



DICIEMBRE 2022

Prominence Health Plan
FORMULARIO DE NEVADA
Membresía comercial

Servicio de asistencia de farmacia
24 horas al día, 7 días a la semana
833-775-MEDS

Prominence[®]
Health Plan
prominencehealthplan.com

Conozca su Formulario de farmacia

Prominence Health Plan desarrolla un Formulario sólido desde el punto de vista médico que respalda la salud del paciente y es revisado por un Comité de Farmacia y Terapéutica (P & T Committee), compuesto por médicos, farmacéuticos y enfermeros practicantes. El comité revisa y evalúa los medicamentos del Formulario según su seguridad y eficacia para ayudar a mantener la integridad clínica en todas las categorías terapéuticas.

El Formulario del plan de salud también utiliza funciones de administración de utilización para promover el uso de agentes rentables específicos. Estas funciones de administración de utilización incluyen terapia escalonada, autorización previa, límites de cantidad y edad.

DISEÑO DEL FORMULARIO

El diseño del Formulario de Prominence Health Plan presenta diferentes montos de copago para medicamentos en niveles:

- **Nivel 0** Beneficios preventivos de salud esenciales (incluye determinadas vacunas, anticonceptivos, medicamentos para dejar de fumar y más)
- **Nivel 1** Medicamentos genéricos
- **Nivel 2** Medicamentos de marcas preferidas
- **Nivel 3** Medicamentos de marcas no preferidas
- **Nivel 4** Medicamentos de especialidades

FARMACIA POR CORREO

Si toma los medicamentos recetados con regularidad, puede recibirlas directamente en su puerta. El programa de farmacia por correo ofrece un servicio de entrega personalizado para sus medicamentos de mantenimiento, los que toma regularmente para afecciones crónicas o a largo plazo. Esta opción de entrega ofrece flexibilidad en las opciones de pago, cómo se ordenan las recetas y dónde se entregan.

Si tiene preguntas generales sobre su plan de medicamentos recetados, llame al Servicio de asistencia de farmacia al 833-775-MEDS (6337):

Opción 1 - Farmacia de pedido por correo

Opción 2 - Farmacia especializada

Opción 3 - Servicio de asistencia de farmacia (todas las demás necesidades relacionadas con la farmacia)

Los representantes de Servicios para los Miembros están disponibles para ayudarlo las 24 horas del día, los 7 días de la semana.



USO DE LA GUÍA DE REFERENCIA DEL FORMULARIO PARA AYUDAR A CONTROLAR LOS COSTOS

Prominence Health Plan utiliza este Formulario para ayudar a administrar el costo total de brindar beneficios de medicamentos recetados. Este Formulario ofrece una amplia variedad de medicamentos de entre los que puede elegir. Es posible que esta guía de referencia del Formulario no incluya todos los medicamentos de todos los fabricantes. Sin embargo, elegir un medicamento preferido cuando sea apropiado puede brindar acceso a los medicamentos necesarios para mantenerse saludable, a un costo más accesible.

Si un producto de marca aparece en la sección de “medicamentos de marcas preferidas” y su producto genérico correspondiente no aparece en la sección de “medicamentos genéricos”, entonces no hay disponibilidad de una versión genérica del medicamento.

AHORRO EN COSTOS DE LO QUE PAGA DE SU BOLSILLO

Su plan de medicamentos recetados determina el costo de los medicamentos genéricos, de marcas preferidas, de marcas no preferidas y de especialidades. El elegir medicamentos no preferidos puede significar pagar gastos de bolsillo más altos (como coseguro, copagos y montos deducibles) o no recibir cobertura en absoluto. Los miembros también pueden pagar menos por los medicamentos genéricos, o se le puede solicitar que pague la diferencia del costo entre los medicamentos de marca y sus alternativas genéricas, que son las preferidas por el plan.

AUTORIZACIÓN PREVIA

Ciertos medicamentos pueden requerir una autorización previa. Su proveedor debe completar un formulario de autorización previa que solicitará cobertura para un medicamento específico dentro del Formulario, un medicamento fuera del Formulario para el cual no hay una alternativa adecuada disponible o cualquier medicamento con restricciones.

CONSULTAR EN EL CONSULTORIO DEL PROFESIONAL QUE EMITE LA RECETA CUANDO SEA APROPIADO

Su beneficio de farmacia puede brindar cobertura solo para ciertos medicamentos o para usos, períodos de tiempo, dosis o cantidades particulares (por ejemplo, pueden excluir la cobertura de medicamentos para indicaciones cosméticas, no aprobadas o no probadas, así como medicamentos de venta libre). Cuando la cobertura de los medicamentos se proporciona según el uso o la cantidad, nuestro Equipo de Farmacia puede comunicarse con el consultorio del médico que emite la receta para obtener información adicional con el fin de determinar si la cobertura está disponible en su plan. Si no está seguro de si estas normas de cobertura se aplican a un medicamento en particular, puede consultar a un representante de Servicios para los Miembros para determinar los requisitos de cobertura específicos.

Formulario de exclusión de responsabilidad: La cobertura de algunos medicamentos puede limitarse a formas de dosificación y/o concentraciones específicas. El diseño de beneficios determina qué está cubierto y cuál es el copago correspondiente. Los medicamentos enumerados en este Formulario están sujetos a cambios de conformidad con las actividades de administración del Formulario de Prominence Health Plan. La presencia de un medicamento en esta lista de Formulario no garantiza la cobertura. También puede llamar al Servicio de atención al cliente de Prominence al número que figura en su tarjeta de identificación para solicitar que se le envíe una copia por correo.

Abreviaturas de uso frecuente/Terminología

QL

Límite de cantidad: Para determinados medicamentos, Prominence Health Plan limita la cantidad de medicamento que cubre. Por ejemplo, Prominence Health Plan proporciona doce tabletas por receta de sumatriptán (succinato). Esto puede ser además de un suministro estándar para un mes o para tres meses.

ST

Terapia escalonada: En algunos casos, Prominence Health Plan le exige que primero pruebe determinados medicamentos para tratar su afección médica antes de cubrir otro medicamento para dicha afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección médica, podríamos no cubrir el Medicamento B, salvo que usted pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, cubriremos el Medicamento B, sujeto a autorización previa y otros requisitos.

PA

Autorización previa: Prominence Health Plan exige que usted o su médico obtengan autorización previa para determinados medicamentos. Esto significa que tendrá que obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, podríamos no cubrir el medicamento.

LA

Disponibilidad limitada: Este medicamento recetado podría estar disponible solo en determinadas farmacias. Para obtener más información, consulte su Directorio de proveedores y farmacias o llame al Servicio de asistencia de farmacias 24 horas al día, 7 días a la semana.

EDAD

Edad: Existen restricciones de edad para ciertos medicamentos. Para que se reconsideren estas restricciones de edad, el proveedor que receta deberá presentar una autorización previa.

NSO

New Starts Only (Solo nuevos comienzos): Si no hay evidencia de que ya haya tomado anteriormente este medicamento, se exige que usted (o su médico) obtenga una autorización previa de nuestro plan antes de surtir la receta para este medicamento. Sin aprobación previa, nuestro plan podría no cubrir este medicamento.

ON

Opiáceo ingenuo: Un miembro es designado como sin experiencia en opiáceos si no se le ha surtido una receta en los últimos 60 días. Si un miembro no tiene experiencia en opiáceos, puede recibir un suministro de medicamentos de hasta siete días por la primera vez que se surte el medicamento recetado. Despues del surtido inicial, el miembro puede recibir un suministro de hasta 30 días.

Es común que los miembros nuevos de Prominence que tienen medicamentos opiáceos recetados y surtidos regularmente se marquen como Opiáceo ingenuo (Opiate Naive, ON) porque Prominence no tiene el historial de prescripciones del proveedor de salud anterior. Debido a esto, los nuevos miembros recibirán un suministro de medicamentos de hasta siete días por la primera vez que se surte la receta y luego un suministro de hasta 30 días para las recetas posteriores.

