</i> .....	16, 17, 75
LANTUS SOLOSTAR .....	59	<i>lidocaine hcl urethral/mucosal</i> .....	17
<i>lapatinib ditosylate</i> .....	44	<i>lidocaine viscous hcl</i> .....	75
LARIN 1.5/30 .....	94	<i>lidocaine-hydrocort (perianal)</i> .....	77
LARIN 1/20 .....	94	<i>lidocaine-hydrocortisone ace</i> .....	77, 78
LARIN 24 FE.....	95	<i>lidocaine-prilocaine</i> .....	17
LARIN FE 1.5/30.....	95	<i>lidopin</i> .....	17
LARIN FE 1/20.....	95	LIDO-PRILO CAINE PACK .....	17
LASTACAPT .....	109	LILLOW .....	95
<i>latanoprost</i> .....	112	<i>lindane</i> .....	45
LATUDA.....	49	<i>linezolid</i> .....	21
LAZANDA .....	15	LINZESS .....	83
LEENA .....	95	<i>liothyronine sodium</i> .....	100
<i>leflunomide</i> .....	104	LIPOFEN.....	70
<i>letrozole</i> .....	43	<i>lisinopril</i> .....	62
<i>leucovorin calcium</i> .....	42	<i>lisinopril-hydrochlorothiazide</i> .....	68
LEUKERAN.....	39	<i>lithium carbonate</i> .....	55
<i>leuprolide acetate</i> .....	101	<i>lithium carbonate er</i> .....	55
<i>levabuterol hcl</i> .....	116	LITHOSTAT .....	85
<i>levabuterol tartrate</i> .....	116	<i>little animals plus iron</i> .....	124
LEVEMIR .....	59	LIVALO.....	70
LEVEMIR FLEXTOUCH.....	59	LO LOESTRIN FE .....	95
<i>levetiracetam</i> .....	26	LOESTRIN 1.5/30 (21) .....	95
<i>levetiracetam er</i> .....	26	LOESTRIN 1/20 (21) .....	95
<i>levobunolol hcl</i> .....	110	LOESTRIN FE 1/20.....	95
<i>levocarnitine</i> .....	107	<i>lopinavir-ritonavir</i> .....	53
<i>levocarnitine (dietary)</i> .....	107	LOPROX .....	35
<i>levocarnitine l-tartrate</i> .....	107	<i>lorazepam</i> .....	55
<i>levocetirizine dihydrochloride</i> .....	113	LORTAB.....	15
<i>levofloxacin</i> .....	24, 109	LORZONE .....	120
<i>levoleucovorin calcium</i> .....	43	<i>losartan potassium</i> .....	62
LEVONEST.....	95	<i>losartan potassium-hctz</i> .....	68
<i>levonorgest-eth est &amp; eth est</i> .....	95	LOSEASONIQUE.....	95
<i>levonorgest-eth estrad 91-day</i> .....	95	LOTEMAX .....	111
<i>levonorgestrel</i> .....	98	LOTEMAX SM.....	111
<i>levonorgestrel-ethinyl estrad</i> .....	95	<i>loteprednol etabonate</i> .....	111
<i>levonorg-eth estrad triphasic</i> .....	95	<i>lovastatin</i> .....	70
LEVORA 0.15/30 (28) .....	95	LOW-OGESTREL .....	95
<i>levorphanol tartrate</i> .....	13	<i>loxapine succinate</i> .....	48
LEVO-T .....	99	<i>lubiprostone</i> .....	83
<i>levothyroxine sodium</i> .....	100	LUMIGAN.....	112
LEVOXYL.....	100	LUPRON DEPOT (1-MONTH) .....	101
LEVULAN KERASTICK .....	77	LUPRON DEPOT (3-MONTH) .....	101

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



FM Obamacare 2022\_5Tiers\_Comercial

LUPRON DEPOT (4-MONTH) .....	101	MESNEX .....	45
LUPRON DEPOT (6-MONTH) .....	101	<i>metformin hcl</i> .....	57
LUPRON DEPOT-PED (1-MONTH) .....	102	<i>metformin hcl er</i> .....	57
LUPRON DEPOT-PED (3-MONTH) .....	102	<i>methamphetamine hcl</i> .....	72
LUTERA.....	95	<i>methazolamide</i> .....	110
LYSODREN .....	101	<i>methenamine hippurate</i> .....	21
LYZA.....	98	<i>methenamine mandelate</i> .....	21
<b>M</b>		<i>methimazole</i> .....	102
<i>mafenide acetate</i> .....	21	<i>methocarbamol</i> .....	120
MAGNEBIND 400 .....	124	<i>methotrexate</i> .....	103
<i>malathion</i> .....	45	<i>methotrexate sodium</i> .....	103
<i>maprotiline hcl</i> .....	31	<i>methotrexate sodium (pf)</i> .....	103
<i>marlissa</i> .....	95	<i>methoxsalen rapid</i> .....	78
MARPLAN.....	31	<i>methscopolamine bromide</i> .....	81
MATULANE .....	39	<i>methyl dopa</i> .....	62
MATZIM LA.....	65	<i>methyl dopa-hydrochlorothiazide</i> .....	68
MAVYRET.....	51	<i>methylphenidate hcl</i> .....	73
MAXIDEX.....	111	<i>methylphenidate hcl er</i> .....	73
<i>maxx</i> .....	107	<i>methylphenidate hcl er (cd)</i> .....	73
<i>maxx plus</i> .....	107	<i>methylphenidate hcl er (la)</i> .....	73
MAYZENT.....	75	<i>methylprednisolone</i> .....	89
MAYZENT STARTER PACK .....	75	<i>methylprednisolone acetate</i> .....	89
<i>meclizine hcl</i> .....	33	<i>methylprednisolone sodium succ</i> .....	89
<i>meclofenamate sodium</i> .....	11	<i>metoclopramide hcl</i> .....	82
MEDROL.....	89	<i>metolazone</i> .....	69
<i>medroxyprogesterone acetate</i> .....	98	<i>metoprolol succinate er</i> .....	64
<i>mefenamic acid</i> .....	11	<i>metoprolol tartrate</i> .....	64
<i>mefloquine hcl</i> .....	45	<i>metoprolol-hydrochlorothiazide</i> .....	68
<i>megestrol acetate</i> .....	99	<i>metronidazole</i> .....	21, 78
<i>meijer aspirin ec</i> .....	11	<i>metyrosine</i> .....	68
MELODETTA 24 FE .....	95	<i>mexiletine hcl</i> .....	63
<i>meloxicam</i> .....	11	<i>mezparox-hc</i> .....	37
<i>melphalan</i> .....	39	MIBELAS 24 FE .....	96
<i>melphalan hcl</i> .....	39	<i>miconazole 3</i> .....	35
<i>memantine hcl</i> .....	30	<i>miconazole-zinc oxide-petrolat</i> .....	35
<i>memantine hcl er</i> .....	30	MICRHOGAM ULTRA-FILTERED PLUS ....	104
MENEST .....	96	MICROGESTIN 1.5/30 .....	96
MENOSTAR.....	96	MICROGESTIN 1/20 .....	96
MENTAX .....	35	MICROGESTIN FE 1.5/30 .....	96
<i>meperidine hcl</i> .....	15	MICROGESTIN FE 1/20 .....	96
<i>meprobamate</i> .....	54	<i>midodrine hcl</i> .....	62
<i>mercaptapurine</i> .....	40	MIGERGOT .....	37
<i>mesalamine</i> .....	105	<i>miglustat</i> .....	80
<i>mesalamine-cleanser</i> .....	105	MILLIPRED .....	89
<i>mesna</i> .....	45	MINITRAN .....	71

