

Prior Authorization Program Information*

(Información sobre el Programa Prior Authorization**)

Current (Corriente) 1/1/18

Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy and the availability of other products within that class of medications. The current list of newly marketed drugs can be found on our [New to Market Drug list](#).

*Important:

- Prior Authorization requirements may vary. Certain drugs may not be covered by certain member plans.
- Refer to member's individual policy for inclusion in the PA program and medication guide for determination of coverage.
- Member cost share may be higher for [self-administered specialty drugs](#) not obtained at an in-network specialty pharmacy.
- If you are enrolled in our Provider Administered Drug Program (PADP) and wish to buy and bill a drug on this list, please refer to the [PADP section](#) of our online provider manual for a current list of drugs included.
- If you have questions or need further assistance after consulting this table, call our Provider Contact Center or the number on the back of your insurance card.

**Importante:

- Los requerimientos para Prior Authorization podrían variar. Algunas medicinas podrían no estar cubiertas por ciertos planes.
- Consulte la póliza de miembro individual para la inclusión en el programa PA y la guía de medicación para miembros para determinar el estatus de la cobertura.
- Los nuevos medicamentos recetados pueden no estar cubiertos hasta que el Pharmacy & Therapeutics Committee haya revisado la seguridad y eficacia del nuevo medicamento y comparado con otros dentro de la misma clase. [New to Market Drug list](#).
- El costo compartido para el miembro podría ser más alto para las [Medicinas especializadas auto administradas](#) que no son adquiridas en una farmacia de especialidad dentro de la red.
- Si está inscrito en nuestro Programa de medicinas administradas por el proveedor (PADP) y desea comprar y facturar una medicina de esta lista, consulte la [sección de PADP](#) de nuestro manual de proveedores por Internet para obtener una lista de medicinas incluidas.
- Si tiene preguntas o necesita ayuda después de consultar esta tabla, llame a nuestro Centro de contacto al proveedor al número que se encuentra en la parte de atrás de su tarjeta de seguro.

Therapeutic Category (Categoría terapéutica)	Drugs Included in Program* (Medicinas incluidas en el programa**)	Links (Enlaces)
Alternate Prior Auth program	All drugs rejecting with "alternate PA program" message	
Antifungals (Antimicóticos)	Cresemba, Jublia, Kerydin, Lamisil granules, Noxafil, Onmel, Oxistat, Sporanox (itraconazole), Terbinex, Vfend (voriconazole)	Authorization Forms (Formularios de autorización)
Allergy (Alergia)	Grastek, Oralair, Ragwitek	
Chelating agents (medical) (Agentes quelantes)	BAL in oil, Calcium EDTA, Edetate Calcium Disodium	1-800-955-5692
Chelating agents (pharmacy) (Agentes quelantes)	Chemet, Cuprimine, Depen, Syprine	AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)
Cholesterol Lowering (Para reducir el colesterol)	Praluent, Repatha	Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)
Colony Stimulating Factors (Factores estimulantes de colonias)	Aranesp, Epogen, Granix, Leukine, Mircera, Mozobil, Neulasta, Neulasta OnPro, Neumega, Neupogen, Nplate, Procrit, Promacta, Zarxio Procrit is preferred over Aranesp and Epogen	Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark) If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)

* Important information on page 1 (**Información importante en la página 1)