Servicio de asistencia de farmacia 24 horas al día, 7 días a la semana

833-775-MEDS

REV NOV21

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
Agentes Anti Cáncer			
Agentes Anti Cáncer			
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	4	PA	
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	(paclitaxel protein-bound)	4	PA; LA
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		4	PA
<i>adriamycin intravenous recon soln 10 mg, 50 mg</i>	(doxorubicin)	1	PA
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	(doxorubicin)	1	PA
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	(fluorouracil)	1	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG	(everolimus (antineoplastic))	4	PA; LA; QL (1 per 1 day)
AFINITOR ORAL TABLET 7.5 MG	(everolimus (antineoplastic))	4	PA; LA
ALECENSA ORAL CAPSULE 150 MG		4	PA; LA
ALIMTA INTRAVENOUS RECON SOLN 100 MG	(pemetrexed disodium)	4	PA; LA
ALIMTA INTRAVENOUS RECON SOLN 500 MG	(pemetrexed disodium)	4	PA
ALIQOPA INTRAVENOUS RECON SOLN 60 MG		4	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG		4	PA; LA
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)		4	PA; LA
<i>anastrozole oral tablet 1 mg</i>	(Arimidex)	0	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	(nelarabine)	4	PA; LA
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML		4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	PA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	PA; LA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA
<i>bexarotene oral capsule 75 mg</i> (Targretin)	4	PA; LA
<i>bexarotene topical gel 1 %</i> (Targretin)	4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	PA; LA
BLINCYTO INTRAVENOUS KIT 35 MCG	4	PA; LA
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	4	PA; LA
BOSULIF ORAL TABLET 100 MG	4	PA; LA; QL (4 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; LA; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	4	PA
BRUKINSA ORAL CAPSULE 80 MG	4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	4	PA; LA; QL (28 per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	4	PA; LA; QL (112 per 21 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	4	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	4	PA; LA; QL (1 per 1 day)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	1	PA; LA
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	4	PA; LA
<i>cisplatin intravenous recon soln 50 mg</i>	1	PA; LA
<i>cisplatin intravenous solution 1 mg/ml</i>	1	PA; LA
<i>cladribine intravenous solution 10 mg/10 ml</i>	4	PA; LA
<i>clofarabine intravenous solution 1 mg/ml</i> (Clolar)	4	PA; LA
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (clofarabine)	4	PA; LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; LA; QL (4 per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG (dactinomycin)	4	PA; LA
COTELLIC ORAL TABLET 20 MG	4	PA; LA
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	PA NSO; LA
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	4	PA NSO; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	4	
CYCLOPHOSPHAMIDE ORAL CAPSULE 50 MG	4	LA
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	PA; LA
<i>cytarabine injection solution 20 mg/ml</i>	1	PA; LA
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	PA
<i>daunorubicin intravenous recon soln 20 mg</i>	4	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	4	PA; LA
<i>decitabine intravenous recon soln 50 (Dacogen) mg</i>	4	PA; LA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	PA; LA
<i>doxorubicin intravenous recon soln 10 mg</i>	3	PA
<i>doxorubicin intravenous recon soln (Adriamycin) 50 mg</i>	3	PA
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	PA
<i>doxorubicin, peg-liposomal (Doxil) intravenous suspension 2 mg/ml</i>	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
EMCYT ORAL CAPSULE 140 MG	3	LA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	4	PA; LA
<i>epirubicin intravenous solution 200 (Ellence) mg/100 ml, 50 mg/25 ml</i>	4	PA; LA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA
<i>erlotinib oral tablet 100 mg, 150 mg, (Tarceva) 25 mg</i>	4	PA
<i>etoposide intravenous solution 20 (Toposar) mg/ml</i>	1	PA
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA
<i>exemestane oral tablet 25 mg</i>	0	
FARESTON ORAL TABLET 60 (toremifene) MG	3	LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; LA
FASLODEX (fulvestrant) INTRAMUSCULAR SYRINGE 250 MG/5 ML	4	PA; LA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; LA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; LA; QL (1 per 30 days)
<i>flouxuridine injection recon soln 0.5 gram</i>	3	PA; LA
<i>fludarabine intravenous recon soln 50 mg</i>	3	PA; LA
<i>fludarabine intravenous solution 50 mg/2 ml</i>	3	PA; LA
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	PA
<i>flutamide oral capsule 125 mg (Eulexin)</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	PA; LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA
<i>fulvestrant intramuscular syringe (Faslodex) 250 mg/5 ml</i>	4	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	PA; LA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	4	PA; LA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/52.6 ml (38 mg/ml)</i>	4	PA; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA
GLEOSTINE ORAL CAPSULE (lomustine) 10 MG, 100 MG, 40 MG	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	4	PA; LA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	4	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; LA
<i>hydroxyurea oral capsule 500 mg (Hydrea)</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA
ICLUSIG ORAL TABLET 10 MG	4	PA; QL (2 per 1 day)
ICLUSIG ORAL TABLET 15 MG	4	PA; LA; QL (2 per 1 day)
ICLUSIG ORAL TABLET 30 MG	4	PA; QL (1 per 1 day)
ICLUSIG ORAL TABLET 45 MG	4	PA; LA; QL (1 per 1 day)
<i>idarubicin intravenous solution 1 mg/ml (Idamycin PFS)</i>	4	PA; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	4	PA; LA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	4	PA; LA
<i>imatinib oral tablet 100 mg, 400 mg (Gleevec)</i>	4	PA; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; LA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
INFUGEM INTRAVENOUS PIGGYBACK 1,900 MG/190 ML (10 MG/ML)	4	PA
INLYTA ORAL TABLET 1 MG	4	PA; LA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; LA; QL (2 per 1 day)
INREBIC ORAL CAPSULE 100 MG	4	PA
IRESSA ORAL TABLET 250 MG	4	PA; LA
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	4	PA; LA
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	PA; LA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (2 per 1 day)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	4	PA
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	4	PA; LA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	4	
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)- 2.5 MG	4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	4	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	4	PA
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; LA
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	PA; LA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA
<i>lipodox 50 intravenous suspension 2 mg/ml</i> (doxorubicin, peg-liposomal)	4	PA; LA
<i>lipodox intravenous suspension 2 mg/ml</i> (doxorubicin, peg-liposomal)	4	PA; LA
LONSURF ORAL TABLET 15- 6.14 MG	3	PA; LA
LONSURF ORAL TABLET 20- 8.19 MG	4	PA; LA
LUMAKRAS ORAL TABLET 120 MG	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	LA
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	4	PA; LA
MATULANE ORAL CAPSULE 50 MG	4	PA; LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA
MEKTOVI ORAL TABLET 15 MG	4	PA
<i>melphalan hcl intravenous recon soln (Alkeran (as HCl)) 50 mg</i>	4	PA; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 (Mutamycin) mg, 40 mg, 5 mg</i>	1	PA; LA
<i>mitomycin intravesical solution 40 mg/10 ml (4 mg/ml)</i>	1	PA; LA
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	PA; LA
MUSTARGEN INJECTION RECON SOLN 10 MG	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA; LA
<i>nelarabine intravenous solution 250 mg/50 ml</i> (Arranon)	4	PA
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG (sorafenib)	4	PA; LA; QL (4 per 1 day)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	4	PA; LA
NUBEQA ORAL TABLET 300 MG	4	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	4	PA; LA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA; LA
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	PA; LA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	PA; LA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	4	LA
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
pemetrexed disodium intravenous solution 25 mg/ml	4	PA
pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg	4	PA
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	4	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	4	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	4	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	4	PA; LA
QINLOCK ORAL TABLET 50 MG	4	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA
REVLIMID ORAL CAPSULE 10 (lenalidomide) MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	4	PA; LA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	4	PA; LA
<i>romidepsin intravenous solution 5 mg/ml</i>	4	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	4	PA
RYDAPT ORAL CAPSULE 25 MG	4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	PA
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; LA; QL (2 per 1 day)
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL (3 per 1 day)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	4	PA; QL (1 per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	4	PA; LA; QL (1 per 1 day)
SUTENT ORAL CAPSULE 37.5 MG	4	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; LA; QL (1 per 7 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	4	PA; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA; LA
TABLOID ORAL TABLET 40 MG (thioguanine)	3	LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA	
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA	
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	0		
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; LA; QL (1 per 1 day)	
TARGETIN TOPICAL GEL 1 %	(bexarotene)	4	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL (4 per 1 day)	
TAZVERIK ORAL TABLET 200 MG	4	PA	
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	PA; LA	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 5 mg</i>	4	PA; LA	
<i>temozolomide oral capsule 250 mg (Temodar)</i>	4	PA; LA	
<i>temsirolimus intravenous recon soln (Torisel) 30 mg/3 ml (10 mg/ml) (first)</i>	4	PA; LA	
<i>teniposide intravenous solution 50 mg/5 ml</i>	4	PA	
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	(thiotepa)	4	PA
TEPMETKO ORAL TABLET 225 MG		4	PA
<i>thiotepa injection recon soln 100 mg, (Tepadina) 15 mg</i>	4	PA	
TIBSOVO ORAL TABLET 250 MG		4	PA
<i>toposar intravenous solution 20 mg/ml</i>	(etoposide)	1	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	4	PA; LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	PA; LA
<i>toremifene oral tablet 60 mg</i> (Fareston)	4	PA
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	4	PA; LA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG	4	PA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	4	PA; LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA; LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	LA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	4	PA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	4	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA
TYKERB ORAL TABLET 250 MG (lapatinib)	4	PA; LA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	PA
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	4	PA
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (valrubicin)	4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG	4	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA
<i>vinblastine intravenous solution 1 mg/ml</i>	4	PA; LA
<i>vincasar pfs intravenous solution 1 (vincristine) mg/ml, 2 mg/2 ml</i>	1	PA
<i>vincristine intravenous solution 1 (Vincasar PFS) mg/ml, 2 mg/2 ml</i>	1	PA NSO
<i>vinorelbine intravenous solution 10 (Navelbine) mg/ml, 50 mg/5 ml</i>	1	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA
VOTRIENT ORAL TABLET 200 MG	4	PA; LA; QL (4 per 1 day)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL (2 per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	QL (120 per 60 days); AGE (Max 12 Years)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA; LA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	PA
YONSA ORAL TABLET 125 MG	4	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	PA
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)	4	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	4	PA; LA
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL (8 per 1 day)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA
ZYKADIA ORAL CAPSULE 150 MG	4	PA; LA
ZYKADIA ORAL TABLET 150 MG	4	PA
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	4	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; LA; QL (4 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	1	QL (1 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl (smoking deterrent) oral tablet extended release 12 hr 150 mg</i>	0	max QL: 180 days/life
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	0	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	0	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	0	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL (2 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	4	PA
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	QL (2 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	QL (2 per 30 days)
<i>nicorelief buccal gum 2 mg</i>	0	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	(Stop Smoking Aid)	QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	(Stop Smoking Aid)	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	(Nicoderm CQ)	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL 21-14-7 MG/24 HR	0	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	0	max QL: 180 days/life; QL (1008 per 90 days); AGE (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	max QL: 180 days/life; QL (160 per 90 days); AGE (Min 18 Years)
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	(nicotine (polacrilex))	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
SUBOXONE SUBLINGUAL FILM 12-3 MG	(buprenorphine-naloxone)	3	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	(buprenorphine-naloxone)	3	QL (3 per 1 day)
<i>varenicline oral tablet 0.5 mg</i>		0	QL (2 per 1 day); AGE (Min 18 Years)
<i>varenicline oral tablet 1 mg</i>	(Chantix)	0	QL (2 per 1 day); AGE (Min 18 Years)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	(Chantix Starting Month Box)	0	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG		4	PA; LA
Agentes Antiansiedad			
Benzodiacepinas			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	(Xanax)	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	(Xanax XR)	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Klonopin)	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>		1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	(Tranxene T-Tab)	1	
<i>diazepam injection solution 5 mg/ml</i>		1	
<i>diazepam injection syringe 5 mg/ml</i>		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>diazepam intensol oral concentrate 5 mg/ml (diazepam)</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml (Ativan)</i>	1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>quazepam oral tablet 15 mg (Doral)</i>	1	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)</i>	1	
<i>triazolam oral tablet 0.125 mg</i>	1	
<i>triazolam oral tablet 0.25 mg (Halcion)</i>	1	
Agentes Anticolinérgicos		
Antimuscarínicos/Antiespasmódicos		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	1	
Agentes Antidemencia		
Agentes Antidemencia		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	1	QL (60 per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	1	QL (49 per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	QL (30 per 30 days)
Agentes Antidiabetico		
Agentes Antidiabeticos, Varios		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
<i>ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG</i>	3	
<i>AVANDIA ORAL TABLET 2 MG, 4 MG</i>	3	
<i>CYCLOSET ORAL TABLET 0.8 MG</i>	3	ST
<i>FARXIGA ORAL TABLET 10 MG, 5 MG</i>	2	QL (1 per 1 day)
<i>GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG</i>	2	ST
<i>JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG</i>	2	ST; QL (2 per 1 day)
<i>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG</i>	2	ST; QL (1 per 1 day)
<i>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG</i>	2	ST; QL (2 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (1 per 1 day)
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	3	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg (DUETACT)</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	ST
<i>pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)</i>	1	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	3	
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	3	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	ST
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST
Insulinas		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	2	QL (40 per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	QL (30 per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)		2	
NOVOLIN 70-30 FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		2	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		2	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70- 30)	(insulin asp prt-insulin aspart)	2	QL (40 per 28 days)
NOVOLOG MIX 70- 30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	2	QL (30 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100) 2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100) 2	QL (40 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec) 2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec) 2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec) 2	
Sulfonilureas		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	1	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg (Amaryl)</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>tolazamide oral tablet 250 mg, 500 mg</i>	1	
<i>tolbutamide oral tablet 500 mg</i>	1	
Agentes Antigota		
Agentes Antigota, Otros		
<i>allopurinol oral tablet 100 mg (Zyloprim)</i>	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg (Mitigare)</i>	3	
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	3	
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	1	ST
<i>probencid oral tablet 500 mg</i>	1	
<i>probencid-colchicine oral tablet 500-0.5 mg</i>	1	
<i>ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)</i>	3	ST; QL (30 per 30 days)
Agentes Antimigráña		
Agentes Antimigráña		
<i>AMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML</i>	4	PA
<i>AMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML</i>	4	PA
<i>AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML</i>	4	PA
<i>AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML</i>	4	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	ST; QL (2 per 5 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	QL (15 per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	(Migranal)	QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	(Relpax)	1
		ST; QL (2 per 5 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	4	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (10 per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	3	ST
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (3 per 5 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (3 per 5 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (3 per 5 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	1	QL (3 per 5 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	1	QL (3 per 5 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	1	QL (6 per 15 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	1	QL (3 per 5 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (1 per 14 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	3	ST; QL (1 per 14 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>zolmitriptan nasal spray, non-aerosol</i> (Zomig) 2.5 mg, 5 mg	1	ST; QL (6 per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	ST; QL (2 per 5 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	ST; QL (2 per 5 days)
Agentes Antinausea		
Agentes Antinausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA
ANZEMET ORAL TABLET 100 MG	4	PA; QL (4 per 1 day)
ANZEMET ORAL TABLET 50 MG	4	PA; QL (8 per 1 day)
<i>aprepitant oral capsule 125 mg</i>	4	PA; QL (1 per 1 day)
<i>aprepitant oral capsule 40 mg</i>	4	PA; QL (4 per 1 day)
<i>aprepitant oral capsule 80 mg (Emend)</i>	4	PA; QL (2 per 1 day)
<i>aprepitant oral capsule, dose pack (Emend) 125 mg (1)- 80 mg (2)</i>	4	PA; QL (3 per 1 day)
CESAMET ORAL CAPSULE 1 MG	3	PA; QL (6 per 1 day)
<i>compro rectal suppository 25 mg (prochlorperazine)</i>	1	
DICLEGIS ORAL TABLET, DELAYED RELEASE (doxylamine-pyridoxine (vit b6)) (DR/EC) 10-10 MG	3	QL (4 per 1 day)
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	3	QL (4 per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; QL (2 per 1 day)
<i>droperidol injection solution 2.5 mg/ml</i>	1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA
<i>gransetron (pf) intravenous solution 100 mcg/ml</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	4	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (8 per 30 days)
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (50 per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i> (promethazine)	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet</i> (Compazine) <i>10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository</i> (Compro) <i>25 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository</i> (Promethegan) <i>12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	4	PA; QL (1 per 7 days)
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	PA
Agentes Antiparasitarios		
Agentes Antiparasitarios		
<i>albendazole oral tablet 200 mg</i>	3	
ALBENZA ORAL TABLET 200 (albendazole) MG	3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ALINIA ORAL TABLET 500 (nitazoxanide) MG	3	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
DARAPRIM ORAL TABLET 25 (pyrimethamine) MG	2	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquinil)	1	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
LAMPIT ORAL TABLET 120 MG, 30 MG	2	
<i>mefloquine oral tablet 250 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	3	
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	
PENTAM INJECTION RECON SOLN 300 MG	4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	3	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	2	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Agentes Antiparkinson		
Agentes Antiparkinson		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL (2 per 1 day)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	1	PA
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
bromocriptine oral tablet 2.5 mg (Parlodel)	1	
cabergoline oral tablet 0.5 mg	1	
carbidopa oral tablet 25 mg (Lodosyn)	1	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg (Stalevo 50)	3	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg (Stalevo 75)	3	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg (Stalevo 100)	3	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg (Stalevo 125)	3	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg (Stalevo 150)	3	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg (Stalevo 200)	3	
entacapone oral tablet 200 mg (Comtan)	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	PA; QL (1 per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	ST
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	QL (1 per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	QL (2 per 1 day)
Agentes Antipsicóticos		
Agentes Antipsicóticos		
<i>aripiprazole oral solution 1 mg/ml</i>	1	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	ST; QL (1 per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	ST
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	3	ST; QL (2 per 1 day)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	1	QL (3 per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	QL (3 per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL (2 per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
GEODON INTRAMUSCULAR (ziprasidone mesylate) RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	ST; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	ST; QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA
NUPLAZID ORAL TABLET 10 MG, 17 MG	4	PA; LA
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (1 per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> (Invega)	1	ST
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	QL (3 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	ST; QL (1 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	PA; LA
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (8 per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	1	QL (2 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>risperidone oral tablet 0.5 mg, 1 mg, (Risperdal) 2 mg, 3 mg, 4 mg</i>	1	QL (2 per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG (asenapine maleate)	3	ST; QL (2 per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	PA
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, (Geodon) 40 mg, 60 mg, 80 mg</i>	1	QL (2 per 1 day)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	
Agentes Calóricos		
Agentes Calóricos		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	3	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	3	
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	3	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	3	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	3	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX 4.25%-D20W SULF- FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX 4.25%-D25W SULF- FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	
cysteine (<i>l</i> -cysteine) intravenous solution 50 mg/ml	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	1	
dextrose 70 % in water (d70w) intravenous parenteral solution	1	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	3	
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	3	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	3	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
Agentes Cardiovasculares		
Agentes Alfa-Adrenérgicos		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly (Catapres-TTS-1) 0.1 mg/24 hr</i>	1	
<i>clonidine transdermal patch weekly (Catapres-TTS-2) 0.2 mg/24 hr</i>	1	
<i>clonidine transdermal patch weekly (Catapres-TTS-3) 0.3 mg/24 hr</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 (Cardura) mg, 8 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 (Dibenzyline) mg</i>	1	LA
<i>phentolamine injection recon soln 5 mg</i>	1	
<i>phenylephrine hcl injection solution (Vazculep) 10 mg/ml</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 (Minipress) mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Agentes Antiarritmicos		
ADENOSCAN INTRAVENOUS SOLUTION 3 MG/ML (adenosine (diagnostic))	3	
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i>	1	
<i>adenosine intravenous solution 3 mg/ml</i>	1	
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i> (Convert)	1	
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>	1	PA
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	1	PA
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	3
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	1
procainamide injection solution 100 mg/ml, 500 mg/ml		1
procainamide intravenous syringe 100 mg/ml		1
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	1
propafenone oral tablet 150 mg, 225 mg, 300 mg		1
quinidine gluconate injection solution 80 mg/ml		1
quinidine gluconate oral tablet extended release 324 mg		1
quinidine sulfate oral tablet 200 mg, 300 mg		1
Agentes Bloqueadores Beta-Adrenérgicos		
acebutolol oral capsule 200 mg, 400 mg		1
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1
betaxolol oral tablet 10 mg, 20 mg		1
bisoprolol fumarate oral tablet 10 mg, 5 mg		1
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
BYSTOLIC ORAL TABLET 10 (nebivolol) MG, 2.5 MG, 20 MG, 5 MG	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	1	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
labetalol intravenous solution 5 mg/ml	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LEVATOL ORAL TABLET 20 MG	3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	1	
metoprolol tartrate intravenous syringe 5 mg/5 ml	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	(Corgard)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, (Bystolic) 20 mg, 5 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, (sotalol) 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, (sotalol) 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, (Sorine) 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Agentes Bloqueadores Da Canal De Calcio		
<i>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG</i>	3	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Agentes Cardiovasculares, Varios		
<i>CORLANOR ORAL SOLUTION 5 MG/5 ML</i>	2	PA
<i>CORLANOR ORAL TABLET 5 MG, 7.5 MG</i>	2	PA; QL (2 per 1 day)
<i>DEMSER ORAL CAPSULE 250 MG</i>	3	
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	1	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	1	
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	
<i>ephedrine sulfate injection solution 50 mg/ml</i>	1	
<i>ephedrine sulfate intravenous solution 50 mg/ml</i> (Akovaz)	1	
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr 2-Pak)	1	
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen 2-Pak)	1	
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJECTION (epinephrine) AUTO-INJECTOR 0.3 MG/0.3 ML	3	
EPIPEN JR 2-PAK INJECTION (epinephrine) AUTO-INJECTOR 0.15 MG/0.3 ML	3	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	4	PA; LA
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	4	PA
ISUPREL INJECTION SOLUTION 0.2 MG/ML (isoproterenol hcl)	3	
<i>metyrosine oral capsule 250 mg</i> (Demser)	3	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	
<i>milrinone intravenous solution 1 mg/ml</i>	1	
<i>papaverine injection solution 30 mg/ml</i>	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG (ranolazine)	3	ST; QL (60 per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG (ranolazine)	3	ST; QL (120 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	1	ST; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	1	ST; QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	3	
SYMJEPI INJECTION (epinephrine) SYRINGE 0.3 MG/0.3 ML	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
Antagonistas De Receptores De Angiotensina II		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	1	
candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG (valsartan-hydrochlorothiazide)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST
EDARBYCLOL ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA
eprosartan oral tablet 600 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	1	
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	1	ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>olmesartan-amlodipin-hcthiazid oral</i> (Tribenzor) tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
<i>olmesartan-hydrochlorothiazide oral</i> (Benicar HCT) tablet 20-12.5 mg, 40-12.5 mg, 40- 25 mg	1	ST
<i>telmisartan oral tablet</i> 20 mg, 40 mg, 80 mg (Micardis)	1	
<i>telmisartan-amlodipine oral tablet</i> (Twynsta) 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
<i>telmisartan-hydrochlorothiazid oral</i> (Micardis HCT) tablet 40-12.5 mg, 80-12.5 mg, 80- 25 mg	1	
<i>valsartan oral tablet</i> 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral</i> (Diovan HCT) tablet 160-12.5 mg, 160-25 mg, 320- 12.5 mg, 320-25 mg, 80-12.5 mg	1	
Dihidropiridinas		
<i>afeditab cr oral tablet extended release</i> 30 mg, 60 mg (nifedipine)	1	
<i>amlodipine oral tablet</i> 10 mg, 2.5 mg, 5 mg (Norvasc)	1	
<i>amlodipine-benazepril oral capsule</i> (Lotrel) 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	1	
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg	1	
<i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
<i>amlodipine-valsartan oral tablet</i> 10- 160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	1	ST
<i>amlodipine-valsartan-hcthiazid oral</i> (Exforge HCT) tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
CONJUPRI ORAL TABLET 2.5 (levamlodipine) MG, 5 MG	3	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>levamlodipine oral tablet 2.5 mg, 5 mg (Conjupri)</i>	1	PA
<i>nicardipine intravenous solution 25 mg/10 ml (Cardene IV)</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg (Sular)</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	1	
Dislipidémicos		
<i>amlodipine-atorvastatin oral tablet (Caduet) 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (1 per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	QL (1 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)</i>	1	QL (1 per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg (WelChol)</i>	1	
<i>colestipol oral packet 5 gram (Colestid)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	4	PA
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10- 10 mg</i> (Vytorin 10-10)	1	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10- 20 mg</i> (Vytorin 10-20)	1	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10- 40 mg</i> (Vytorin 10-40)	1	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10- 80 mg</i> (Vytorin 10-80)	1	PA; QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate nanocrystallized oral tablet 160 mg</i>	1	ST
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	3	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	ST
<i>fenofibrate oral tablet 160 mg</i>	1	ST
<i>fenofibrate oral tablet 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibrincor)	1	ST
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; QL (1 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (1 per 1 day)
NEXLETOL ORAL TABLET 180 MG	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
NEXLIZET ORAL TABLET 180-10 MG	4	PA
niacin oral tablet 500 mg (Niacor)	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	ST
niacor oral tablet 500 mg (niacin)	1	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	1	QL (4 per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	PA; LA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (1 per 1 day)
prevalite oral powder in packet 4 gram (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; LA
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	1	QL (1 per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	1	QL (1 per 1 day)
simvastatin oral tablet 5 mg	1	QL (1 per 1 day)
simvastatin oral tablet 80 mg (Zocor)	1	PA; QL (1 per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	3	
WELCHOL ORAL TABLET 625 MG (colesevelam)	3	
Diuréticos		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg (Diuril IV)</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
DYRENIUM ORAL CAPSULE (triamterene) 100 MG, 50 MG	3	
<i>ethacrynic acid oral tablet 25 mg (Edecrin)</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, (Lasix) 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 30 MG	4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA
<i>mannitol 20 % intravenous (Osmotrol 20 %) parenteral solution 20 %</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
OSMITROL 15 % (mannitol 15 %) INTRAVENOUS PARENTERAL SOLUTION 15 %	3	
SAMSCA ORAL TABLET 15 MG (tolvaptan)	4	PA; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	4	PA; QL (60 per 365 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg (Aldactazide)</i>	1	
<i>tolvaptan oral tablet 15 mg (Samsca)</i>	4	PA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg (Samsca)</i>	4	PA; QL (60 per 365 days)
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>torsemide oral tablet 20 mg (Soaanz)</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg (Dyrenium)</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)</i>	1	
Inhibidores De Enzima Convertidoras De Angiotensina		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)</i>	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona		
<i>aliskiren oral tablet 150 mg, 300 mg (Tekturna)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>eplerenone oral tablet 25 mg, 50 mg (Inspra)</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	3	PA
Vasodilatadores		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg (Isordil)</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg (BiDil)</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (nitroglycerin)</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray (Nitrolingual)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Agentes De Enfermedad Intestinal Inflamatoria		
Agentes De Enfermedad Intestinal Inflamatoria		
<i>alosetron oral tablet 0.5 mg, 1 mg (Lotronex)</i>	1	PA
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	
<i>balsalazide oral capsule 750 mg (Colazal)</i>	1	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	1	ST
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
<i>colocort rectal enema 100 mg/60 ml (hydrocortisone)</i>	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>hydrocortisone rectal enema 100 mg/60 ml (Cortenema)</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	3	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	1	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	1	
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
PENTASA ORAL CAPSULE, (mesalamine) EXTENDED RELEASE 500 MG	2	
sulfasalazine oral tablet 500 mg (Azulfidine)	1	
sulfasalazine oral tablet, delayed release (drlec) 500 mg (Azulfidine EN-tabs)	1	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)	3	ST
Agentes De Enfermedad Ósea Metabólica		
Agentes De Enfermedad Ósea Metabólica		
alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg	1	
alendronate oral tablet 70 mg (Fosamax)	1	
calcitonin (salmon) injection solution 200 unit/ml (Miacalcin)	3	PA
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)	1	
calcitriol oral solution 1 mcg/ml (Rocaltrol)	1	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg (Sensipar)	4	PA
doxercalciferol intravenous solution 4 mcg/2 ml (Hectorol)	4	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	PA
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; LA; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	
<i>ibandronate oral tablet 150 mg (Boniva)</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE	3	PA
NATPARA SUBCUTANEOUS CARTRIDGE 75 MCG/DOSE	4	PA
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	4	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>	1	PA
<i>paricalcitol oral capsule 4 mcg</i>	1	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; LA
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	4	PA; LA
<i>risedronate oral tablet 150 mg (Actonel)</i>	1	ST; QL (1 per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	ST
<i>risedronate oral tablet 35 mg (Actonel)</i>	1	ST; QL (1 per 7 days)
<i>risedronate oral tablet, delayed release (dr/lec) 35 mg</i>	1	QL (1 per 7 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	4	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA
zoledronic acid intravenous recon soln 4 mg	4	PA NSO; LA
zoledronic acid intravenous solution 4 mg/5 ml	4	PA NSO; LA
zoledronic acid-mannitol-water (Reclast) intravenous piggyback 5 mg/100 ml	4	PA NSO; LA
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml	4	PA NSO; LA
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML (zoledronic acid-mannitol-water)	4	PA; LA
Agentes De Trastorno De Sueño		
Agentes De Trastorno De Sueño		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	1	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	1	ST; QL (1 per 1 day)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA
HETLIOZ ORAL CAPSULE 20 MG	4	PA; LA
modafinil oral tablet 100 mg, 200 mg (Provigil)	1	PA
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML (pentobarbital sodium)	3	
pentobarbital sodium injection solution 50 mg/ml (Nembutal Sodium)	1	
XYREM ORAL SOLUTION 500 MG/ML	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg (Ambien)</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)</i>	1	ST; QL (1 per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	ST
Agentes Del Sistema Nervioso Central		
Agentes Del Sistema Nervioso Central		
AMPYRA ORAL TABLET (dalfampridine) EXTENDED RELEASE 12 HR 10 MG	4	PA; LA
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg (Strattera)</i>	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg (Strattera)</i>	1	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; LA; QL (1 per 1 day)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	4	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL (14 per 28 days)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg (Kapvay)</i>	1	QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML	4	PA
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 40 MG/ML	4	PA; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	4	PA; LA
<i>dextroamphetamine sulfate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	1	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	1	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	1	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	1	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (2 per 1 day)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA