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>minocycline hcl</i> .....	25	NALFON.....	11
<i>minocycline hcl er</i> .....	25, 26	<i>naltrexone hcl</i> .....	17
<i>minoxidil</i> .....	71	NAMENDA XR TITRATION PACK.....	30
MIOCHOL-E.....	108	NAPRELAN.....	11
MIOSTAT.....	110	<i>napro</i> .....	11
MIRCETTE.....	96	<i>naproxen</i> .....	11
MIRENA (52 MG).....	99	<i>naproxen sodium</i> .....	11
<i>mirtazapine</i> .....	30	<i>naproxen sodium er</i> .....	11
<i>misoprostol</i> .....	83	<i>naratriptan hcl</i> .....	37
<i>mitomycin</i> .....	42	NATACHEW.....	124
MITOSOL.....	107	NATACYN .....	35
<i>mitoxantrone hcl</i> .....	43	NATALVIT .....	124
<i>modafinil</i> .....	121	NATAZIA .....	96
<i>moexipril hcl</i> .....	62	<i>nateglinide</i> .....	57
<i>mometasone furoate</i> .....	89, 115	NATROBA.....	45
MONDOXYNE NL.....	26	NATURE-THROID.....	100
MONO-LINYAH.....	96	NECON 0.5/35 (28).....	96
<i>montelukast sodium</i> .....	115	NEEVO DHA .....	124
MONUROL.....	21	<i>nefazodone hcl</i> .....	31, 32
MORGIDOX.....	26	<i>neomycin sulfate</i> .....	20
<i>morphine sulfate</i> .....	16	<i>neomycin-bacitracin zn-polymyx</i> .....	109
<i>morphine sulfate er</i> .....	13	<i>neomycin-polymyxin-dexameth</i> .....	111, 112
<i>morphine sulfate er beads</i> .....	13	<i>neomycin-polymyxin-gramicidin</i> .....	109
MOTTEGRITY.....	82	<i>neomycin-polymyxin-hc</i> .....	112, 113
MOTOFEN.....	82	NEOTUSS PLUS.....	120
MOVANTIK.....	82	NESINA.....	57
<i>moxifloxacin hcl</i> .....	24, 110	NESTABS .....	124
MOZOBIL.....	61	NESTABS DHA.....	124
MULTAQ.....	63	NEUAC.....	78
<i>multi-vitamin drops/fe</i> .....	124	NEUPRO.....	46
<i>multi-vitamin/fluoride/iron</i> .....	124	NEUTRASAL.....	75
<i>multivitamins plus iron child</i> .....	124	NEVANAC.....	112
<i>mupirocin</i> .....	21	<i>nevirapine</i> .....	52
<i>mupirocin calcium</i> .....	21	<i>nevirapine er</i> .....	52
MY CHOICE.....	99	NEW DAY .....	99
MY WAY .....	99	NEXAVAR .....	44
<i>mycophenolate mofetil</i> .....	103	NEXIUM .....	84
<i>mycophenolate sodium</i> .....	103	NEXPLANON .....	99
MYLERAN.....	39	<i>niacin</i> .....	124
MYOBLOC.....	120	<i>niacin (antihyperlipidemic)</i> .....	71
MYRBETRIQ.....	84	<i>niacin er (antihyperlipidemic)</i> .....	71
<b>N</b>		NIACOR .....	71
<i>nabumetone</i> .....	11	<i>nicardipine hcl</i> .....	65
<i>nadolol</i> .....	64	NICODERM CQ .....	19
<i>naftifine hcl</i> .....	35	NICORETTE .....	19