Therapeutic Category (Categoría terapéutica)	Drugs Included in Program* (Medicinas incluidas en el programa**)	Links (Enlaces)
Compounded Medications (Medicamentos compuestos)	All compounded medications	Authorization Forms (Formularios de autorización)
Enzyme Therapies/Metabolic Agents (Terapias de reemplazo de enzimas/metabólicos)	<p>Brineura, Buphenyl¹, Cerdelga, Cerezyme, Cystadane⁵, Cystaran⁵, Elaprase, Elelyso², Fabrazyme¹, Kanuma⁵, Kuvan¹, Lumizyme¹, Myozyme, Naglazyme, Nityr, Orfadin⁵, Procysbi⁴, Ravicti¹, Sucraid⁶, Vimizim¹, Vistogard⁷, Vpriv, Xiaflex, Xuriden⁸, Zavesca⁴</p> <p>1. Available at Caremark Specialty 2. Authorized by Florida Blue 800-955-5692; dispensed by Centric Health 855-ELELYSO 3. Authorized by Florida Blue 800-955-5692; dispensed by AnovoRx 844-288-5007 4. Authorized by AllianceRx Walgreens Prime; dispensed by Accredo Health 877-ACCREDITO 5. Authorized and dispensed by AllianceRx Walgreens Prime 6. Authorized by AllianceRx Walgreens Prime; dispensed by US Bioservices 7. Authorized by AllianceRx Walgreens Prime; dispensed by Biologics 8. Authorized by AllianceRx Walgreens Prime; dispensed by Cardinal Health</p>	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Fertility Agents (Agentes para la fertilidad)	<p>Bravelle, Ceprotin, Cetrotide, Ganirelix, Gonal-F, Follistim, Luveris, Menopur, Novarel, Ovidrel, Pregnyl, Repronex</p> <p>Requires fertility benefit for coverage (Requiere beneficio de fertilidad para obtener cobertura)</p>	1-800-955-5692
Gastrointestinal/ Genitourinary (Gastrointestinales/Genitourinarios)	<p>Amitiza, Linzess, Lotronex (alosetron), Movantik, Trulance, Xifaxan, Viberzi</p> <p>Cialis 2.5 mg and 5 mg tablets, Elmiron</p>	Authorization Forms (Formularios de autorización)
Glucose Test Strips (Tiras reactivas para glucemia)	All strips except Bayer Contour products	
Growth Hormones and related (Hormonas de crecimiento y todo lo relacionado)	<p>Egrifta, Gattex, Genotropin, Humatrope, Increlex¹, Myalept², Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zomacton, Zorbtive</p> <p>Norditropin is our preferred agent in this class</p> <p>1. Available at Caremark Specialty 2. Authorized by AllianceRx Walgreens Prime; dispensed by Accredo Health 877-ACCREDITO</p>	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Hemophilia Factors (Factores de hemofilia)	<p>Advate, Adynovate, Afstyla, Alphanate, Alphanine SD, Alprolix, Bebulin VH, Benefix, Coagdex, Corifact, Elocate, Feiba NF, Feiba VH Immuno, Helixate FS, Hemofil M, Humate-P, Idelvion, Ixinity, Koate-DVI, Kogenate FS, Kovaltry, Monoclate-P, Mononine, Novoseven, Novoseven RT, Nuwiq, Obizur, Octanate, Profilnine SD, Rebinyn, Recombinate, ReFacto, Rixubis, Tretten, Wilate, Vonvendi, Xyntha</p> <p>Caremark Specialty is our preferred Specialty Pharmacy for Hemophilia factors</p>	<p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Hepatitis C (Hepatitis C)	Copegus, Daklinza, Eplclusa, Harvoni, Mavyret, Olysio, Pegasys, Pegasys ProClick, Peg-Intron, Rebetol, RibaPak Ribasphere, RibaTab, ribavirin oral tabs and caps, Sovaldi, Technivie, Viekira Pak, Viekira XR, Vosevi, Zepatier	AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)
Hereditary Angioedema (Angioedema hereditario)	Berinert, Cinryze, Firazyr, Haegarda, Kalbitor, Ruconest	Caremark Specialty enrollment form