EXSERVAN ORAL FILM 50 MG	4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL (14 per 28 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG	4	PA; LA; QL (1 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
GILENYA ORAL CAPSULE 0.5 (fingolimod) MG	4	PA; LA; QL (1 per 1 day)
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; LA
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	QL (1 per 1 day)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg	1	
lithium carbonate oral tablet extended release 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
metadate er oral tablet extended release 20 mg (methylphenidate hcl)	1	QL (90 per 30 days)
methamphetamine oral tablet 5 mg (Desoxyn)	1	QL (150 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	1	QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	1	QL (2 per 1 day)
methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg	1	QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 50-50 30 mg	1	QL (2 per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	1	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg (Metadate ER)	1	QL (90 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 18 mg, 27 mg</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet</i> (Relexxii) <i>extended release 24hr 72 mg</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	4	LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; LA; QL (2 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg,</i> (Xenazine) <i>25 mg</i>	4	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	4	PA
VYVANSE ORAL CAPSULE 10 MG	3	ST
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg</i> (dextroamphetamine sulfate)	1	QL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i> (dextroamphetamine sulfate)	1	QL (90 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	4	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA
Agentes Del Tracto Respiratorio		
Agentes Del Tracto Respiratorio, Otros		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	1	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	3	PA; QL (1 per 1 day)
<i>doxapram intravenous solution 20 mg/ml</i>	1	
ESBRIET ORAL CAPSULE 267 MG	4	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	4	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG	4	PA; LA; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 75 MG	4	PA; LA
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL (2 per 1 day)
<i>nebusal inhalation solution for nebulization 3 %</i> (sodium chloride)	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150- 188 MG, 75-94 MG	4	PA; LA
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	4	PA; LA
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	4	PA
<i>pirfenidone oral tablet 534 mg</i>	4	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	1	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA
Antiinflamatorios, Corticoesteroides		
Inhalados		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115- 21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (1 per 14 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	2	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort)	1	QL (60 per 15 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort)	1	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION		2	QL (2 per 1 day)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION		2	QL (4 per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	(fluticasone propionate)	2	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	(fluticasone propionate)	2	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	(fluticasone propionate)	2	QL (21.2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION		2	QL (1 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		2	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160- 4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	2	QL (10.2 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Antileucotrilinos		
montelukast oral granules in packet 4 mg (Singulair)	1	
montelukast oral tablet 10 mg (Singulair)	1	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	1	
zileuton oral tablet, er multiphase 12 hr 600 mg	1	
Broncodilatadores		
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	3	ST; QL (1 per 1 day)
arformoterol inhalation solution for nebulization 15 mcg/2 ml (Brovana)	3	QL (60 per 15 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	ST; QL (10.7 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	(arformoterol)	3	QL (60 per 15 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		3	
<i>elixophyllin oral elixir 80 mg/15 ml</i>	(theophylline)	2	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	(Perforomist)	2	QL (120 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		3	ST; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>		1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>		1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	(Xopenex)	1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	(Xopenex Concentrate)	1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	(Xopenex HFA)	1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>		1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>		1	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	(formoterol fumarate)	2	QL (120 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION		2	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
PROAIR RESPCLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (28 per 14 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (1 per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	PA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theochron oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theochron oral tablet extended release 12 hr 300 mg</i>	1	
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/250 ml</i>	1	
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	ST
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; QL (1 per 30 days)
Agentes Dentales Y Orales		
Agentes Dentales Y Orales		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>CLINPRO 5000 DENTAL PASTE 1.1 %</i>	3	
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	1	
<i>FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %</i>	1	
<i>FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %</i>	1	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	1
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Oralone)	1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Agentes Dermatológicos		
Agentes Antiinflamatorios		
Dermatológicos		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))</i>	1	
CAPEX TOPICAL SHAMPOO 0.01 %	3	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 % (Olux)</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 % (Clobex)</i>	1	
<i>clobetasol topical ointment 0.05 % (Temovate)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
clobetasol topical shampoo 0.05 % (Clobex)	1	
clobetasol topical spray,non-aerosol 0.05 % (Clobex)	1	
clobetasol-emollient topical cream 0.05 %	1	
clobetasol-emollient topical foam 0.05 % (Olux-E)	1	
clocortolone pivalate topical cream 0.1 % (Cloderm)	1	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	
cormax scalp solution 0.05 % (clobetasol)	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
DESONATE TOPICAL GEL 0.05 % (desonide)	3	
desonide topical cream 0.05 % (DesOwen)	1	
desonide topical gel 0.05 % (DesRx)	3	
desonide topical lotion 0.05 %	1	
desonide topical ointment 0.05 %	1	
desoximetasone topical cream 0.05 %, 0.25 % (Topicort)	1	
desoximetasone topical gel 0.05 % (Topicort)	1	
desoximetasone topical ointment 0.05 %, 0.25 % (Topicort)	1	
desoximetasone topical spray,non-aerosol 0.25 % (Topicort)	3	
DESRX TOPICAL GEL 0.05 % (desonide)	3	
diflorasone topical cream 0.05 %	1	
diflorasone topical ointment 0.05 %	1	
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	3	PA
EUCRISA TOPICAL OINTMENT 2 %	4	PA
fluocinolone topical cream 0.01 %	1	
fluocinolone topical cream 0.025 % (Synalar)	1	
fluocinolone topical oil 0.01 % (Derma-Smoothe/FS Body Oil)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>fluocinolone topical ointment 0.025 % (Synalar)</i>	1	
<i>fluocinolone topical solution 0.01 % (Synalar)</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 % (Vanos)</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 % (fluocinonide-emollient)</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion (Beser) 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 % (Halog)</i>	3	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>HALOG TOPICAL CREAM 0.1 % (halcinonide)</i>	3	
<i>HALOG TOPICAL OINTMENT 0.1 %</i>	3	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 % (Ala-Cort)</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	3	PA
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i> (hydrocortisone)	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	1	ST
TEXACORT TOPICAL SOLUTION 2.5 %	3	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	3	ST
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	1	
<i>trianex topical ointment 0.05 %</i> (triamcinolone acetonide)	1	
<i>triderm topical cream 0.1 %</i> (triamcinolone acetonide)	1	
TRITOCIN TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	1	
VERDESO TOPICAL FOAM 0.05 %	3	
Agentes Dermatológicos, Otros		
ABSORICA ORAL CAPSULE 25 MG (isotretinoin)	3	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>accutane oral capsule 10 mg, 20 mg, (isotretinoin) 30 mg, 40 mg</i>	1	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA; LA
<i>acyclovir topical ointment 5 % (Zovirax)</i>	1	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 % (Skin Treatment)</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg (isotretinoin)</i>	1	PA
<i>azelaic acid topical gel 15 % (Finacea)</i>	3	PA
<i>benzoyl peroxide topical foam 9.8 % (BenzePrO)</i>	1	
<i>bp 10-1 topical cleanser 10-1 % (sulfacetamide sodium-sulfur)</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	ST
<i>calcipotriene topical cream 0.005 % (Dovonex)</i>	1	ST
<i>calcipotriene topical ointment 0.005 %</i>	1	ST
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 % (Taclonex)</i>	1	
<i>calcitrene topical ointment 0.005 % (calcipotriene)</i>	1	ST
<i>calcitriol topical ointment 3 mcg/gram (Vectical)</i>	1	ST
<i>claravis oral capsule 10 mg, 20 mg, (isotretinoin) 30 mg, 40 mg</i>	1	PA
<i>cleansing wash topical cleanser 10-4-10 % (sulfacetamide sodium-sulfur-urea)</i>	1	
<i>DENAVIR TOPICAL CREAM 1 %</i>	3	
<i>doxepin topical cream 5 % (Prudoxin)</i>	1	QL (45 per 30 days)
<i>exoderm topical lotion 25-1 %</i>	1	
<i>FINACEA TOPICAL GEL 15 % (azelaic acid)</i>	3	PA
<i>FLUOROPLEX TOPICAL CREAM 1 %</i>	3	
<i>fluorouracil topical cream 0.5 % (Carac)</i>	3	PA NSO
<i>fluorouracil topical cream 5 % (Efudex)</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>formadon topical solution with applicator 10 %</i>	1	
<i>imiquimod topical cream in metered-dose pump 3.75 % (Zyclara)</i>	3	PA
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (Accutane)</i>	1	PA
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	4	PA
<i>mafенide acetate topical packet 50 gram (Sulfamylon)</i>	1	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)</i>	1	PA
PANRETIN TOPICAL GEL 0.1 %	4	PA; LA
PICATO TOPICAL GEL 0.015 %	4	PA; QL (3 per 28 days)
PICATO TOPICAL GEL 0.05 %	4	PA; QL (2 per 28 days)
<i>podoфilox topical solution 0.5 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	3	PA
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur) 3	
<i>salicylic acid topical film forming liquid w/app 27.5 %</i>	(Virasal) 1	
<i>salicylic acid topical foam 6 %</i>	(Salvax) 1	
<i>salicylic acid topical gel 6 %</i>	(Keralyt Rx) 1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i>	(Keralyt) 1	
<i>salicylic acid-ceramides no.1 topical kit, cleanser and cream er 6 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
<i>sss 10-5 topical foam 10-5 %</i>	(sulfacetamide sodium-sulfur) 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	(Ovace) 1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	1	
SULFAMYLYON TOPICAL CREAM 85 MG/G	3	
<i>urea nail stick topical solution 50 %</i> (urea)	1	
<i>urea topical cream 39 %</i> (Uredreb)	1	
<i>urea topical foam 35 %</i> (Hydro 35)	1	
<i>urea topical gel 45 %</i> (CEM-Urea)	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	4	PA
VALCHLOR TOPICAL GEL 0.016 %	4	PA; LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
WINLEVI TOPICAL CREAM 1 %	3	PA
<i>zenatane oral capsule 10 mg, 20 mg, (isotretinoin) 30 mg, 40 mg</i>	1	PA
ZOVIRAX TOPICAL CREAM 5 %	3	
ZYCLARA TOPICAL CREAM (imiquimod) IN METERED-DOSE PUMP 3.75 %	3	PA
Antibacterianos Dermatológicos		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)	3	PA
ALTABAX TOPICAL OINTMENT 1 %	3	
<i>clindamycin phosphate topical foam (Evoclin) 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical lotion (Cleocin T) 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab (Clindacin ETZ) 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	1	PA
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	3	
CORTISPORIN TOPICAL OINTMENT 1 %	3	PA
<i>ery pads topical swab 2 % (erythromycin with ethanol)</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>erythromycin with ethanol topical swab 2 %</i>	(Ery Pads)	1
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	1
<i>gentamicin topical cream 0.1 %</i>		1
<i>gentamicin topical ointment 0.1 %</i>		1
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	1
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	1
<i>metronidazole topical gel 1 %</i>	(Metrogel)	1
<i>metronidazole topical lotion 0.75 %</i>	(MetroLotion)	1
<i>mupirocin calcium topical cream 2 %</i>		1
<i>mupirocin topical ointment 2 %</i>	(Centany)	1
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>		1
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		3 ST
<i>neuac topical gel 1.2 %(1 % base) - 5 %</i>	(clindamycin-benzoyl peroxide)	1
<i>rosadan topical cream 0.75 %</i>	(metronidazole)	1
<i>selenium sulfide topical lotion 2.5 %</i>		1
<i>selenium sulfide topical shampoo 2.25 %</i>		1
<i>silver nitrate applicators topical stick 75-25 %</i>		1
<i>silver sulfadiazine topical cream 1 %</i>	(SSD)	1
<i>ssd topical cream 1 %</i>	(silver sulfadiazine)	1
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	1
XEPI TOPICAL CREAM 1 %		3 ST
ZILXI TOPICAL FOAM 1.5 %		3 PA
Escabicidas Y Pediculicidas		
EURAX TOPICAL CREAM 10 %		3
<i>ivermectin topical lotion 0.5 %</i>	(Sklice)	1
<i>lindane topical shampoo 1 %</i>		1
<i>malathion topical lotion 0.5 %</i>	(Ovide)	1
<i>permethrin topical cream 5 %</i>	(Elimite)	1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
SKLICE TOPICAL LOTION 0.5 % (ivermectin)	3	
spinosal topical suspension 0.9 % (Natroba)	1	
ULESFIA TOPICAL LOTION 5 %	3	
Retinoides Dermatológicos		
adapalene topical cream 0.1 % (Differin)	1	PA
adapalene topical gel 0.1 % (Differin)	1	PA
adapalene topical gel 0.3 %	1	PA
adapalene topical lotion 0.1 % (Differin)	1	PA
ALTRENO TOPICAL LOTION 0.05 %	1	PA
avita topical cream 0.025 % (tretinoin)	1	PA
avita topical gel 0.025 % (tretinoin)	1	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA
tretinoin (emollient) topical cream 0.05 % (Refissa)	1	PA
tretinoin microspheres topical gel 0.04 %, 0.1 % (Retin-A Micro)	1	PA
tretinoin topical cream 0.025 % (Avita)	1	PA
tretinoin topical cream 0.05 %, 0.1 % (Retin-A)	1	PA
tretinoin topical gel 0.01 % (Retin-A)	1	PA
tretinoin topical gel 0.025 % (Avita)	1	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	
TWYNEO TOPICAL CREAM 0.1-3 %	3	
Agentes Gastrointestinales		
Agentes Antiúlceras Y Supresores De Ácidos		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL (112 per 10 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
CARAFATE ORAL SUSPENSION 100 MG/ML	(sucralfate)	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	(dexlansoprazole)	3	ST; QL (1 per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	(Dexilant)	1	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	(Nexium Packet)	3	ST; QL (1 per 1 day)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>		1	
<i>famotidine intravenous solution 10 mg/ml</i>		1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>		1	
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	(Prevacid 24Hr)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	(Prevacid)	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	(Prevacid SoluTab)	1	PA
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	(esomeprazole magnesium)	3	ST; QL (1 per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		3	ST; QL (1 per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		1	
<i>pantoprazole intravenous recon soln 40 mg</i>	(Protonix)	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	(Protonix)	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	ST; QL (1 per 1 day)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>	1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Agentes Gastrointestinales, Otros		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	3	PA; QL (2 per 1 day)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (dicyclomine)	3	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	3	PA; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	PA
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	4	PA
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>diphenoxylate-atropine oral tablet</i> (Lomotil) 2.5-0.025 mg	1	
<i>ed-spaz oral tablet,disintegrating</i> (hyoscyamine sulfate) 0.125 mg	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate intravenous syringe 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Levsin/SL)	1	
<i>hyosyne oral drops 0.125 mg/ml</i> (hyoscyamine sulfate)	1	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
KRISTALOSE ORAL PACKET 10 GRAM	3	
KRISTALOSE ORAL PACKET 20 GRAM	3	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (1 per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL (1 per 1 day)
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg (hyoscyamine sulfate)</i>	1	
<i>oscimin oral tablet,disintegrating 0.125 mg (hyoscyamine sulfate)</i>	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg (hyoscyamine sulfate)</i>	1	
<i>propantheline oral tablet 15 mg</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA
<i>sodium phenylbutyrate oral powder (Buphenyl) 0.94 gram/gram</i>	4	PA NSO; LA
<i>sodium phenylbutyrate oral tablet (Buphenyl) 500 mg</i>	4	PA
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
SYMPROIC ORAL TABLET 0.2 MG	3	ST
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg (URSO 250)	1	
ursodiol oral tablet 500 mg (URSO Forte)	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA
XERMELO ORAL TABLET 250 MG	4	PA; LA
Enlaces De Fosfato		
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
lanthanum oral tablet, chewable (Fosrenol) 1,000 mg, 500 mg, 750 mg	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	3	
RENAGEL ORAL TABLET 800 MG (sevelamer hcl)	2	
REVELA ORAL TABLET 800 MG (sevelamer carbonate)	2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	
sevelamer carbonate oral tablet 800 mg (Renvela)	2	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg (Renagel)	1	
Laxantes		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	ST; QL (320 per 365 days)
gavilyte-c oral recon soln 240-22.72- 6.72 -5.84 gram (peg 3350-electrolytes)	1	(\$0 copay for age 50-75)
gavilyte-g oral recon soln 236-22.74- 6.74 -5.86 gram (peg 3350-electrolytes)	1	(\$0 copay for age 50-75)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
gavilyte-n oral recon soln 420 gram (peg-electrolyte soln)	1	(\$0 copay for age 50-75)
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	3	ST; (\$0 copay for age 50-75)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)	3	ST; (\$0 copay for age 50-75)
OSMOPREP ORAL TABLET 1.5 GRAM	3	ST; (\$0 copay for age 50-75)
peg 3350-electrolytes oral recon soln (GaviLyte-G) 236-22.74-6.74 -5.86 gram	1	(\$0 copay for age 50-75)
peg 3350-electrolytes oral recon soln (GaviLyte-C) 240-22.72-6.72 -5.84 gram	1	(\$0 copay for age 50-75)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1	
peg-electrolyte soln oral recon soln 420 gram	1	(\$0 copay for age 50-75)
PLENUV ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ST
polyethylene glycol 3350 oral powder in packet 17 gram (ClearLax)	1	
POLYETHYLENE GLYCOL 3350(BULK) POWDER	1	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	3	ST; (\$0 copay for age 50-75)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,magnesium sulfates)	3	ST; (\$0 copay for age 50-75)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
trilyte with flavor packets oral recon soln 420 gram (peg-electrolyte soln)	1	(\$0 copay for age 50-75)
Agentes Genitourinarios		
Agentes Genitourinarios, Varios		
alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	1	ST
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
<i>phenazopyridine oral tablet 100 mg</i> (Pyridium)	1	
RAPAFLORAL CAPSULE 4 MG, 8 MG	3	ST
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	3	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
Antiespasmódicos, Urinario		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GGRAM)	3	ST
GEMTESA ORAL TABLET 75 MG	3	ST; QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	3	ST; QL (300 per 30 days); AGE (Min 3 Years and Max 17 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg (Vesicare)</i>	2	ST
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg (Detrol)</i>	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	ST
<i>trospium oral tablet 20 mg</i>	1	ST
VESICARE LS ORAL SUSPENSION 1 MG/ML	3	ST
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST
Agentes Hormonales, Estimulante/Reemplazo/Modificador		
Agentes Tiroideos Y Antitiroideos		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (levothyroxine)</i>	1	
<i>iodopen intravenous solution 100 mcg/ml</i>	3	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	2	
<i>levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml</i>	2	
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (Tirosint)</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (Euthyrox)</i>	1	
<i>levothyroxine oral tablet 300 mcg (Synthroid)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
LEVOXYL ORAL TABLET 100 (levothyroxine) MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<i>sski oral solution 1 gram/ml</i> (potassium iodide)	3	
SYNTHROID ORAL TABLET (levothyroxine) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	3	
THYROLAR-2 ORAL TABLET 25-100 MCG	3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	3	
UNITHROID ORAL TABLET (levothyroxine) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Andrógenos		
ANADROL-50 ORAL TABLET 50 MG	3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PA; QL (1 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML) (testosterone)	3	PA; QL (6 per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
METHITEST ORAL TABLET 10 MG (methyltestosterone)	3	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	1	PA
STRIANT Buccal MUCOADHESIVE SYSTEM ER 12 HR 30 MG	3	PA; QL (2 per 1 day)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	0	QL (10 per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	QL (5 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	3	PA; QL (4 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> (AndroGel)	2	PA; QL (2.5 per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QL (6 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Estrógenos Y Antiestrógenos		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg (estradiol-norethindrone acet)	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (1 per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	QL (2 per 7 days)
dotti transdermal patch semiweekly (estradiol) 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
DUAVEE ORAL TABLET 0.45-20 MG	3	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	0	
estradiol transdermal patch (Dotti) semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
estradiol transdermal patch weekly (Climara) 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	0	
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	1	
estradiol vaginal tablet 10 mcg (Yuvafem)	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml (Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg (Amabelz)	0	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		3	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	(estradiol-norethindrone acet)	1	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(estradiol)	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		3	QL (1 per 7 days)
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	(estradiol-norethindrone acet)	1	
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	3	QL (2 per 7 days)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)		3	
PREMARIN INJECTION RECON SOLN 25 MG		2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG- 5MG(14)		2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	0	QL (1 per 1 day)
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	
Glucocorticoides/Mineralocorticoides		
<i>a-hydrocort injection recon soln 100 mg</i>	3	
ARISTOSPIN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML	3	
ARISTOSPIN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML	3	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	1	
<i>cortisone oral tablet 25 mg</i>	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<i>dexpak 10 day oral tablets,dose pack 1.5 mg (35 tabs)</i> (dexamethasone)	3	
<i>dexpak 13 day oral tablets,dose pack 1.5 mg (51 tabs)</i> (dexamethasone)	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>dexpak 6 day oral tablets,dose pack 1.5 mg (21 tabs)</i> (dexamethasone)	3	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
KENALOG INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	3	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 5 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	1	
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	3	
ZILRETTA INTRA- ARTICULAR SUSPENSION, EXTENDED REL RECON 32 MG	4	PA
Pituitario		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
<i>desmopressin injection solution 4</i> (DDAVP) <i>mcg/ml</i>	1	
<i>desmopressin nasal spray with pump</i> <i>10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2</i> (DDAVP) <i>mg</i>	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; LA; QL (2 per 1 day)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA; LA; QL (2 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	4	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
<i>lanreotide subcutaneous syringe 120</i> (Somatuline Depot) mg/0.5 ml	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
NOVAREL INTRAMUSCULAR (chorionic RECON SOLN 10,000 UNIT gonadotropin, human)	4	PA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; LA
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	4	PA; LA
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; LA
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1- 0.5MG(AM) /300 MG(PM)	4	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	4	PA
PREGNYL INTRAMUSCULAR (chorionic RECON SOLN 10,000 UNIT gonadotropin, human)	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	4	PA; LA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	4	PA; LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 6 MG	4	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; LA
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA; LA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; LA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA; LA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Progestinas		
<i>hydroxyprogesterone cap(ppres) (Makena) intramuscular oil 250 mg/ml</i>	4	PA; LA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)</i>	0	QL (1 per 90 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)</i>	0	QL (1 per 90 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)</i>	0	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>norethindrone acetate oral tablet 5 mg (Aygestin)</i>	1	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)</i>	1	
Agentes Inmunológicos		
Agentes Inmunológicos		
<i>ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML</i>	4	PA
<i>ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)</i>	4	PA; LA
<i>ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML</i>	4	PA; LA
<i>ARCALYST SUBCUTANEOUS RECON SOLN 220 MG</i>	4	PA; LA
<i>ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG</i>	4	PA
<i>AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)</i>	3	
<i>azathioprine oral tablet 100 mg, 75 mg (Azasan)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA
CELLCEPT INTRAVENOUS (mycophenolate INTRAVENOUS RECON SOLN mofetil (hcl)) 500 MG	4	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL (1 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	1	
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	1	
<i>cyclosporine modified oral capsule</i> 50 mg	1	
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL (3.92 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; LA; QL (1 per 7 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL (1 per 7 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; LA; QL (2.04 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; LA; QL (3.92 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL (3.92 per 28 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	PA; LA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	1	
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	1	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	4	PA
HYPERHEP B INTRAMUSCULAR SYRINGE 220 UNIT/ML	4	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	4	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %)	4	PA; LA
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; LA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>infliximab intravenous recon soln</i> (Remicade) 100 mg	4	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA
MICRHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	4	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	PA
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	ST
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	4	PA
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	PA
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	4	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL (1 per 7 days)
OTEZLA ORAL TABLET 30 MG	4	PA; LA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	
RAPAMUNE ORAL SOLUTION (sirolimus) 1 MG/ML	4	PA
REMICADE INTRAVENOUS (infliximab) RECON SOLN 100 MG	4	PA; LA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	4	PA
REZUROCK ORAL TABLET 200 MG	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	4	PA NSO
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	4	PA NSO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	3	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 30 days)
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	4	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	4	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA; LA
ULTOMIRIS INTRAVENOUS SOLUTION 10 MG/ML, 100 MG/ML	4	PA
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	4	PA NSO
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (immunosuppressive))	4	PA
Vacunas		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QD 2019-20(6- 35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.5 per 180 days)
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 3 Years)
AFLURIA QD 2020-21(6- 35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.25 per 180 days); AGE (Min 6 Months and Max 35 Months)
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QD 2021-22(6- 35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.5 per 180 days)
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QUAD 2020- 2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
AFLURIA QUAD 2021- 2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QUAD 2022- 2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
ASTRAZENECA COVID19 VAC(UNAPP) INTRAMUSCULAR SUSPENSION 0.5 ML	0	
BEXZERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 10 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	QL (1.5 per 365 days); AGE (Min 12 Months)
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	QL (0.7 per 180 days); AGE (Min 65 Years)
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	QL (1 per 180 days); AGE (Min 65 Years)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	QL (0.7 per 180 days); AGE (Min 65 Years)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months and Max 35 Months)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (1 per 180 days)
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT/0.5 ML	0	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 18 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 18 Years)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF- MCG-LF/0.5ML	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	
IPOP INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	0	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	QL (2 per 365 days)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML	0	
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PREHEVBRIOD (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	QL (3 per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	0	QL (2 per 365 days); AGE (Min 12 Months)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	0	QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	0	QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	0	
ROTAQE VACCINE ORAL SOLUTION 2 ML	0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 50 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 toxoids-td)	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	0	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 10 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	QL (2 per 365 days); AGE (Min 12 Months)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	0	QL (1 per 365 days); AGE (Min 50 Years)
Agentes Oftálmicos		
Agentes Antiglaucoma		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection recon soln 500 mg	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (brimonidine-timolol) (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (dorzolamide-timolol (EYE) DROPPERETTE 2-0.5 % (pf))	3	QL (2 per 1 day)
<i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>	1	
<i>dorzolamide-timolol (pf) (Cosopt (PF)) ophthalmic (eye) dropperette 2-0.5 %</i>	1	QL (2 per 1 day)
<i>dorzolamide-timolol ophthalmic (Cosopt) (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (1 per 12 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
pilocarpine hcl ophthalmic (eye) drops 1 %, 4 %	1	
pilocarpine hcl ophthalmic (eye) (Isopto Carpine) drops 2 %	1	
RHOPPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	ST; QL (5 per 30 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
timolol maleate ophthalmic (eye) (Timoptic) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) (Istalol) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) (Timoptic-XE) gel forming solution 0.25 %, 0.5 %	1	
TRAVATAN Z OPHTHALMIC (travoprost) (EYE) DROPS 0.004 %	3	QL (1 per 12 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST; QL (5 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	QL (1 per 1 day)
Agentes Para Los Ojos, Oídos, Nariz, Garganta		
Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta		
acetic acid otic (ear) solution 2 %	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	ST
BACIGUENT OPHTHALMIC (bacitracin) (EYE) OINTMENT 500 UNIT/GRAM	1	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (Polycin) (eye) ointment 500-10,000 unit/gram	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	(ciprofloxacin-dexamethasone)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	(Ciloxan)
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	(Ciprodex)
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	(Zymaxid)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	(gentamicin)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	(Gentak)
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	ST
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc)	1
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin)	1
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox)	1
<i>ofloxacin otic (ear) drops 0.3 %</i>		1
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram b)</i>	(bacitracin-polymyxin b)	1
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	(Polytrim)	1
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>		1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin ophthalmic (eye) drops (Tobrex) 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	1	ST; QL (43 per 75 days)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	(Durezol)	3
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	3
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		3
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>		1
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	(DermOtic Oil)	1
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	(FML Liquifilm)	1
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>		1
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	(24 Hour Allergy Relief)	1
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %		2
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	(Acular LS)	1
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	(Acular)	1
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	(loteprednol etabonate)	3
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	(loteprednol etabonate)	3
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	(Lotemax)	1
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	(Lotemax)	1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	
<i>nasal allergy nasal aerosol,spray 55 mcg</i> (triamcinolone acetonide)	1	QL (11 per 20 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	3	ST; QL (5 per 12 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	(Astepro Allergy)	1	QL (60 per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>		1	
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	(Dymista)	3	ST; QL (23 per 30 days)
<i>balanced salt intraocular solution</i>	(balanced salt soln no.2 irrig.)	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	(Bepreve)	3	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	(bepotastine besilate)	3	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	(Otovel)	3	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>		1	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	(Cyclogyl)	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		4	PA; LA
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	(azelastine-fluticasone)	3	ST; QL (23 per 30 days)
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %		3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>		1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	(homatropine hbr)	1	
<i>homatropine hbr ophthalmic (eye) drops 5 %</i>	(Homatropaire)	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %		3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	3	ST
<i>levofloxacin ophthalmic (eye) drops</i> 1.5 %	1	
<i>olopatadine nasal spray,non-aerosol</i> (Patanase) 0.6 %	1	ST; QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops</i> (Eye Allergy Itch-Redness Rlf) 0.1 %	1	
<i>olopatadine ophthalmic (eye) drops</i> (Clear Eyes Once Daily Allergy) 0.2 %	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA
PATADAY OPHTHALMIC (olopatadine) (EYE) DROPS 0.2 %	3	
<i>phenylephrine hcl ophthalmic (eye)</i> drops 10 %, 2.5 %	1	
<i>proparacaine ophthalmic (eye)</i> (Alcaine) drops 0.5 %	1	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	4	PA
TETCAINE OPHTHALMIC (tetracaine hcl) (EYE) DROPS 0.5 %	1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i> drops 0.5 %	1	
TETRAVISC OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
<i>tropicamide ophthalmic (eye) drops</i> (Mydriacyl) 1 %	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	
TYZINE NASAL DROPS 0.1 %	3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Agentes Terapeuticos Misceláneos		
Agentes Terapeuticos Misceláneos		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
<i>amifostine crystalline intravenous</i> (Ethyol) <i>recon soln 500 mg</i>	4	
<i>amytal injection recon soln 500 mg</i>	3	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	1	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA
CYSTADANE ORAL POWDER (betaine) 1 GRAM/SCOOP	3	LA
<i>dehydrated alcohol injection solution</i> (ethanol (ethyl 98 % alcohol))	1	
<i>dexrazoxane hcl intravenous recon</i> <i>soln 250 mg, 500 mg</i>	4	PA NSO
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	3	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA
ELMIRON ORAL CAPSULE 100 MG	3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; LA
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA
<i>finasteride oral tablet 1 mg</i> (Propecia)	1	PA
FIRDAPSE ORAL TABLET 10 MG	4	PA
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
<i>guanidine oral tablet 125 mg</i>	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	4	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup)) 4	PA
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	(Vistaril) 1	
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	PA
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	4	LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	(Carnitor) 1	
<i>levocarnitine oral tablet 330 mg</i>	(Carnitor) 1	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	4	PA
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	(Fusilev) 4	PA; LA
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	PA; LA
<i>mesna intravenous solution 100 mg/ml</i>	(Mesnex) 4	PA NSO