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

FM Obamacare 2022\_5Tiers\_Comercial

NICORETTE MINI.....	19	NOVAFERRUM.....	124
NICORETTE STARTER KIT .....	19	NOVAFERRUM PEDIATRIC DROPS .....	124
<i>nicotine</i> .....	19	NOXAFIL.....	35
<i>nicotine mini</i> .....	19	<i>np thyroid</i> .....	100
<i>nicotine polacrilex</i> .....	19	NPLATE .....	61
<i>nicotine polacrilex mini</i> .....	19	NUBEQA .....	39
<i>nicotine step 1</i> .....	19	NUCYNTA.....	16
<i>nicotine step 2</i> .....	20	NUCYNTA ER.....	13
<i>nicotine step 3</i> .....	20	NUDEXTA.....	74
NICOTROL .....	20	NULEV .....	81
NICOTROL NS .....	20	NUMOISYN.....	75
<i>nifedipine</i> .....	65	NUTRIDOX .....	26
<i>nifedipine er</i> .....	65	NUVARING .....	97
<i>nifedipine er osmotic release</i> .....	66	NYAMYC.....	35
NIKKI .....	96	<i>nystatin</i> .....	35
<i>nilutamide</i> .....	39	<i>nystatin-triamcinolone</i> .....	36
<i>nimodipine</i> .....	66	<b>O</b>	
NIPENT.....	40	OB COMPLETE .....	124
<i>nisoldipine er</i> .....	66	OB COMPLETE ONE.....	124
NITRO-BID.....	71	OB COMPLETE PETITE.....	124
NITRO-DUR.....	71	OB COMPLETE PREMIER .....	124
<i>nitrofurantoin</i> .....	21	OB COMPLETE/DHA.....	124
<i>nitrofurantoin macrocrystal</i> .....	22	OBSTETRIX DHA .....	124
<i>nitrofurantoin monohyd macro</i> .....	22	OBSTETRIX EC .....	124
<i>nitroglycerin</i> .....	71, 72	OCREVUS .....	75
NITROMIST .....	72	<i>ofloxacin</i> .....	25, 110, 113
NITRO-TIME .....	72	<i>olanzapine</i> .....	49
NIVA-PLUS .....	124	<i>olanzapine-fluoxetine hcl</i> .....	32
NIVESTYM.....	61	<i>olmesartan medoxomil</i> .....	62
<i>nizatidine</i> .....	82	<i>olmesartan medoxomil-hctz</i> .....	68
NOLIX .....	89	<i>olmesartan-amlodipine-hctz</i> .....	68
<i>norethin ace-eth estrad-fe</i> .....	96	<i>olopatadine hcl</i> .....	109, 113
<i>norethindrone</i> .....	99	<i>omega-3-acid ethyl esters</i> .....	71
<i>norethindrone acetate</i> .....	99	<i>omeprazole</i> .....	84
<i>norethindrone acet-ethinyl est</i> .....	96	OMEPRAZOLE+SYRSPEND SF ALKA.....	84
<i>norethindrone-eth estradiol</i> .....	96	<i>omeprazole-sodium bicarbonate</i> .....	84
<i>norethin-eth estradiol-fe</i> .....	96	OMNARIS .....	115
<i>norgestimate-eth estradiol</i> .....	96	OMNIFLEX DIAPHRAGM .....	107
<i>norgestim-eth estrad triphasic</i> .....	96	ONCASPAR .....	43
NORITATE.....	78	<i>ondansetron</i> .....	34
NORLYROC.....	99	<i>ondansetron hcl</i> .....	34
NORPACE CR .....	63	ONEXTON .....	78
NORTREL 7/7/7 .....	97	ONGLYZA .....	57
<i>nortriptyline hcl</i> .....	33	OPCICON ONE-STEP .....	99
NORVIR.....	53	OPSUMIT .....	118

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

FM Obamacare 2022\_5Tiers\_Comercial

OPTION 2.....	99	PANOXYL .....	78
OPTIONS GYNOL II CONTRACEPTIVE .....	85	PANRETIN .....	45
ORACIT .....	124	<i>pantoprazole sodium</i> .....	84
ORALONE .....	75	PARAGARD INTRAUTERINE COPPER.....	107
ORAVIG.....	36	<i>paricalcitol</i> .....	106
ORENCIA.....	103	<i>paromomycin sulfate</i> .....	20
ORENCIA CLICKJECT .....	103	<i>paroxetine hcl</i> .....	32
ORLISSA .....	102	<i>paroxetine hcl er</i> .....	32
<i>orphenadrine citrate</i> .....	121	PASER.....	38
<i>orphenadrine citrate er</i> .....	121	<i>pc pediatric iron drops</i> .....	125
ORTHOVISC.....	80	<i>pc pediatric poly-vita/fe drop</i> .....	125
<i>oscimin</i> .....	81, 82	<i>peg 3350-kcl-na bicarb-nacl</i> .....	83
<i>oscimin sr</i> .....	82	<i>peg-3350/electrolytes</i> .....	83
<i>oseltamivir phosphate</i> .....	53	<i>penicillin g potassium</i> .....	23
OSENI.....	57	<i>penicillin g procaine</i> .....	23
OTEZLA.....	104	<i>penicillin g sodium</i> .....	23
OVACE PLUS.....	78	<i>penicillin v potassium</i> .....	24
<i>oxaliplatin</i> .....	42	PENTASA .....	105
<i>oxaprozin</i> .....	12	<i>pentazocine-naloxone hcl</i> .....	16
OXAYDO.....	16	<i>pentoxifylline er</i> .....	68
<i>oxazepam</i> .....	55	PERFOROMIST .....	116
<i>oxcarbazepine</i> .....	29	<i>perindopril erbumine</i> .....	63
<i>oxiconazole nitrate</i> .....	36	PERJETA .....	42
OXISTAT.....	36	<i>permethrin</i> .....	45
<i>oxybutynin chloride</i> .....	84	<i>perphenazine</i> .....	48
<i>oxybutynin chloride er</i> .....	84	<i>perphenazine-amitriptyline</i> .....	33
<i>oxycodone hcl</i> .....	16	PERTZYE.....	80
<i>oxycodone hcl er</i> .....	13	PEXEVA.....	32
<i>oxycodone-acetaminophen</i> .....	16	PHENAZO.....	85
<i>oxycodone-aspirin</i> .....	16	<i>phenazopyridine hcl</i> .....	85
OXYCONTIN.....	14	<i>phenelzine sulfate</i> .....	31
<i>oxymorphone hcl</i> .....	16	<i>phenobarbital</i> .....	27
<i>oxymorphone hcl er</i> .....	14	<i>phenoxybenzamine hcl</i> .....	62
OXYTROL.....	84	<i>phentolamine mesylate</i> .....	62
OZEMPIC (0.25 OR 0.5 MG/DOSE) .....	57	<i>phenyleph-promethazine-cod</i> .....	119
OZEMPIC (1 MG/DOSE) .....	57	<i>phenylephrine hcl</i> .....	109
OZURDEX .....	110	PHENYTEK.....	29
<b>P</b>		<i>phenytoin</i> .....	29
PACERONE.....	63	<i>phenytoin sodium</i> .....	29
<i>paclitaxel</i> .....	42	<i>phenytoin sodium extended</i> .....	29
<i>paliperidone er</i> .....	49	PHILITH .....	97
<i>palonosetron hcl</i> .....	34	PHOSLYRA.....	86
<i>pamidronate disodium</i> .....	106	PHOSPHA 250 NEUTRAL .....	125
PANCREAZE .....	80	PHOSPHASAL.....	85
PANDEL.....	89	PHOSPHOLINE IODIDE .....	110