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Therapeutic Category (Categoría terapéutica)	Drugs Included in Program* (Medicinas incluidas en el programa**)	Links (Enlaces)
Hormones and anabolic agents (medical benefit) (Hormonas, beneficio médico)	Aveed, Delatestryl (testosterone enanthate), Depo-Provera, Depo-SubQ Provera, Kyleena, Makena, progesterone in oil, Testopel	form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark) If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)
Hormones and anabolic agents (pharmacy benefit) (Hormonas, beneficio de farmacia)	Anadrol, Androderm, Androgel 1% (testosterone gel), Androgel 1.62%, Android (methyltestosterone), Androxy, Axiron, Bio-T-Gel, danazol, Fortesta, Methitest, Natesto, Oxandrin (oxandrolone), Striant, Testim, Testred, Vogelxo Androgel 1.62% is the preferred brand topical androgen	Authorization Form - select Androgens Anabolic Steroids (Formularios de autorización) - seleccione Andrógenos autoadministrados en la página vinculada
Immunomodulators (Inmunomoduladores)	Actemra, Actemra SC, Amjevita, Cimzia, Cimzia prefilled syringe, Cosentyx, Dupixent, Enbrel, Enbrel Mini, Entyvio, Erelzi, Humira, Inflectra, Kevzara, Kineret ¹ , Orenzia, Orenzia autoinjector, Orenzia subcutaneous, Otezla, Remicade, Rituxan, Siliq, Simponi, Simponi Aria, Stelara, Taltz, Tremfya, Xeljanz, Xeljanz XR 1. Authorized by AllianceRx Walgreens Prime; dispensed by Rx Crossroads 866-547-0644	AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime) Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)
Immune Globulins (Inmunoglobulinas)	Bivigam, Carimune NF, Cuvitru ¹ , Flebogamma, GamaSTAN S/D, Gammagard, Gammagard S/D, Gammagard S/D Less IgA, Gammaked, Gammaplex, Gamunex, Gamunex-C, Hizentra, Hyqvia, Octagam, Panglobulin, Plygam, Privigen, Vivaglobin 1. Authorized by AllianceRx Walgreens Prime; dispensed by Option Care	If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)
Insulin (Insulina)	Afrezza, Apidra, Humalog, Humalog Mix50/50, Humalog Mix75/25, Humulin R U-100, Humulin 70/30, Humulin N	Authorization Forms (Formularios de autorización)
Miscellaneous (pharmacy) (Misceláneo)	Duzallo, Entresto, estradiol 10mg vaginal tablet (generic Vagifem), Evzio, Hettioz , Lovaza (omega-3-acid ethyl esters), Mephyton, Nascobal, Northera, Relistor, Sensipar, Sivextro (oral, only), Vascepa, Zurampic	Authorization Forms (Formularios de autorización)
Miscellaneous (medical and specialty pharmacy) (Misceláneo)	Actimmune, Arcalyst, Benlysta, Benlysta SC, Botox, Cholbam ⁴ , Daraprim ⁷ , Defitelio, Dexferrum ¹ , Dysport, Emlaza ¹⁰ , Endari, Ergomar ⁷ , Euflexxa, Exondys 51 ¹¹ , Ferrelcit ¹ , Gel-One, Gelsyn, Gelsyn 3, Genvisc, Hettioz, HP Acthar gel ¹ , Hyalgan, Hymovis, Ilaris, Injectafer, Juxtapid ³ , Keveyis ⁸ , Korlym ⁴ , Krystexxa, Kynamro ¹ , Monovisc, Myobloc, Natpara, Ocaliva, Orthovisc, Probuphine, Radicava, Sandostatin LAR depot, Signifor ³ , Signifor LAR, Soliris ¹ , Somatuline Depot, Spinraza ² , Strensiq ⁵ , Supartz, Synvisc, Synvisc-One, Thiola ⁴ , Venofer ¹ , Vistogard, Xeomin, Xermelo, Xuriden ⁶ , Xyrem ^{3,9} 1. Available at Caremark Specialty 2. Authorized by Florida Blue 800-955-5692; dispensed by Accredo Health 877-ACCREDO 3. Authorized by AllianceRx Walgreens Prime; dispensed by Accredo Health 877-ACCREDO 4. Authorized by AllianceRx Walgreens Prime; dispensed by Dohmen Life Sciences 866-336-1336 5. Authorized by AllianceRx Walgreens Prime; dispensed by PantheRx 6. Authorized by AllianceRx Walgreens Prime; dispensed by Cardinal Health Specialty 7. Authorized and dispensed by AllianceRx Walgreens Prime 8. Authorized by AllianceRx Walgreens Prime; dispensed by PantheRx 9. Dispensed by Express Scripts 10. Authorized by AllianceRx Walgreens Prime; dispensed by US Bioservices 11. Authorized by Florida Blue 800-955-5692; dispensed by Orsini Pharmaceutical Services	AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime) Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark) If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)
Multiple Sclerosis (Esclerosis múltiple)	Ampyra, Avonex, Aubagio, Betaseron, Copaxone (glatiramer), Copaxone 40, Extavia, Gilenya, Glatopa, Lemtrada, Ocrevus, Plegridy, Rebif, Rebif Rebidose, Tecfidera, Tysabri ¹ , Zinbryta	