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
MESNEX ORAL TABLET 400 MG	4	PA
<i>methylene blue (antidote)</i> <i>intravenous solution 1% (10 mg/ml)</i>	1	
<i>methylergonovine oral tablet 0.2 mg (Methergine)</i>	1	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
<i>neostigmine methylsulfate (Bloxiverz)</i> <i>intravenous solution 0.5 mg/ml</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 1 MG/ML	1	
<i>neostigmine methylsulfate</i> <i>intravenous syringe 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	3	
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	4	PA
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML	3	
<i>physostigmine salicylate injection</i> <i>solution 1 mg/ml</i>	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
<i>pyridostigmine bromide oral syrup</i> <i>60 mg/5 ml</i>	3	
<i>pyridostigmine bromide oral tablet</i> <i>30 mg</i>	1	
<i>pyridostigmine bromide oral tablet</i> <i>60 mg</i>	1	
<i>pyridostigmine bromide oral tablet</i> <i>extended release 180 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REGONOL INJECTION SOLUTION 5 MG/ML	3	
SARAFEM ORAL TABLET 10 (fluoxetine) MG, 20 MG	3	
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	4	PA; LA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	4	PA
SYNVISC-ONE INTRA- ARTICULAR SYRINGE 48 MG/6 ML	4	PA
TAKHYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA
TAKHYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1- 50 MG X1), 50 MG	4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Agentes Vasodilatadores		
Agentes Vasodilatadores		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	4	PA; LA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA
<i>ambrisentan oral tablet 10 mg, 5 mg (Letairis)</i>	4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg (Tracleer)</i>	4	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG (tadalafil)	3	PA; QL (1 per 1 day)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	4	PA; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	4	PA; LA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	4	PA; LA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)</i>	1	PA; QL (3 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg (Adcirca)</i>	4	PA; LA
<i>tadalafil oral tablet 2.5 mg, 20 mg, 5 mg (Cialis)</i>	4	PA; LA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	4	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)</i>	4	PA; LA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Analgésicos		
Agentes Antiinflamatorios No Esteroides		
aspirin oral tablet 325 mg (Bayer Aspirin)	0	
aspirin oral tablet, chewable 81 mg (St Joseph Aspirin)	0	
aspirin oral tablet, delayed release (dr/lec) 325 mg (Aspir-Trin)	0	
aspirin oral tablet, delayed release (dr/lec) 81 mg (Bayer Low Dose Aspirin)	0	
aspir-low oral tablet, delayed release (aspirin) (dr/lec) 81 mg	0	
aspir-trin oral tablet, delayed release (aspirin) (dr/lec) 325 mg	0	
bayer aspirin oral tablet 325 mg (aspirin)	0	
bayer low dose aspirin oral tablet, delayed release (dr/lec) 81 mg (aspirin)	0	
CAMBIA ORAL POWDER IN PACKET 50 MG	3	QL (3 per 10 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)	1	
choline, magnesium salicylate oral liquid 500 mg/5 ml	1	
diclofenac epolamine transdermal patch 12 hour 1.3 % (Flector)	3	PA
diclofenac potassium oral tablet 25 mg (Lofena)	1	
diclofenac potassium oral tablet 50 mg (Cataflam)	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet, delayed release (dr/lec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical gel 1 % (Arthritis Pain (diclofenac))	1	
diclofenac sodium topical gel 3 %	1	QL (100 per 1 day)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %) (Pennsaid)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i>	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>e.c. prin oral tablet, delayed release (aspirin) (drlec) 325 mg</i>	0	
<i>ecotrin oral tablet, delayed release (aspirin) (drlec) 325 mg</i>	0	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	3	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac nasal spray, non-aerosol (Sprix) 15.75 mg/spray</i>	3	PA; QL (1 per 6 days)
<i>ketorolac oral tablet 10 mg</i>	1	
<i>lo-dose aspirin oral tablet, delayed release (dr/lec) 81 mg</i>	0	
<i>lofena oral tablet 25 mg (diclofenac potassium)</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg (Relafen)</i>	1	
<i>naproxen oral suspension 125 mg/5 ml (Naprosyn)</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	1	
<i>naproxen oral tablet, delayed release (dr/lec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg (Anaprox DS)</i>	1	
<i>oxaprozin oral tablet 600 mg (Daypro)</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg (Feldene)</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg (Disalcid)</i>	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	(ketorolac)	3	PA; QL (1 per 6 days)
st joseph aspirin oral tablet, chewable 81 mg	(aspirin)	0	
st. joseph aspirin oral tablet, delayed release (dr/lec) 81 mg	(aspirin)	0	
sulindac oral tablet 150 mg, 200 mg		1	
tolmetin oral capsule 400 mg		1	
tolmetin oral tablet 200 mg, 600 mg		1	
tri-buffered aspirin oral tablet 325 mg	(aspirin, buffd-calcium carb-mag)	0	
Analgésicos, Varios			
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (90 per 1 day); AGE (Min 18 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	QL (12 per 1 day)
acetaminophen-codeine oral tablet 300-60 mg		1	QL (6 per 1 day)
ALFENTANIL INJECTION SOLUTION 500 MCG/ML		1	
ascomp with codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	1	QL (6 per 1 day)
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	1	
buprenorphine hcl injection syringe 0.3 mg/ml		1	
buprenorphine transdermal patch weekly 10 mcg/hour, 20 mcg/hour, 5 mcg/hour	(Butrans)	1	PA; QL (1 per 7 days)
buprenorphine transdermal patch weekly 15 mcg/hour, 7.5 mcg/hour	(Butrans)	1	PA NSO
butalbital compound w/codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	1	QL (6 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	1	QL (6 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		1	QL (6 per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR (buprenorphine)	3	PA; QL (1 per 7 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HOUR, 7.5 MCG/HOUR (buprenorphine)	3	PA NSO; QL (1 per 7 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	1	QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (6 per 1 day)
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML	3	
DEMEROL (PF) INJECTION SOLUTION 50 MG/ML (meperidine (pf))	3	
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	3	
DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)	3	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	1	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (1 per 3 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	QL (90 per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (184 per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (6 per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	1	QL (13 per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (5 per 1 day)
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)	1	
hydromorphone (pf)-0.9 % nacl intravenous solution 1 mg/ml	1	
hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	1	
hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 25 mg/25 ml	1	
hydromorphone injection solution 1 mg/ml, 2 mg/ml	1	
hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	1	PA; QL (1 per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	3	PA; QL (2 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	QL (4 per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML	3	
INFUMORPH P/F INJECTION (morphine (pf)) SOLUTION 25 MG/ML	3	
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	4	PA; QL (1 per 2 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>lorcet (hydrocodone) oral tablet 5- 325 mg</i>	(hydrocodone-acetaminophen) 1	QL (8 per 1 day)
<i>lorcet hd oral tablet 10-325 mg</i>	(hydrocodone-acetaminophen) 1	QL (6 per 1 day)
<i>lorcet plus oral tablet 7.5-325 mg</i>	(hydrocodone-acetaminophen) 1	QL (6 per 1 day)
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine injection cartridge 10 mg/ml</i>	1	
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (30 per 1 day)
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	QL (6 per 1 day)
<i>methadone injection solution 10 mg/ml</i>	1	
<i>methadone oral concentrate 10 mg/ml</i>	(Methadone Intensol) 1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methadone oral tablet 10 mg, 5 mg</i>	1	
<i>methadose oral tablet, soluble 40 mg</i>	(methadone) 1	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution 5 mg/ml</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>morphine (pf) injection solution 0.5 (Duramorph (PF)) mg/ml, 1 mg/ml</i>	1	
<i>morphine (pf) intravenous patient control analgesia soln 150 mg/30 ml</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor injection prefilled pump reservoir 1 mg/ml</i>	1	
<i>morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 125 mg/25 ml, 25 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	1	
<i>morphine in dextrose 5 % injection prefilled pump reservoir 1 mg/ml</i>	1	
<i>morphine in dextrose 5 % intravenous solution 1 mg/ml</i>	1	
<i>morphine injection solution 5 mg/ml</i>	1	
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous syringe 10 mg/ml, 8 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	1	ST; QL (2 per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	ST; QL (1 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL (2 per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	ST; QL (3 per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>oxycodone oral tablet 15 mg, 30 mg (Roxicodone)</i>	1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	ST; QL (2 per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	1	ST; QL (4 per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (60 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (12 per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (12 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	(oxycodone)	3	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>		1	ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>		1	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>		1	ST; QL (4 per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>		1	QL (12 per 1 day)
<i>tencon oral tablet 50-325 mg</i>	(butalbital-acetaminophen)	1	
<i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i>	(ConZip)	1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i>	(ConZip)	1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule,er biphase 24 hr 25-75 150 mg</i>		1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet 50 mg</i>		1	QL (8 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>		1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>		1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		1	QL (8 per 1 day); AGE (Min 18 Years)
<i>zebutal oral capsule 50-325-40 mg</i>	(butalbital-acetaminophen-caff)	1	
Anestésicos			
Anestesia Local			
ACCUCAINE KIT KIT 10 MG/ML (1 %)		1	
<i>ana-lex kit rectal kit 2-2 %</i>	(lidocaine-hydrocortisone-aloe)	3	
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i>	(Sensorcaine-MPF)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>bupivacaine (pf) injection solution 0.5 % (5 mg/ml)</i>	(Marcaine (PF))	1
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	(Sensorcaine-MPF)	3
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	(Marcaine)	1
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000</i>	(Sensorcaine-MPF/Epinephrine)	1
<i>bupivacaine-epinephrine (pf) injection solution 0.5 %-1:200,000</i>	(Marcaine-Epinephrine (PF))	1
<i>bupivacaine-epinephrine bitart injection cartridge 0.5 %-1:200,000</i>	(Marcaine-Epinephrine)	1
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	(Marcaine-Epinephrine)	1
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	(Nesacaine-MPF)	1
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)		3
<i>glydo mucous membrane jelly in applicator 2 %</i>	(lidocaine hcl)	1
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %		1
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	(Xylocaine-MPF)	1
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>		1
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	(Xylocaine)	1
<i>lidocaine hcl mucous membrane jelly 2 %</i>		1
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>		1
<i>lidocaine hcl topical cream 3 %</i>	(Lidopin)	1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-1 % (7 gram)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	ST
<i>lidocaine topical ointment 5 %</i>	1	ST
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:50,000</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	1	
<i>poloclaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
PRILOVIXIL TOPICAL KIT 2.5-2.5 %	1	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i>	1	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (2.5 MG/ML)	1	
<i>sensorcaine-mpf injection solution 0.75 % (7.5 mg/ml)</i>	3	
<i>sensorcaine-mpflepinephrine injection solution 0.25 %-1:200,000</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	3		
XYLOCAINE- MPF/EPINEPHRINE INJECTION SOLUTION 1 %- 1:200,000	(lidocaine-epinephrine (pf))	3	
Antagonistas De Metales Pesados			
Antagonistas De Metales Pesados			
CHEMET ORAL CAPSULE 100 MG	3		
<i>clovique oral capsule 250 mg</i> (trientine)	1		
<i>deferasirox oral tablet 360 mg, 90 mg</i> (Jadenu)	4	PA	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	4	PA; LA	
<i>deferiprone oral tablet 1,000 mg</i> (Ferriprox (2 times a day))	1	PA	
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	3	PA	
<i>deferoxamine injection recon soln 2 gram</i>	1		
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	1		
DEPEN TITRATABS ORAL TABLET 250 MG	(penicillamine)	3	LA
<i>d-penamine oral tablet 125 mg</i>	3		
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	(deferasirox)	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	(deferiprone)	3	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML		3	PA; LA
FERRIPROX ORAL TABLET 500 MG	(deferiprone)	3	PA; LA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	4	PA	
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	3		
<i>trientine oral capsule 250 mg</i> (Syprine)	1		