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

FM Obamacare 2022\_5Tiers\_Comercial

PHOSPHO-TRIN 250 NEUTRAL.....	125	<i>prednisolone sodium phosphate</i> .....	90, 112
PHOTOFRIN.....	42	<i>prednisone</i> .....	90
PICATO.....	78	PREDNISONO INTENSOL.....	90
<i>pilocarpine hcl</i> .....	75, 110	PREFEST.....	97
<i>pimecrolimus</i> .....	78	<i>pregabalin</i> .....	74
<i>pimozide</i> .....	48	<i>pregabalin er</i> .....	74
PIMTREA.....	97	PREMARIN .....	97
<i>pindolol</i> .....	64	<i>premium condoms lubricated</i> .....	107
PIRMELLA 1/35 .....	97	<i>premium lidocaine</i> .....	17
PIRMELLA 7/7/7 .....	97	PREMPHASE.....	97
<i>piroxicam</i> .....	12	PREMPRO .....	97
<i>plain niacin</i> .....	125	<i>prenaissance</i> .....	125
PLAN B ONE-STEP.....	99	<i>prenaissance plus</i> .....	125
PLEGRIDY.....	75	PRENATABS RX.....	125
PLEGRIDY STARTER PACK .....	75	<i>prenatal</i> .....	126
<i>pnv tabs 29-1</i> .....	125	<i>prenatal 19</i> .....	126
<i>pnv-dha</i> .....	125	<i>prenatal plus iron</i> .....	126
<i>pnv-dha plus</i> .....	125	<i>prenatal vitamin plus low iron</i> .....	126
<i>pnv-dha+docusate</i> .....	125	PRENATAL-U .....	126
<i>pnv-omega</i> .....	125	<i>preplus</i> .....	126
<i>pnv-select</i> .....	125	<i>pretab</i> .....	126
<i>podofilox</i> .....	78	PREVALITE .....	71
POLYCIN .....	109	PREZISTA.....	53
<i>polymyxin b-trimethoprim</i> .....	109	PRIFTIN .....	38
<i>poly-vita/iron</i> .....	125	PRIOSEC .....	84
<i>potassium chloride</i> .....	125	<i>primaquine phosphate</i> .....	45
<i>potassium chloride crys er</i> .....	125	<i>primidone</i> .....	27
<i>potassium chloride er</i> .....	125	PRIMSOL.....	22
<i>potassium citrate er</i> .....	125	PROAIR HFA .....	116
<i>potassium citrate-citric acid</i> .....	125	PROAIR RESPICLICK .....	116
PRADAXA.....	60	<i>probenecid</i> .....	36
<i>pramipexole dihydrochloride</i> .....	46	<i>prochlorperazine</i> .....	48
<i>pramipexole dihydrochloride er</i> .....	46	<i>prochlorperazine edisylate</i> .....	48
PRAMOSONE.....	37	<i>prochlorperazine maleate</i> .....	48
PRAMOX .....	17	PROCORT .....	78
<i>prasugrel hcl</i> .....	61	PROCTOFOAM HC .....	78
<i>pravastatin sodium</i> .....	70	PROCTO-MED HC.....	37
<i>praziquantel</i> .....	45	PROCTO-PAK .....	37
<i>prazosin hcl</i> .....	62	PROCTOSOL HC.....	37
PRED MILD .....	112	<i>progesterone</i> .....	99
PRED-G .....	112	PROLENSA.....	112
PRED-G S.O.P. ....	112	PROLEUKIN .....	42
<i>prednicarbate</i> .....	89	PROLIA.....	106
<i>prednisolone</i> .....	89	<i>promethazine hcl</i> .....	33
<i>prednisolone acetate</i> .....	112	<i>promethazine vc/codeine</i> .....	119