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Nausea and Vomiting (Náuseas y vómitos)	Aloxi, Emend for injection, Sustol Ankynzeo, Diclegis, and Sancuso	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p> <p>Authorization Forms (Formularios de autorización)</p>
Neurology (Neurología)	Apokyn, Austedo ¹ , Ingrezza, Nuplazid, Xenazine (tetrabenazine) 1. Authorized by AllianceRx Walgreens Prime: dispensed by Cardinal Health	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Oncology (specialty pharmacy) (Oncología)	Afinitor, Afinitor Disperz, Alecensa, Alunbrig, Bosulif, Cabometyx, Caprelsa ¹ , Cometriq ² , Cotellic, Gilotrif ³ , Gleevec (imatinib), Erivedge, Farydak, Hycamtin oral, Ibrance, Iclusig ¹ , Idhifa, Imbruvica ¹ , Inlyta, Iressa ² , Jakafi, Kisqali, Lenvima ¹ , Lonsurf, Lynparza ¹ , Mekinist, Nerlynx, Nexavar, Ninlaro, Odomzo, Intron A, Pomalyst, Revlimid ⁴ , Rubraca, Rydapt, Sprycel, Stivarga, Sutent, Tafinlar, Tagrisso, Tarceva, Targretin, Tassigna, Temodar, Thalomid, Tretinoin (oral), Tykerb, Venclexta ⁵ , Votrient, Xalkori, Xeloda, Xtandi, Zejula ¹ , Zelboraf, Zolanza, Zydelig ¹ , Zykadia, Zytiga 1. Authorized by AllianceRx Walgreens Prime: dispensed by Biologics 800-850-4306 2. Authorized by AllianceRx Walgreens Prime: dispensed by Diplomat 877-977-9118 3. Authorized by AllianceRx Walgreens Prime: dispensed by Accredo 877-ACCREDITO 4. Available at Caremark Specialty 5. Authorized by AllianceRx Walgreens Prime: dispensed by Onco360 877-662-6633	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Oncology (medical) (Oncología)	Abraxane ¹ , Adcetris, Alimta, Aliqopa, Arzerra, Avastin, Bavencio, Beleodaq, Bendeka, Besponsa, Blincyto, Cyramza ² , Darzalex, Docefrez, Doxil, doxorubicin liposomal, Eligard, Elitek, Eloxatin, Empliciti, Erbitux, Erwinaze, Evomela, Folutyn, Fusilev (levoleucovorin), Ganirelix ¹ , Gazyva, Halaven, Herceptin, Imlygic, Intron A, Jevtana ¹ , Kadcyla, Keytruda, Kymriah, Kyprolis, Lartruvo, Lipodox, Lupaneta Pack, Lupron (leuprolide), Lupron Depot, Mylotarg, Onivyde, Opdivo, Perjeta, Portrazza, Provenge, Rituxan, Rituxan Hycela, Supprelin LA, Sylvant, Synribo ¹ , Taxotere (docetaxel), Tecentriq, Torisel, Treanda, Trelstar Depot, Trelstar LA, Triptodur, Unituxin, Vantas ¹ , Vectibix, Velcade, Viadur ¹ , Vidaza ¹ , Vyxeos, Xgeva, Xofigo, Yervoy, Yondelis, Zaltrap, Zevalin, Zinplava, Zoladex 1. Available through Diplomat if drug replacement 2. Available through Biologics if drug replacement	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Ophthalmic (Oftálmico)	Restasis, Xiidra Eylea, Iluvien, Lucentis, Macugen, Ozurdex, Retisert, Visudyne	<p>Authorization Form (Formularios de autorización)</p> <p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Osteoporosis (Osteoporosis)	Boniva injection, Forteo, Prolia, Reclast, Tymlos, Zometa	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>