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VANDAZOLE VAGINAL GEL (metronidazole) 0.75 % (37.5MG/5 GRAM)	3	
Antibacterianos		
Aminoglicósidos		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; LA; QL (10 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
<i>tobramycin in 0.225 % nacl (Tobi) inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; LA; QL (5 per 1 day)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacteriales, Misceláneos		
<i>AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG</i>	3	QL (12 per 30 days)
<i>baciim intramuscular recon soln 50,000 unit (bacitracin)</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>clindamycin hcl oral capsule 150 mg, (Cleocin HCl) 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml (clindamycin palmitate hcl)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml (Cleocin)</i>	1	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	1	
<i>colistin (colistimethate na) injection (Coly-Mycin M Parenteral) recon soln 150 mg</i>	1	
<i>daptomycin intravenous recon soln 350 mg</i>	4	
<i>daptomycin intravenous recon soln 500 mg (Cubicin RF)</i>	4	
<i>FIRVANQ ORAL RECON SOLN 25 MG/ML</i>	1	QL (300 per 30 days)
<i>FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin)</i>	1	QL (600 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>fosfomycin tromethamine oral packet 3 gram</i> (Monurol)	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	4	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	PA; QL (2 per 1 day)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	4	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrodantin)	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	1	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	PA
<i>trimethoprim oral tablet 100 mg</i>	1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	3	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml, 750 mg/150 ml</i>	1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	1	PA; QL (40 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	1	QL (600 per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	PA
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (2 per 1 day)
Antibióticos B-Lactam Misceláneos		
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	3	
AZACTAM INJECTION RECON SOLN 2 GRAM (aztreonam)	3	
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84 per 56 days)
<i>doripenem intravenous recon soln 500 mg</i>	1	
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 500 mg/50 ml</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Cefalosporinas		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	3	
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	3	
<i>cefditoren pivoxil oral tablet 400 mg (Spectracef)</i>	1	
<i>cefixime oral capsule 400 mg (Suprax)</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)</i>	1	
<i>cefotaxime injection recon soln 1 gram</i>	1	
<i>cefotaxime injection recon soln 2 gram (Claforan)</i>	1	
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram</i> (Tazicef)	3	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (Tazicef)	1	
<i>ceftriaxone in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	3	
Macrólidos		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Zithromax)	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i> (Zithromax)	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (5 per 1 day)
DIFICID ORAL TABLET 200 MG	3	QL (20 per 30 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (erythromycin ethylsuccinate)	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i> (erythromycin)	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>erythrocin (as stearate) oral tablet 250 mg</i>	(erythromycin stearate)	3
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	(erythromycin lactobionate)	3
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	(E.E.S. Granules)	3
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	(EryPed 400)	3
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	(E.E.S. 400)	1
<i>erythromycin oral capsule, delayed release (dr/lec) 250 mg</i>		1
<i>erythromycin oral tablet 250 mg, 500 mg</i>		1
<i>erythromycin oral tablet, delayed release (dr/lec) 250 mg, 333 mg, 500 mg</i>	(Ery-Tab)	1
Penicilinas		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		1
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>		1
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		1
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>		1
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>		1
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	(Augmentin)	1
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	(Augmentin ES-600)	1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin-sulbactam injection recon (Unasyn) soln 1.5 gram, 15 gram, 3 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>nafcillin injection recon soln 10 gram</i>	1	
<i>nafcillin injection recon soln 2 gram</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	1	
<i>oxacillin intravenous recon soln 1 gram</i>	1	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	1	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
Quinolonas		
BAXDELA ORAL TABLET 450 MG	3	PA
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamidas		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral (Sulfatrim) suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral (Bactrim) tablet 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral (Bactrim DS) tablet 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml (sulfamethoxazole-trimethoprim)</i>	1	
Tetraciclinas		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg (doxycycline hyclate)</i>	1	
<i>doxycycline hyclate intravenous (Doxy-100) recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg (Morgodox)</i>	1	
<i>doxycycline hyclate oral capsule 50 mg (Morgodox)</i>	1	ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 75 mg</i>	1	ST; QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 75 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i> (Oracea)	3	ST; QL (1 per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin (mono))	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG	3	PA
NUZYRA (7 DAY) ORAL TABLET 150 MG	3	PA
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	QL (15 per 30 days)
NUZYRA ORAL TABLET 150 MG	3	PA
<i>okebo oral capsule 75 mg</i> (doxycycline monohydrate)	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
TYGACIL INTRAVENOUS RECON SOLN 50 MG (tigecycline)	3	
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	3	
Anticonceptivos		
Anticonceptivos		
<i>afirmelle oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)</i>	0	
AIMSCO LATEX CONDOM DEVICE	0	
<i>altavera (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)</i>	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)</i>	0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7) (l norgest/e.estradiol-e.estrad)</i>	0	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (l norgest/e.estradiol-e.estrad)</i>	0	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)</i>	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (l norgest/e.estradiol-e.estrad)</i>	0	QL (91 per 84 days)
<i>aubra oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)</i>	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg (norethindrone ac-eth estradiol)</i>	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg (norethindrone ac-eth estradiol)</i>	0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradiol-iron)</i>	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)</i>	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
aurovela fe 1-20 (28) oral tablet I mg-20 mcg (21)/75 mg (7) (norethindrone-e.estriol-iron)	0	
aviane oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	0	
ayuna oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	0	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estriol/e.estriol)	0	
balziva (28) oral tablet 0.4-35 mg-mcg	0	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estriol/e.estriol)	0	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estriol-iron)	0	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estriol-iron)	0	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estriol-iron)	0	
briellyn oral tablet 0.4-35 mg-mcg	0	
camila oral tablet 0.35 mg (norethindrone (contraceptive))	0	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7) (l norgest/e.estriol-e.estrad)	0	QL (91 per 84 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (l norgest/e.estriol-e.estrad)	0	QL (91 per 84 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	0	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (norethindrone-e.estriol-iron)	0	
chateal (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	0	
CONDOMS-PREM LUBRICATED DEVICE	0	
cryselle (28) oral tablet 0.3-30 mg-mcg (norgestrel-ethinyl estradiol)	0	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>cyred oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Loryna (28))	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	0	
<i>econtra ez oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
ELLA ORAL TABLET 30 MG		0	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>estarrylla oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	0	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
FANTASY CONDOM DEVICE	0	
FC2 FEMALE CONDOM	0	QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	0	
<i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (norethindrone-e.estriadiol-iron)	0	
<i>gemmafly oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estriadiol-iron)	0	
<i>gianvi (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
GYNOL II VAGINAL GEL 3 %	0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estriadiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estriadiol-iron)	0	
<i>hailey oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	0	
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	0	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	0	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>juleber oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (noreth-ethinyl estradiol-iron)	0	
<i>kalliga oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> (ethynodiol diac-eth estradiol)	0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i> (ethynodiol diac-eth estradiol)	0	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
KIMONO MAXX CONDOMS DEVICE	0	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	0	
KIMONO MICROTHIN CONDOMS DEVICE	0	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	0	
KIMONO TEXTURED CONDOMS DEVICE	0	
<i>kurvelo</i> (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	0	
<i>l norgestrel-estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	QL (91 per 84 days)
<i>l norgestrel-estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	0	QL (91 per 84 days)
<i>l norgestrel-estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>larissia oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (noreth-ethinyl estradiol-iron)	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>lessina oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	0	
<i>levonorgestrel oral tablet 1.5 mg</i> (EContra EZ)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Dolishale)	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	0	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	ST
<i>lojaimies oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	0	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estriadiol-iron)	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estriadiol-iron)	0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estriadiol-iron)	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estriadiol-iron)	0	
<i>mihi oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG	0	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>my way oral tablet 1.5 mg</i> (levonorgestrel)	0	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	ST
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
NEXPLANON SUBLERMAL IMPLANT 68 MG	0	QL (1 per 365 days)
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	0	
<i>norlyda oral tablet 0.35 mg</i>	0	
<i>(norethindrone (contraceptive))</i>		
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>(norethindrone-ethin estradiol)</i>		