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>promethazine-codeine</i> .....	119	<i>quetiapine fumarate er</i> .....	49
<i>promethazine-dm</i> .....	119	QUILLICHEW ER .....	73
<i>promethazine-phenyleph-codeine</i> .....	119	QUILLIVANT XR .....	74
<i>promethazine-phenylephrine</i> .....	120	<i>quinapril hcl</i> .....	63
PROMETHEGAN .....	33	<i>quinapril-hydrochlorothiazide</i> .....	68
PROMISEB .....	78	<i>quinidine gluconate er</i> .....	63
<i>propafenone hcl</i> .....	63	<i>quinidine sulfate</i> .....	63
<i>propafenone hcl er</i> .....	63	<i>quinine sulfate</i> .....	45
<i>proparacaine hcl</i> .....	109	QUINJA .....	36
<i>propranolol hcl</i> .....	64	QUTENZA .....	8
<i>propranolol hcl er</i> .....	64	QUTENZA (2 PATCH) .....	8
<i>propranolol-hctz</i> .....	68	QVAR REDIHALER .....	115
<i>propylthiouracil</i> .....	102	<b>R</b>	
PROTONIX .....	84	<i>ra aspirin</i> .....	12
<i>protriptyline hcl</i> .....	33	<i>ra aspirin adult low dose</i> .....	12
PROVENTIL HFA .....	117	<i>ra aspirin adult low strength</i> .....	12
PRUDOXIN .....	78	<i>ra aspirin childrens</i> .....	12
<i>psorcon</i> .....	90	<i>ra aspirin ec</i> .....	12
PULMICORT FLEXHALER .....	115	<i>ra aspirin ec adult low st</i> .....	12
PULMOZYME .....	117	<i>ra budesonide</i> .....	115
<i>px aspirin</i> .....	12	<i>ra folic acid</i> .....	126
PX CHILDRENS VITAMIN .....	126	<i>ra mini nicotine</i> .....	20
<i>px enteric aspirin</i> .....	12	<i>ra niacin</i> .....	126
<i>px folic acid</i> .....	126	<i>ra nicotine</i> .....	20
<i>px stop smoking aid</i> .....	20	<i>ra nicotine gum</i> .....	20
PYLERA .....	82	<i>ra nicotine polacrilex</i> .....	20
<i>pyrazinamide</i> .....	38	<i>ra no flush niacin</i> .....	126
<i>pyridostigmine bromide</i> .....	38	<i>ra pain relief aspirin</i> .....	12
<i>pyridostigmine bromide er</i> .....	38	<i>ra vitamins complete childrens</i> .....	126
<i>pyrimethamine</i> .....	45	<i>rabeprazole sodium</i> .....	84
<b>Q</b>		<i>raloxifene hcl</i> .....	99
<i>qc aspirin</i> .....	12	<i>ramelteon</i> .....	121
<i>qc aspirin low dose</i> .....	12	<i>ramipril</i> .....	63
<i>qc childrens aspirin</i> .....	12	<i>ranolazine er</i> .....	68
<i>qc childrens complete</i> .....	126	<i>rasagiline mesylate</i> .....	47
<i>qc childrens vitamins/iron</i> .....	126	RAYOS .....	90
<i>qc enteric aspirin</i> .....	12	REACT .....	99
<i>qc folic acid</i> .....	126	REALITY LATEX CONDOMS .....	107
<i>qc nicotine transdermal system</i> .....	20	REALITY LATEX/ULTRA TEXTURED .....	107
QNASL .....	115	REALITY LATEX/ULTRA THIN .....	107
QNASL CHILDRENS .....	115	RECLIPSEN .....	97
QTERN .....	57	RECTIV .....	78
QUARTETTE .....	97	REGRANEX .....	78
<i>quazepam</i> .....	55	RELENZA DISKHALER .....	53
<i>quetiapine fumarate</i> .....	49	RELISTOR .....	82

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

FM Obamacare 2022\_5Tiers\_Comercial

RENFLEXIS.....	104	<i>sb aspirin</i> .....	12
<i>repaglinide</i> .....	57	<i>sb aspirin adult low strength</i> .....	12
RESTASIS.....	109	<i>sb aspirin ec</i> .....	12
RESTASIS MULTIDOSE.....	109	<i>sb childrens aspirin</i> .....	12
RETACRIT.....	61	<i>sb low dose asa ec</i> .....	12
RETIN-A MICRO PUMP.....	78	SCALACORT DK.....	78
RETISERT.....	111	<i>scopolamine</i> .....	33
RETROVIR.....	52	SEASONIQUE.....	97
REVLIMID.....	39	SEGLUROMET.....	57
RHOGAM ULTRA-FILTERED PLUS.....	104	SELECT-OB.....	126
RHOPHYLAC.....	104	SELECT-OB+DHA.....	126
<i>ribavirin</i> .....	51, 119	<i>selegiline hcl</i> .....	47
RIDAURA.....	104	<i>selenium sulfide</i> .....	78
<i>rifabutin</i> .....	38	SELZENTRY.....	53
<i>rifampin</i> .....	38	<i>se-natal 19</i> .....	126
<i>riluzole</i> .....	74	SEREVENT DISKUS.....	117
<i>rimantadine hcl</i> .....	53	<i>sertraline hcl</i> .....	32
RIMSO-50.....	85	SETLAKIN.....	97
RINVOQ.....	104	<i>sevelamer carbonate</i> .....	86
<i>risedronate sodium</i> .....	106	<i>sevelamer hcl</i> .....	86
RISPERDAL CONSTA.....	49	SFROWASA.....	105
<i>risperidone</i> .....	50	SHAROBEL.....	99
<i>ritonavir</i> .....	53	SHUR-SEAL CONTRACEPTIVE.....	85
<i>rivastigmine</i> .....	30	<i>sildenafil citrate</i> .....	118
<i>rivastigmine tartrate</i> .....	30	<i>silodosin</i> .....	85
RIVELSA.....	97	<i>silver sulfadiazine</i> .....	22
<i>rizatriptan benzoate</i> .....	37	<i>simvastatin</i> .....	70
<i>ropinirole hcl</i> .....	47	<i>sirolimus</i> .....	104
<i>ropinirole hcl er</i> .....	47	SKLICE.....	46
ROSDAN.....	78	SKYRIZI (150 MG DOSE).....	78
<i>rosuvastatin calcium</i> .....	70	SKYRIZI PEN.....	78
ROWEEPRA.....	26	<i>sm animal shapes complete</i> .....	126
ROZLYTREK.....	44	<i>sm aspirin</i> .....	12
<i>rufinamide</i> .....	29	<i>sm aspirin adult low strength</i> .....	12
RUXIENCE.....	44	<i>sm aspirin ec</i> .....	12
RYBELSUS.....	57	<i>sm aspirin ec low strength</i> .....	12
<b>S</b>		<i>sm aspirin low dose</i> .....	12
SALIVAMAX.....	75	<i>sm childrens aspirin</i> .....	12
<i>salsalate</i> .....	12	<i>sm folic acid</i> .....	126
SANCUSO.....	34	<i>sm nicotine</i> .....	20
SANDIMMUNE.....	104	<i>sm nicotine polacrilex</i> .....	20
SANTYL.....	78	<i>sod citrate-citric acid</i> .....	126
SAPHRIS.....	50	<i>sodium chloride</i> .....	119
SAVELLA.....	74	<i>sodium fluoride</i> .....	126
SAVELLA TITRATION PACK.....	74	<i>sodium phenylbutyrate</i> .....	80