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Pain (Dolor)	<p>Abstral, Actiq, Fentora, fentanyl citrate transmucosal/lollipop, Lazanda, Onsolis, Subsys</p> <p>Bunavail, Subutex, Suboxone, Zubsolv</p> <p>lidocaine ointment 5%, lidocaine patch, Lidoderm, Synera</p> <p><u>Extended Release (Long-Acting) Opioids:</u> Arymo ER, Avinza, Belbuca, Butrans, Conzip, Duragesic, Embeda, Exalgo, fentanyl transdermal patch, hydromorphone ER, Hysingla ER, Kadian, morphine sulfate ER, Morphabond ER, MS Contin, Nucynta ER, Opana ER, Opana ER Crush Resistant, Oramorph SR, OxyContin, oxymorphone SR, Ryzolt, tramadol ER, Ultram ER, Xartemis XR, Zohydro ER, Zohydro ER abuse deterrent</p> <p><u>Immediate Release (Short-Acting) Opioids:</u> acetaminophen/caffeine/dihydrocodeine, acetaminophen/codeine, Allzital, Analgesic LQ, Bupap, butalbital/acetaminophen, butalbital/acetaminophen/caffeine, butalbital/acetaminophen/caffeine/codeine, butalbital/aspirin/codeine, butorphanol, codeine sulfate, Capital and Codeine, Demerol, Dilaudid, Dolophine, Endocet, Esgic, Fioricet w/Codeine, Fiorinal w/Codeine, Hycet, hydrocodone/acetaminophen, hydrocodone/ibuprofen, hydromorphone, Ibudone, LevoDromoran, levorphanol, Lortab, meperidine, meperidine/promethazine, methadone, Methadose, morphine, Norco, Nucynta, Opana, Orbivan, Oxaydo, oxycodone, oxycodone/acetaminophen, oxycodone/aspirin, oxycodone/ibuprofen, oxymorphone, Panlor DC, pentazocine/naloxone, Percocet, Percodan, Primlev, Reprexain, Roxicodone, Roxicet, tramadol, tramadol/acetaminophen, Trezix, Tylenol w/codeine, Ultram, Ultracet, Vicoprofen, Xodol, Zamicet</p>	<p>Authorization Forms (Formularios de autorización)</p>
Pulmonary (Pulmonar)	<p>Adcirca, Adempas¹, Aralast¹, Cinqair, Esbriet, Flolan (epoprostenol)¹, Glassia, Letairis¹, Nucala, Ofev, Opsumit, Orenitram, Prolastin, Prolastin-C, Remodulin¹, Revatio oral (sildenafil), Revatio intravenous¹, Synagis, Tracleer, Tyvaso¹, Upravi, Veletri¹, Ventavis¹, Xolair¹, Zemaira¹</p> <p>Sildenafil use required prior to Adcirca or Revatio</p> <p>1. Available at Caremark Specialty 2. Authorized by AllianceRx Walgreens Prime; dispensed by Accredo</p> <p>Kalydeco¹, Orkambi¹</p> <p>1. Authorized and dispensed by AllianceRx Walgreens Prime</p>	<p>AllianceRx Walgreens Prime authorization form (Formulario de autorización si se obtendrá de AllianceRx Walgreens Prime)</p> <p>Caremark Specialty enrollment form (Formulario de autorización si se obtendrá de la farmacia especializada Caremark)</p> <p>If obtaining drug from other source, call 1-800-955-5692 (Si obtendrá la medicina mediante otras fuentes llame al 1-800-955-5692)</p>
Stimulants (Estimulantes)	<p>Adderall, Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Dexedrine, Desoxyn, Dynavel XR, Focalin, Focalin XR, Intuniv, Kapvay, Metadate CD, Metadate ER, Methylin, Mydayis, Procentra, Quillichew ER, Quilivant XR, Ritalin, Ritalin LA, Ritalin SR, Strattera, Vyvanse, Zenzedi</p> <p>Program only applies to members ≥18 years of age; requires use of generic product prior to brand</p>	<p>Authorization Forms (Formularios de autorización)</p>

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