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0		
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>nylia 1/35 (28) oral tablet 1-35 mg- mcg</i>	(norethindrone-ethin estradiol)	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0		
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>ocella oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>ogestrel (28) oral tablet 0.5-50 mg- mcg</i>	0		
<i>opcicon one-step oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	0		
<i>philith oral tablet 0.4-35 mg-mcg</i>	0		
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradol/e.estradol)	0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0		
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	0	QL (91 per 84 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	0	
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	
<i>tri-femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	0	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
TRUSTEX LATEX CONDOM DEVICE		0	
TRUSTEX LUBRICATED CONDOMS DEVICE		0	
TRUSTEX NON-LUB CONDOMS DEVICE		0	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE		0	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE		0	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>		0	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	(drospirenone-e.estradiol-lm.fa)	0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		0	
<i>vaginal contraceptive foam vaginal foam 12.5 %</i>		0	
<i>vcf contraceptive gel vaginal gel 4 %</i>		0	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		0	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
vyfemla (28) oral tablet 0.4-35 mg-mcg		0	
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
wera (28) oral tablet 0.5-35 mg-mcg		0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		0	
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	(noreth-ethinyl estradiol-iron)	0	
xulane transdermal patch weekly 150-35 mcg/24 hr		0	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr		0	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	0	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	0	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	0	
Anticonvulsivos			
Anticonvulsivos			
BANZEL ORAL SUSPENSION 40 MG/ML	(rufinamide)	2	PA; QL (80 per 1 day)
BANZEL ORAL TABLET 200 MG	(rufinamide)	2	PA; QL (16 per 1 day)
BANZEL ORAL TABLET 400 MG	(rufinamide)	2	PA; QL (8 per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Epitol)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral tablet 10 mg, 20 mg (Onfi)</i>	1	PA; QL (2 per 1 day)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	1	QL (1 per 1 day)
<i>diazepam rectal kit 2.5 mg (Diastat)</i>	1	QL (1 per 1 day)
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	3	
<i>divalproex oral capsule, delayed release 125 mg</i>	(Depakote Sprinkles)	1
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	1
<i>divalproex oral tablet,delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	1
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	ST; QL (30 per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	1	ST; QL (9 per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	1	ST; QL (6 per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
<i> gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i> gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i> gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
GABITRIL ORAL TABLET 12 MG (tiagabine)	3	QL (4 per 1 day)
GABITRIL ORAL TABLET 16 MG (tiagabine)	3	QL (3 per 1 day)
<i> lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (1200 per 30 days)
<i> lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (2 per 1 day)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	1	ST; QL (3 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	1	ST; QL (2 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	1	ST; QL (6 per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i> (Lamictal ODT)	1	QL (3 per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i> (Lamictal ODT)	1	QL (2 per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	1	QL (6 per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keprra)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keprra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keprra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keprra XR)	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (5 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3	PA; QL (2 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml</i>	3	
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	2	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	2	PA; QL (16 per 1 day)
<i>rufinamide oral tablet 200 mg</i>	2	PA; QL (16 per 1 day)
<i>rufinamide oral tablet 400 mg</i>	2	PA; QL (8 per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; QL (6 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	1	QL (4 per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	1	QL (3 per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	1	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	4	PA
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	4	PA
<i>VIMPAT ORAL SOLUTION 10 MG/ML</i> (lacosamide)	3	QL (1200 per 30 days)
<i>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</i> (lacosamide)	3	ST; QL (2 per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
Antidepresivos		
Antidepresivos		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	1	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg (Pristiq)	1	PA; QL (1 per 1 day)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
duloxetine oral capsule, delayed release(dr/lec) 20 mg, 30 mg, 60 mg (Cymbalta)	1	QL (2 per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	PA; QL (1 per 1 day)
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (1 per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (1 per 1 day)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	3	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5 ml (Paxil)</i>	1	ST
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)</i>	1	
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)	2	
<i>phenelzine oral tablet 15 mg (Nardil)</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>sertraline oral tablet 100 mg, 25 mg, (Zoloft) 50 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg (Parnate)</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL (1 per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL (1 per 1 day)
<i>vilazodone oral tablet 10 mg, 20 mg, (Viibryd) 40 mg</i>	1	QL (1 per 1 day)
Antifúngicos		
Antifúngicos		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>amphotericin b liposome intravenous (AmBisome) suspension for reconstitution 50 mg</i>	1	PA
BREXAFEMME ORAL TABLET 150 MG	3	PA
CANCIDAS INTRAVENOUS RECON SOLN 50 MG	3	
<i>ciclopirox topical cream 0.77 % (Ciclodan)</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 % (Loprox)</i>	1	
<i>ciclopirox topical solution 8 % (Ciclodan)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ciclopirox topical suspension 0.77 % (Loprox (as olamine))	1	
clotrimazole mucous membrane troche 10 mg	1	
clotrimazole topical cream 1 % (Antifungal (clotrimazole))	1	
clotrimazole topical solution 1 %	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	
clotrimazole-betamethasone topical lotion 1-0.05 %	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
ERTACZO TOPICAL CREAM 2 %	3	PA
EXELDERM TOPICAL CREAM (sulconazole) 1 %	3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	3	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml (Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg (Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral capsule 100 mg (Sporanox)	4	PA
itraconazole oral solution 10 mg/ml (Sporanox)	3	PA
ketoconazole oral tablet 200 mg	1	
ketoconazole topical cream 2 %	1	
ketoconazole topical foam 2 % (Ketodan)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan topical foam 2 %</i> (ketoconazole)	1	
<i>luliconazole topical cream 1 %</i> (Luzu)	1	PA
LUZU TOPICAL CREAM 1 % (luliconazole)	3	PA
MENTAX TOPICAL CREAM 1 % (buteenafine)	3	PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	3	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG (micafungin)	3	
<i>naftifine topical cream 1 %</i>	1	
<i>naftifine topical gel 1 %</i> (Naftin)	3	
NAFTIN TOPICAL GEL 1 % (naftifine)	3	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	4	PA
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
OXISTAT TOPICAL LOTION 1 %	3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	4	PA
SPORANOX ORAL SOLUTION 10 MG/ML	4	PA
sulconazole topical cream 1 %	3	
sulconazole topical solution 1 %	3	
terbinafine hcl oral tablet 250 mg	1	
voriconazole intravenous recon soln 200 mg	1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	4	PA
voriconazole oral tablet 200 mg, 50 mg	4	PA
XOLEGEL TOPICAL GEL 2 %	3	
Antihistamínicos		
Antihistamínicos		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine oral solution 1 mg/ml (All Day Allergy (cetirizine))	1	
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	3	ST; QL (10 per 1 day)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	ST; QL (2 per 1 day)
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg (Clarinex)	1	QL (1 per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1	ST; QL (1 per 1 day)
diphenhydramine hcl injection solution 50 mg/ml	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml (Diphen)</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml (Xyzal)</i>	1	QL (10 per 1 day)
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
Antimicobacteriales		
Antimicobacteriales		
<i>CAPASTAT INJECTION RECON SOLN 1 GRAM</i>	3	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	1	
<i>ethambutol oral tablet 400 mg (Myambutol)</i>	1	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM</i>	3	
<i>PRIFTIN ORAL TABLET 150 MG</i>	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg (Mycobutin)</i>	1	
<i>RIFAMATE ORAL CAPSULE 300-150 MG</i>	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
rifampin intravenous recon soln 600 mg (Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg	1	
RIFATER ORAL TABLET 50-120-300 MG	3	
TRECATOR ORAL TABLET 250 MG	3	
Antivirales (Sítémico)		
Antirretrovirales		
abacavir oral solution 20 mg/ml (Ziagen)	1	QL (900 per 30 days)
abacavir oral tablet 300 mg (Ziagen)	1	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg (Epzicom)	1	QL (30 per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg (Trizivir)	1	QL (30 per 30 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	4	PA
APTIVUS ORAL CAPSULE 250 MG	4	PA
atazanavir oral capsule 150 mg	1	QL (30 per 30 days)
atazanavir oral capsule 200 mg, 300 mg (Reyataz)	1	QL (30 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz-emtricitabin-tenofovir)	4	QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	QL (1 per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	QL (4 per 30 days); AGE (Min 18 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	QL (6 per 30 days); AGE (Min 18 Years)
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i>	(Apretude) 1	
CIMDUO ORAL TABLET 300-300 MG	3	QL (1 per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	4	PA
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (180 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (120 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	QL (1 per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg</i>	1	QL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	4	QL (1 per 1 day)
EDURANT ORAL TABLET 25 MG	4	PA
<i>efavirenz oral capsule 200 mg, 50 mg</i>	(Sustiva) 1	QL (30 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	(Atripla) 4	QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i>	(Symfi Lo) 3	
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	(Symfi) 3	
<i>emtricitabine oral capsule 200 mg</i>	(Emtriva) 4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	(Truvada) 4	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	(emtricitabine) 4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (720 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	4	PA
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	1	PA NSO
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	PA
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)	4	PA
INTELENCE ORAL TABLET 25 MG	4	PA
INVIRASE ORAL TABLET 500 MG	4	QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	4	QL (120 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET 400 MG	4	QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (120 per 30 days)
JULUCA ORAL TABLET 50-25 MG	4	QL (1 per 1 day)
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	4	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)	4	QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	PA NSO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	4	
<i>lamivudine oral tablet 150 mg</i> (Epivir)	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	1	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>lamivudine-zidovudine oral tablet</i> (Combivir) 150-300 mg	4	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	PA
<i>lopinavir-ritonavir oral solution 400-</i> (Kaletra) 100 mg/5 ml	1	QL (390 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25</i> (Kaletra) mg	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50</i> (Kaletra) mg	4	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300</i> (Selzentry) mg	1	PA
<i>nevirapine oral suspension 50 mg/5</i> ml	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended</i> <i>release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (12 per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (450 per 30 days)
ODEFSEY ORAL TABLET 200- 25-25 MG	4	PA
PIFELTRO ORAL TABLET 100 MG	4	QL (2 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (240 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	4	PA NSO; QL (30 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	4	QL (180 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	1	PA
<i>ritonavir oral tablet 100 mg (Norvir)</i>	1	QL (360 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	PA
SELZENTRY ORAL TABLET (maraviroc) 150 MG, 300 MG	4	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	4	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30 per 30 days)
SYMFY LO ORAL TABLET 400-300-300 MG (efavirenz-lamivu-tenofovir disop)	3	QL (1 per 1 day)
SYMFY ORAL TABLET 600-300-300 MG (efavirenz-lamivu-tenofovir disop)	3	QL (1 per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	PA
TEMIXYS ORAL TABLET 300-300 MG	3	QL (1 per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg (Viread)</i>	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf))	4	ST; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	LA; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	QL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	QL (180 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	QL (1800 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 per 30 days)
Antivirales Hcv		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA; LA
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA
EPCLUSA ORAL TABLET 200-50 MG	4	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	4	PA; LA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA
HARVONI ORAL TABLET 45-200 MG	4	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; LA
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA
Antivirales, Varios		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	1	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (40 per 183 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	1	QL (20 per 183 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (360 per 183 days)
PAXLOVID (EUA) ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days); AGE (Min 12 Years)
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (40 per 183 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA; LA
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)	1	QL (40 per 183 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)	1	QL (20 per 183 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	1	QL (360 per 183 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	2	QL (4 per 180 days)
Interferones		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	4	PA; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; LA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; LA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; LA
Nucleósidos Y Nucleótidos		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	
adefovir oral tablet 10 mg (Hepsera)	4	PA; LA
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	PA; LA
cidofovir intravenous solution 75 mg/ml	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	4	PA; LA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	4	PA NSO
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	4	PA NSO
<i>lagevrio (eua) oral capsule 200 mg</i>	1	QL (40 per 5 days); AGE (Min 18 Years)
REBETOL ORAL SOLUTION 40 MG/ML	4	PA
<i>ribasphere oral capsule 200 mg</i> (ribavirin)	4	PA
<i>ribasphere oral tablet 200 mg</i> (ribavirin)	4	PA
<i>ribasphere oral tablet 400 mg, 600 mg</i>	4	PA
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	4	PA
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	4	PA
<i>ribavirin oral capsule 200 mg</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	4	PA
VIRAZOLE INHALATION RECON SOLN 6 GRAM	4	PA
Dispositivos		
Dispositivos		
<i>BREEZE 2 TEST STRIPS STRIP</i>	2	
<i>CONTOUR NEXT LINK KIT</i>	2	
<i>CONTOUR NEXT TEST STRIPS</i> (blood sugar diagnostic)	2	
<i>CONTOUR TEST STRIPS STRIP</i> (blood sugar diagnostic)	2	
<i>FREESTYLE LIBRE 10 DAY READER</i>	2	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FREESTYLE LIBRE 10 DAY SENSOR KIT	2	PA
FREESTYLE LIBRE 14 DAY READER	2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA
FREESTYLE LIBRE 2 READER	2	PA
FREESTYLE LIBRE 2 SENSOR KIT	2	PA
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	2	PA
Preparaciones De Reemplazo		
Preparaciones De Reemplazo		
cytra k crystals oral packet 3,300-1,002 mg	1	
cytra-2 oral solution 500-334 mg/5 ml	(sodium citrate-citric acid)	1
cytra-3 oral solution 550-500-334 mg/5 ml	(pot,sodium citrate-citric acid)	1
cytra-k oral solution 1,100-334 mg/5 ml	(potassium citrate-citric acid)	1
effer-k oral tablet, effervescent 25 meq	(potassium bicarb-citric acid)	1
k-effervescent oral tablet, effervescent 25 meq	(potassium bicarb-citric acid)	1
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	1
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	3
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	1
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml		1
magnesium sulfate in water intravenous piggyback 4 gram/50 ml (8 %)		1
magnesium sulfate injection syringe 4 meq/ml		1