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

FM Obamacare 2022\_5Tiers\_Comercial

<i>sodium polystyrene sulfonate</i> .....	128	<i>sulfacetamide-sulfur in urea</i> .....	79
<i>sodium sulfacetamide</i> .....	78	<i>sulfadiazine</i> .....	25
<i>sofosbuvir-velpatasvir</i> .....	51	<i>sulfamethoxazole-trimethoprim</i> .....	25
<i>solifenacin succinate</i> .....	84	SULFAMYLON .....	22
SOLTAMOX .....	39	<i>sulfasalazine</i> .....	105
SOLU-CORTEF .....	90	SULFATRIM PEDIATRIC .....	25
SOLU-MEDROL.....	90	<i>sulfurated lime</i> .....	46
SORILUX .....	78	<i>sulindac</i> .....	13
SORINE .....	63	<i>sumatriptan</i> .....	37
<i>sotalol hcl</i> .....	63	<i>sumatriptan succinate</i> .....	37
<i>sotalol hcl (af)</i> .....	63	<i>sumatriptan succinate refill</i> .....	37
<i>spinosad</i> .....	46	<i>sumatriptan-naproxen sodium</i> .....	38
SPIRIVA HANDIHALER.....	116	SUMAVEL DOSEPRO .....	38
SPIRIVA RESPIMAT .....	116	SUPARTZ FX.....	80
<i>spironolactone</i> .....	69	SUPRAX .....	23
<i>spironolactone-hctz</i> .....	68	SUPREP BOWEL PREP KIT .....	83
SPRINTEC 28.....	97	SUTENT.....	44
SPRIX .....	13	SYMAX DUOTAB.....	82
SPRYCEL .....	44	SYMAX-SR .....	82
SPS.....	128	SYMBICORT.....	119
SSD .....	22	SYMPROIC .....	82
<i>sss 10-5</i> .....	78	SYNAGIS .....	120
ST JOSEPH ASPIRIN.....	13	SYNALAR TS.....	79
ST JOSEPH LOW DOSE.....	13	SYNERA .....	17
STALEVO 125 .....	47	SYNJARDY .....	57
STALEVO 150 .....	47	SYNJARDY XR .....	58
STALEVO 200 .....	47	SYNTHROID .....	100
STALEVO 50 .....	47	SYNVISC .....	80
STALEVO 75 .....	47	SYNVISC ONE.....	80
<i>stavudine</i> .....	52	<b>T</b>	
STEGLATRO .....	57	TABLOID.....	42
STEGLUJAN.....	57	TACLONEX.....	79
STELARA.....	78	<i>tacrolimus</i> .....	79, 104
STIMATE .....	91	<i>tadalafil (pah)</i> .....	118
STIVARGA.....	44	TAKE ACTION .....	99
STRIBILD.....	51	<i>tamoxifen citrate</i> .....	40
STRIVERDI RESPIMAT.....	117	<i>tamsulosin hcl</i> .....	85
SUBSYS .....	16	TANZEUM.....	58
<i>sucralfate</i> .....	83	TARGRETIN .....	45
<i>sulfacetamide sodium</i> .....	25, 79	TARINA FE 1/20 .....	97
<i>sulfacetamide sodium (acne)</i> .....	25	TARON-C DHA .....	126
<i>sulfacetamide sodium (cleans)</i> .....	79	TARON-PREX.....	127
<i>sulfacetamide sodium-sulfur</i> .....	79	TASIGNA .....	44
<i>sulfacetamide sod-sulfur wash</i> .....	79	<i>tazarotene</i> .....	79
<i>sulfacetamide-prednisolone</i> .....	112	TAZORAC .....	79