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>phospha 250 neutral oral tablet 250 mg</i> (sod phos di, mono-k phos mono)	1	
<i>phosphorous oral tablet 250 mg</i> (sod phos di, mono-k phos mono)	1	
<i>potassium citrate-citric acid oral solution 550-500-334 mg/5 ml</i> (Cytra-3)	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	1	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i> (Effer-K)	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i> (Cytra-K)	1	
<i>sodium acetate intravenous solution 2 meq/ml</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	1	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> (Cytra-2)	1	
<i>virtrate-2 oral solution 500-334 mg/5 ml</i> (sodium citrate-citric acid)	1	
<i>virtrate-3 oral solution 550-500-334 mg/5 ml</i> (pot,sodium citrate-citric acid)	1	
<i>virtrate-k oral solution 1,100-334 mg/5 ml</i> (potassium citrate-citric acid)	1	
<i>zinc sulfate oral capsule 50 mg zinc (220 mg)</i> (Orazinc)	1	

Productos Para La Tos Y Resfriado

Productos Para La Tos Y Resfriado

<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i> (brompheniramine-pseudoeph-dm)	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	1	
<i>cheratussin ac oral liquid 10-100 mg/5 ml</i> (codeine-guaifenesin)	1	AGE (Min 18 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	1	AGE (Min 18 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	QL (10 per 1 day); AGE (Min 18 Years)	
<i>hydrocodone-cpm-pseudoephed oral solution 5-4-60 mg/5 ml</i>	1	QL (20 per 1 day); AGE (Min 18 Years)	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	(Hydromet)	1	QL (30 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	1	QL (6 per 1 day)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	(hydrocodone-homatropine)	1	QL (30 per 1 day); AGE (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>		1	QL (30 per 1 day); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	(Promethazine VC-Codeine)	1	QL (30 per 1 day); AGE (Min 18 Years)