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



FM Obamacare 2022\_5Tiers\_Comercial

TAZTIA XT.....	66	<i>tobramycin</i> .....	110, 117
TEGRETOL.....	29	<i>tobramycin-dexamethasone</i> .....	112
TEGRETOL-XR.....	29	TOBREX.....	110
TEKTURNA HCT.....	68	TODAY SPONGE.....	86
<i>telmisartan</i> .....	62	<i>tolbutamide</i> .....	58
<i>telmisartan-amlodipine</i> .....	68	<i>tolcapone</i> .....	46
<i>telmisartan-hctz</i> .....	68	<i>tolmetin sodium</i> .....	13
<i>temazepam</i> .....	121	<i>tolterodine tartrate</i> .....	84
TEMODAR.....	39	<i>tolterodine tartrate er</i> .....	85
<i>temozolomide</i> .....	39	TOPEX TOPICAL ANESTHETIC.....	76
<i>temsirolimus</i> .....	104	<i>topiramate</i> .....	28
TENCON.....	8	TOPOSAR.....	43
<i>teniposide</i> .....	42	<i>topotecan hcl</i> .....	43
<i>tenofovir disoproxil fumarate</i> .....	52	<i>toremide</i> .....	69
<i>terazosin hcl</i> .....	85	TOSYMRA.....	38
<i>terbinafine hcl</i> .....	36	TOTECT.....	42
<i>terbutaline sulfate</i> .....	117	TOUJEO MAX SOLOSTAR.....	59
<i>terconazole</i> .....	36	TOUJEO SOLOSTAR.....	59
<i>testosterone</i> .....	91	TOVIAZ.....	85
<i>testosterone cypionate</i> .....	91	TRADJENTA.....	58
<i>testosterone enanthate</i> .....	91	<i>tramadol hcl</i> .....	16
<i>tetrabenazine</i> .....	74	<i>tramadol hcl er</i> .....	14
<i>tetracaine hcl</i> .....	109	<i>tramadol hcl er (biphasic)</i> .....	14
<i>tetracycline hcl</i> .....	26	<i>tramadol-acetaminophen</i> .....	16
TEXACORT.....	90	<i>trandolapril</i> .....	63
THALOMID.....	39	<i>trandolapril-verapamil hcl er</i> .....	68
THEO-24.....	117	<i>tranylcypromine sulfate</i> .....	31
<i>theophylline</i> .....	117	<i>travoprost (bak free)</i> .....	112
<i>theophylline er</i> .....	117, 118	TRAZIMERA.....	44
THIOLA.....	85	<i>trazodone hcl</i> .....	32
<i>thioridazine hcl</i> .....	48	TREANDA.....	42
<i>thiotepa</i> .....	39	TRECATOR.....	38
<i>thiothixene</i> .....	48	TRESIBA.....	59
THRIVE.....	20	TRESIBA FLEXTOUCH.....	59
<i>thrivite 19</i> .....	127	<i>tretinoin</i> .....	45, 79
<i>thrivite rx</i> .....	127	<i>tretinoin microsphere</i> .....	79
<i>tiagabine hcl</i> .....	27	<i>tretinoin microsphere pump</i> .....	79
TICE BCG.....	42	TREXALL.....	104
TILIA FE.....	97	TRI FEMYNOR.....	97
<i>timolol maleate</i> .....	64, 111	<i>triamcinolone acetonide</i> .....	76, 90
<i>timolol maleate (once-daily)</i> .....	111	<i>triamcinolone in absorbase</i> .....	90
<i>tinidazole</i> .....	45	<i>triamterene</i> .....	69
TIROSINT.....	100	<i>triamterene-hctz</i> .....	68
TIROSINT-SOL.....	100	TRIANEX.....	90
<i>tizanidine hcl</i> .....	50	<i>triazolam</i> .....	55

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

FM Obamacare 2022\_5Tiers\_Comercial

TRICARE .....	127	TYMLOS .....	106
TRICARE PRENATAL DHA ONE .....	127	TYSABRI.....	75
<i>tricitrates</i> .....	127	<b>U</b>	
TRIDERM.....	90	ULTRA CHOICE MULTIVITAMIN KIDS.....	127
<i>trientine hcl</i> .....	86	URELLE .....	86
TRIESENCE .....	112	URIMAR-T.....	86
TRI-ESTARYLLA .....	97	<i>urin ds</i> .....	86
<i>trifluoperazine hcl</i> .....	48	<i>uro-458</i> .....	86
<i>trifluridine</i> .....	51	<i>uro-mp</i> .....	86
TRIGLIDE .....	70	<i>ursodiol</i> .....	82
<i>trihexyphenidyl hcl</i> .....	46	USTELL.....	86
TRIJARDY XR .....	58	UTIRA-C.....	86
TRI-LEGEST FE .....	97	<b>V</b>	
TRI-LINYAH.....	97	<i>valacyclovir hcl</i> .....	51
TRI-LO-MARZIA .....	97	<i>valganciclovir hcl</i> .....	50
TRI-LO-SPRINTEC.....	97	<i>valproic acid</i> .....	27
<i>trimethobenzamide hcl</i> .....	33	<i>valsartan</i> .....	62
<i>trimethoprim</i> .....	22	<i>valsartan-hydrochlorothiazide</i> .....	69
<i>trimipramine maleate</i> .....	33	<i>vancomycin hcl</i> .....	22
<i>trinatal rx 1</i> .....	127	VCF VAGINAL CONTRACEPTIVE .....	86
TRINATE.....	127	VECTIBIX.....	44
TRIVEEN-DUO DHA.....	127	VECTICAL.....	79
<i>tropicamide</i> .....	109	VELCADE .....	42
<i>tropium chloride</i> .....	85	VELIVET .....	98
<i>tropium chloride er</i> .....	85	VELTIN.....	79
TRULANCE.....	82	<i>venlafaxine hcl</i> .....	32
TRULICITY .....	58	<i>venlafaxine hcl er</i> .....	32
TRUSTEX COLOR CONDOMS + LUBE ...	107	VENTAVIS .....	118
TRUSTEX LUB/RIBBED/STUDDED.....	107	VENTOLIN HFA .....	117
TRUSTEX LUB/SPERMICIDE EX ST.....	107	<i>verapamil hcl</i> .....	66
TRUSTEX LUB/SPERMICIDE XL.....	107	<i>verapamil hcl er</i> .....	66
TRUSTEX LUBRICATED.....	107	VERDESO.....	90
TRUSTEX LUBRICATED EX LARGE.....	107	VEREGEN.....	79
TRUSTEX LUBRICATED EXTRA ST .....	107	VERQUVO .....	69
TRUSTEX LUBRICATED/SPERMICIDE ...	107	VERZENIO.....	43
TRUSTEX NATURAL CONDOMS + LUBE	107	VESTURA .....	98
TRUSTEX NON-LUBRICATED .....	107	VIBRAMYCIN.....	26
TRUSTEX RIA LUB/SPERMICIDE .....	108	VICTOZA.....	58
TRUSTEX RIA LUBRICATED.....	108	VIENVA.....	98
TRUSTEX RIA NON-LUBRICATED .....	108	<i>vigabatrin</i> .....	27
TRUSTEX-NONOXYNOL-9/RIB/STUD .....	108	VIIBRYD.....	32
TUDORZA PRESSAIR .....	116	VILAMIT MB.....	86
TUSNEL.....	120	VILEVEV MB.....	86
TUSSICAPS.....	120	VIMPAT .....	29
TYKERB.....	44		

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

FM Obamacare 2022\_5Tiers\_Comercial

VINATE DHA RF.....	127	WINRHO SDF.....	104
VINATE II.....	127	WIXELA INHUB.....	120
VINATE ONE.....	127	WP THYROID.....	101
<i>vinblastine sulfate</i> .....	42	WYMZYA FE.....	98
VINCASAR PFS.....	42	<b>X</b>	
<i>vincristine sulfate</i> .....	42	XALKORI.....	44
<i>vinorelbine tartrate</i> .....	42	XARELTO.....	60
VIOKACE.....	81	XARELTO STARTER PACK.....	60
<i>viorele</i> .....	98	XELJANZ.....	104
VIRACEPT.....	53	XELJANZ XR.....	104
VIREAD.....	53	XEOMIN.....	121
<i>virt-c dha</i> .....	127	XERESE.....	51
<i>virti-sulf</i> .....	79	XGEVA.....	106
<i>virt-nate dha</i> .....	127	XIFAXAN.....	22
<i>virt-phos 250 neutral</i> .....	127	XIGDUO XR.....	58
<i>virt-pn dha</i> .....	127	XIMINO.....	26
<i>virt-pn plus</i> .....	127	XOFLUZA (40 MG DOSE).....	54
VITAFOL-OB.....	127	XOFLUZA (80 MG DOSE).....	54
VITAFOL-OB+DHA.....	127	XOLEGEL.....	36
VITAFOL-ONE.....	127	XOLEGEL DUO/HEAD & SHOULDERS.....	36
VITAMEDMD ONE RX/QUATREFOLIC.....	127	XOLEGEL DUO/XOLEX.....	36
VIVA DHA.....	127	XOPENEX HFA.....	117
VIVITROL.....	17	XULANE.....	98
VOGELXO.....	91	XYREM.....	121
VOGELXO PUMP.....	91	<b>Y</b>	
<i>voriconazole</i> .....	36	<i>yl folic acid</i> .....	127
VOTRIENT.....	44	YUVAFEM.....	98
<i>vp-pnv-dha</i> .....	127	<b>Z</b>	
VUMERITY.....	75	<i>zaclir cleansing</i> .....	79
VUSION.....	36	<i>zafirlukast</i> .....	115
VYFEMLA.....	98	<i>zaleplon</i> .....	121
VYVANSE.....	72	ZANOSAR.....	39
<b>W</b>		ZARAH.....	98
<i>warfarin sodium</i> .....	60	ZARXIO.....	61
<i>wee care</i> .....	127	ZATEAN-PN DHA.....	127
WERA.....	98	ZATEAN-PN PLUS.....	127
WESTHROID.....	101	ZEBUTAL.....	8
WIDE-SEAL DIAPHRAGM 60.....	108	ZELAPAR.....	47
WIDE-SEAL DIAPHRAGM 65.....	108	ZELBORAF.....	44
WIDE-SEAL DIAPHRAGM 70.....	108	ZENPEP.....	81
WIDE-SEAL DIAPHRAGM 75.....	108	ZEPATIER.....	51
WIDE-SEAL DIAPHRAGM 80.....	108	ZEPOSIA.....	75
WIDE-SEAL DIAPHRAGM 85.....	108	ZEPOSIA 7-DAY STARTER PACK.....	75
WIDE-SEAL DIAPHRAGM 90.....	108	ZEPOSIA STARTER KIT.....	75
WIDE-SEAL DIAPHRAGM 95.....	108		

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

FM Obamacare 2022\_5Tiers\_Comercial

ZETONNA.....	115	<i>zolmitriptan</i> .....	38
ZEVALIN Y-90 .....	42	<i>zolpidem tartrate</i> .....	121
ZIANA .....	79	<i>zolpidem tartrate er</i> .....	121
<i>zidovudine</i> .....	53	ZOLPIMIST .....	121
ZIEXTENZO.....	61	ZOMIG .....	38
<i>zileuton er</i> .....	115	ZONALON.....	79
<i>ziprasidone hcl</i> .....	50	<i>zonisamide</i> .....	26
<i>ziprasidone mesylate</i> .....	50	<i>zoo friends plus iron</i> .....	127
ZIPSOR.....	13	ZUPLENZ.....	34
ZIRABEV.....	39	ZYCLARA.....	80
ZIRGAN .....	51	ZYCLARA PUMP .....	80
ZITHRANOL.....	79	ZYDELIG .....	44
ZITHROMAX.....	24	ZYFLO.....	115
ZOLADEX .....	102	ZYKADIA.....	44
<i>zoledronic acid</i> .....	106	ZYLET .....	112
ZOLINZA.....	43	ZYPREXA RELPREVV .....	50

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

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