Productos

Sanguíneos/Modificadores/Expansores De Volumen

Agentes Hematológicos, Varios

ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 500 mg</i>	(Amicar)	1
<i>anagrelide oral capsule 0.5 mg</i>	(Agrylin)	1
<i>anagrelide oral capsule 1 mg</i>		1
CABLIWI INJECTION KIT 11 MG	4	PA
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	4	PA NSO; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	4	PA
OXBRYTA ORAL TABLET 500 MG	4	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	4	PA
PROFILNINE INTRAVENOUS RECON SOLN 500 (+/-) UNIT	4	PA NSO; LA
RIXUBIS INTRAVENOUS RECON SOLN 250 UNIT	4	PA NSO; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA
<i>tranexamic acid intravenous solution (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)</i>	4	
<i>tranexamic acid oral tablet 650 mg (Lysteda)</i>	1	
Anticoagulantes		
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 1 MG/ML	3	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
COUMADIN ORAL TABLET 1 (warfarin) MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 per 1 day)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution (Lovenox) 300 mg/3 ml</i>	1	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe (Lovenox) 100 mg/ml, 150 mg/ml</i>	1	QL (20 per 30 days)
<i>enoxaparin subcutaneous syringe (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	QL (16 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>enoxaparin subcutaneous syringe 30 (Lovenox) mg/0.3 ml</i>	1	QL (6 per 30 days)
<i>enoxaparin subcutaneous syringe 40 (Lovenox) mg/0.4 ml</i>	1	QL (8 per 30 days)
<i>enoxaparin subcutaneous syringe 60 (Lovenox) mg/0.6 ml</i>	1	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 10 mg/0.8 ml</i>	4	PA; QL (8 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 2.5 mg/0.5 ml</i>	4	PA; QL (5 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 5 mg/0.4 ml</i>	4	PA; QL (4 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 7.5 mg/0.6 ml</i>	4	PA; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	3	QL (7.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	3	QL (10 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	3	QL (5 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	3	QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	3	QL (7.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	QL (2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	3	QL (3 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)	4	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)	3	
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin lock flush (porcine) intravenous solution 10 unit/ml	4	
heparin lockflush(porcine)(pf) (heparin, porcine (pf)) intravenous syringe 100 unit/ml	4	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) intravenous (Heparin syringe 100 unit/ml LockFlush(Porcine)(P F))	4	
jantoven oral tablet 1 mg, 10 mg, 2 (warfarin) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin oral tablet 1 mg, 10 mg, 2 (Jantoven) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (20 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (2 per 1 day)
Inhibidores De Agregación De Plaquetas		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG	3	
BRILINTA ORAL TABLET 90 MG	3	QL (2 per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL (4 per 30 days)
<i>clopidogrel oral tablet 75 mg (Plavix)</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg (Effient)</i>	1	QL (1 per 1 day)
Modificadores De Formación De Sangre		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; LA
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; LA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	PA; LA
MULPLETA ORAL TABLET 3 MG	4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA
PROCRIIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; QL (1 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL (1 per 1 day)
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	4	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
Reemplazo/Modificadores De Enzima			
Reemplazo/Modificadores De Enzima			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	PA; LA	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA	
CHENODAL ORAL TABLET 250 MG	3		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	PA; LA	
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	4	PA; LA	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	PA; LA	
GALAFOLD ORAL CAPSULE 123 MG	4	PA	
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	(sapropterin)	4	PA
<i>javygtor oral tablet,soluble 100 mg</i>	(sapropterin)	4	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	4	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	4	PA; LA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	PA; LA	
<i>miglustat oral capsule 100 mg</i>	(Zavesca)	4	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	PA; LA	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (nitisinone)	4	PA; LA
ORFADIN ORAL CAPSULE 20 MG	4	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA; QL (5 per 1 day)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	4	PA
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	4	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 40 MG/ML	4	PA; LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 80 MG/0.8 ML	4	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA; QL (8 per 1 day)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	4	PA; LA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA
ZAVESCA ORAL CAPSULE 100 (miglustat) MG	4	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
Relajantes Musculares Esqueléticos		
Relajantes Musculares Esqueléticos		
atracurium intravenous solution 10 mg/ml	1	
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 250 mg, 350 (Soma) mg	1	
carisoprodol-aspirin oral tablet 200-325 mg	1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	QL (8 per 1 day)
chlorzoxazone oral tablet 500 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>cisatracurium intravenous solution 2 mg/ml (Nimbex)</i>	1	
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene intravenous recon soln 20 mg</i> (Revonto)	1	
<i>dantrolene oral capsule 25 mg (Dantrium)</i>	1	
<i>dantrolene oral capsule 50 mg</i>	1	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	
LORZONE ORAL TABLET 375 MG, 750 MG (chlorzoxazone)	3	
<i>metaxall oral tablet 800 mg (metaxalone)</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol injection solution 100 mg/ml (Robaxin)</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>revonto intravenous recon soln 20 mg (dantrolene)</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)</i>	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	1	
Soluciones Irrigantes		
Soluciones Irrigantes		
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
<i>sodium chloride irrigation solution 0.9 % (Aqua Care Sodium Chloride)</i>	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites	
Vitaminas Y Minerales			
Vitaminas Y Minerales			
cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)	(Vitamin D3)	0	AGE (Min 65 Years)
cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)	(D3 DOTS)	0	AGE (Min 65 Years)
cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit)	(Kids Vitamin D3)	0	AGE (Min 65 Years)
d3 dots oral tablet 50 mcg (2,000 unit)	(cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
delta d3 oral tablet 10 mcg (400 unit)	(cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg		1	
FERAHME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	(ferumoxytol)	4	PA
ferocon oral capsule 110-0.5 mg		1	
ferraplus 90 oral tablet 90-I-12-120-50 mg-mg-mcg-mg-mg		3	
ferrex 150 forte plus oral capsule 150-60-25-1 mg-mg-mcg-mg	(iron aspgly,ps-c-b12-fa-ca-suc)	3	
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	(sodium ferric gluconat-sucrose)	4	PA
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	(Fer-In-Sol)	0	AGE (Min 6 Months and Max 12 Months)
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml		0	AGE (Min 6 Months and Max 72 Months)
folbee oral tablet 2.5-25-1 mg	(folic acid-vit b6-vit b12)	1	
folbic oral tablet 2.5-25-2 mg	(folic acid-vit b6-vit b12)	1	
folic acid injection solution 5 mg/ml		3	
FOLIC ACID ORAL CAPSULE 0.8 MG	(FA-8)	0	
folic acid oral tablet 1 mg		1	
folic acid oral tablet 400 mcg, 800 mcg		0	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>folivane-f oral capsule 125-1-40-3 mg</i>	3	
<i>hematogen fa oral capsule 200-250-0.01-1 mg</i>	3	
<i>hematogen forte oral capsule 460-60-0.01-1 mg</i>	1	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
INFED INJECTION SOLUTION (iron dextran) 50 MG/ML	4	PA
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	4	PA; LA
IROSPAN 24/6 ORAL TABLET 65 MG-65 MG -1,000 MCG (24)	3	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	4	PA
<i>multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg</i> (iron aspgly-c-b12-ca-suc-stoma)	3	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	0	AGE (Min 6 Months and Max 72 Months)
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	3	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	3	
<i>thera-d oral tablet 50 mcg (2,000 unit)</i> (cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	4	PA
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) (cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	(cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	(cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
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PROLEUKIN	14	<i>ranitidine hcl</i>	87	FILTERED PLUS	110
PROLIA	62	<i>ranolazine</i>	50	RHOPHYLAC	110
PROMACTA	207	RAPAFLO	92	RHOPRESSA	126
<i>promethazine</i>	32, 188	RAPAMUNE	109	RIABNI	14
<i>promethazine-codeine</i>	201	<i>rasagiline</i>	36	<i>ribasphere</i>	197
<i>promethazine-dm</i>	201	RAYALDEE	62	<i>ribasphere ribapak</i>	197
<i>promethazine-phenyleph-</i> <i>codeine</i>	201	REBETOL	197	<i>ribavirin</i>	197
<i>promethazine-phenylephrine</i>	188	REBIF (WITH ALBUMIN)	67	<i>rifabutin</i>	188
<i>promethegan</i>	32	REBIF TITRATION PACK	67	RIFAMATE	188
<i>propafenone</i>	45	REBLOZYL	207	<i>rifampin</i>	189
<i>propantheline</i>	89	<i>reclipsen (28)</i>	173	RIFATER	189
<i>proparacaine</i>	133	RECOMBIVAX HB (PF)	123	<i>rilpivirine</i>	193
<i>propranolol</i>	47	RECTIV	137	<i>riluzole</i>	67
		REGONOL	137	<i>rimantadine</i>	195

RINVOQ	110	SANDOSTATIN LAR	SKLICE	85
RIOMET	25	DEPOT	SKYLA	174
RIOMET ER	25	SANTYL	SKYRIZI	110
risedronate	62	SAPHNELO	sodium acetate	200
RISPERDAL CONSTA	38	SAPHRIS	sodium bicarbonate	200
risperidone	38, 39	sapropterin	sodium chloride	69, 200, 211
ritonavir	193	SARAFEM	sodium chloride 0.45 %	200
RITUXAN	15	SARCLISA	sodium chloride 3 % hypertonic	
RITUXAN HYCELA	14	SAVELLA	sodium chloride 5 % hypertonic	
rivastigmine	24	scopolamine base	200
rivastigmine tartrate	24	SECUADO	sodium citrate-citric acid	200
RIXUBIS	202	selegiline hcl	sodium phenylbutyrate	89
rizatriptan	30	selenium sulfide	sodium polystyrene (sorb free)	89
roflumilast	69	SELZENTRY	sodium polystyrene sulfonate	89
romidepsin	15	SE-NATAL-19	solifenacin	93
ropinirole	36	SENSIPAR	SOLU-CORTEF ACT-O-	
ropivacaine (pf)	150	SENSORCAINE-MPF	VIAL (PF)	100
rosadan	84	sensorcaine-mpf	SOLU-MEDROL	100
ROSANIL	81	sensorcaine-mpflepinephrine	SOMATULINE DEPOT	103
rosuvastatin	55	SEREVENT DISKUS	SOMAVERT	103
ROTARIX	123	SEROSTIM	sorafenib	15
ROTATEQ VACCINE	123	sertraline	sorine	47
ROZLYTREK	15	setlakin	sotalol	47
RUBRACA	15	sevelamer carbonate	sotalol af	47
rufinamide	180	sf 5000 plus	SOVALDI	195
RUKOBIA	193	sharobel	SPIKEVAX (PF)	123
RYBELSUS	25	SHINGRIX (PF)	spinosad	85
RYBREVANT	15	SIGNIFOR	SPINRAZA (PF)	137
RYDAPT	15	sildenafil (pulm.hypertension)	SPIRIVA RESPIMAT	74
SABRIL	180	silodosin	SPIRIVA WITH	
SAIZEN	103	silver nitrate applicators	HANDIHALER	74
SAIZEN SAIZENPREP	103	silver sulfadiazine	spironolactone	57
sajazir	50	SIMBRINZA	spironolacton-hydrochlorothiaz	57
salicylic acid	81	simliya (28)	SPORANOX	187
salicylic acid-ceramides no.1	81	simpesse	sprintec (28)	174
salsalate	141	SIMPONI	SPRIX	142
SAMSCA	57	simvastatin	SPRYCEL	15
SANCUSO	33	sirolimus	sps (with sorbitol)	90
SANDIMMUNE	110	SIVEXTRO	sronyx	174

<i>ssd</i>	84	SUTENT	15	TASIGNA	16
<i>sski</i>	94	<i>syeda</i>	174	TAVALISSE	202
<i>sss 10-5</i>	81	SYLATRON	15	<i>tazicef</i>	157
<i>st joseph aspirin</i>	142	SYLVANT	15	TAZORAC	85
<i>st. joseph aspirin</i>	142	SYMBICORT	71	<i>taztia xt</i>	48
<i>stavudine</i>	193	SYMDEKO	69	TAZVERIK	16
STELARA	110, 111	SYMFI	193	TDVAX	123
STIOLTO RESPIMAT	74	SYMFI LO	193	TECENTRIQ	16
STIVARGA	15	SYMJEPI	51	TECFIDERA	67
<i>stop smoking aid</i>	21	SYMLINPEN 120	26	TEFLARO	158
STRENSIQ	209, 210	SYMLINPEN 60	26	TEGSEDI	137
<i>streptomycin</i>	153	SYMPROIC	90	TEKTURNA	59
STRIANT	95	SYMTUZA	193	TEKTURNA HCT	59
STRIBILD	193	SYNAGIS	195	<i>telmisartan</i>	52
STRIVERDI RESPIMAT	74	SYNAREL	103	<i>telmisartan-amlodipine</i>	52
SUBOXONE	22	SYNERA	151	<i>telmisartan-hydrochlorothiazid</i>	52
SUCRAID	210	SYNJARDY	26	<i>temazepam</i>	23
<i>sucralfate</i>	87	SYNJARDY XR	26	TEMIXYS	193
<i>sulconazole</i>	187	SYNRIBO	15	TEMODAR	16
<i>sulfacetamide sodium</i>		SYNTHROID	94	<i>temozolomide</i>	16
	81, 82, 128, 129	SYNVISC	137	<i>temsirolimus</i>	16
<i>sulfacetamide sodium (acne)</i>	84	SYNVISC-ONE	137	<i>tencon</i>	148
<i>sulfacetamide-sulfur</i>	82	TABLOID	15	<i>teniposide</i>	16
<i>sulfacetamide-prednisolone</i>	129	TABRECTA	16	TENIVAC (PF)	123
<i>sulfadiazine</i>	162	<i>tacrolimus</i>	79, 111	<i>tenofovir disoproxil fumarate</i>	193
<i>sulfamethoxazole-trimethoprim</i>	162	<i>tadalafil</i>	138	TEPADINA	16
SULFAMYLYON	82	<i>tadalafil (pulm. hypertension)</i>	138	TEPEZZA	133
<i>sulfasalazine</i>	61	TAFINLAR	16	TEPMETKO	16
<i>sulfatrim</i>	162	TAGRISSO	16	<i>terazosin</i>	92
<i>sulindac</i>	142	TAKHZYRO	137	<i>terbinafine hcl</i>	187
<i>sumatriptan</i>	30	TALTZ AUTOINJECTOR	111	<i>terbutaline</i>	74
<i>sumatriptan succinate</i>	30	TALTZ SYRINGE	111	<i>terconazole</i>	152
SUMAVEL DOSEPRO	30	TALZENNA	16	<i>teriparatide</i>	63
<i>sunitinib</i>	15	TAMIFLU	195	<i>testosterone</i>	95
SUPPRELIN LA	103	<i>tamoxifen</i>	16	<i>testosterone cypionate</i>	95
SUPRAX	157	<i>tamsulosin</i>	92	<i>testosterone enanthate</i>	95
SUPREP BOWEL PREP KIT	91	TARCEVA	16	TETANUS,DIPHTHERIA	
SUTAB	91	TARGETIN	16	TOX PED(PF)	124
		<i>tarina 24 fe</i>	174	TETCAINE	133
		<i>tarina fe 1/20 (28)</i>	174	<i>tetrabenazine</i>	67

<i>tetracaine hcl (pf)</i>	133	<i>tolcapone</i>	36	<i>tretinoiin (antineoplastic)</i>	17
<i>tetracycline</i>	163	<i>tolmetin</i>	142	<i>tretinoiin (emollient)</i>	85
TETRAVISC	133	<i>tolterodine</i>	93	<i>tretinoiin microspheres</i>	85
TEXACORT	79	<i>tolvaptan</i>	57	TRETIN-X	85
THALOMID	137	TOPICORT	79	TRETIN-X CREAM KIT	85
THEO-24	74	<i>topiramate</i>	181	<i>tri femynor</i>	174
<i>theochron</i>	74	<i>toposar</i>	16	<i>triamcinolone acetonide</i>	
<i>theophylline</i>	74, 75	<i>topotecan</i>	17	75, 79, 100
<i>theophylline in dextrose 5 %</i>	74	<i>toremifene</i>	17	<i>triamterene</i>	57
<i>thera-d</i>	213	TORISEL	17	<i>triamterene-hydrochlorothiazid</i>	57
<i>thioridazine</i>	39	<i>torsemide</i>	57	<i>trianex</i>	79
<i>thiotepa</i>	16	TOUJEON MAX U-300		<i>triazolam</i>	23
<i>thiothixene</i>	39	SOLOSTAR	28	<i>tri-buffered aspirin</i>	142
THYROLAR-1	94	TOUJEON SOLOSTAR U-300		<i>triderm</i>	79
THYROLAR-1/4	94	INSULIN	28	<i>trientine</i>	151
THYROLAR-2	94	TOVIAZ	93	<i>tri-estarrylla</i>	174
THYROLAR-3	94	TRACLEER	138	<i>trifluoperazine</i>	39
<i>tiagabine</i>	181	<i>tramadol</i>	148	<i>trifluridine</i>	129
TIBSOVO	16	<i>tramadol-acetaminophen</i>	148	<i>trihexyphenidyl</i>	36
TIGAN	33	<i>trandolapril</i>	58	TRIKAFTA	70
<i>tigecycline</i>	163	<i>trandolapril-verapamil</i>	58	<i>tri-legest fe</i>	174
TIGLUTIK	67	<i>tranexamic acid</i>	202	<i>tri-linyah</i>	174
<i>tilia fe</i>	174	TRANSDERM-SCOP	33	<i>tri-lo-estarrylla</i>	174
<i>timolol maleate</i>	47, 126	<i>tranylcypromine</i>	184	<i>tri-lo-marzia</i>	174
<i>tinidazole</i>	34	TRAVASOL 10 %	43	<i>tri-lo-sprintec</i>	174
TIVICAY	193	TRAVATAN Z	126	<i>trilyte with flavor packets</i>	91
TIVICAY PD	193	TRAZIMERA	17	<i>trimethobenzamide</i>	33
<i>tizanidine</i>	211	<i>trazodone</i>	184	<i>trimethoprim</i>	154
TOBRADEX	129	TREANDA	17	<i>tri-mili</i>	174
TOBRADEX ST	129	TRECATOR	189	<i>trimipramine</i>	184
<i>tobramycin</i>	129	TRELEGY ELLIPTA	75	TRINTELLIX	184
<i>tobramycin in 0.225 % nacl</i>	153	TRELSTAR	17	<i>tri-nymyo</i>	175
<i>tobramycin sulfate</i>	153	TREMFYA	111	<i>tri-previfem (28)</i>	175
<i>tobramycin-dexamethasone</i>	129	<i>treprostinil sodium</i>	138	TRIPTODUR	103
TOBREX	129	TRESIBA FLEXTOUCH U-		<i>tri-sprintec (28)</i>	175
TODAY		100	28	TRITOCIN	79
CONTRACEPTIVE		TRESIBA FLEXTOUCH U-		TRIUMEQ	193
SPONGE	174	200	28	TRIUMEQ PD	193
<i>tolazamide</i>	29	TRESIBA U-100 INSULIN	28	<i>trivora (28)</i>	175
<i>tolbutamide</i>	29	<i>tretinoiin</i>	85	<i>tri-vylibra</i>	175

<i>tri-vylibra lo</i>	175	UPLIZNA	68	VENCLEXTA STARTING	
TRODELVY	17	urea	82	PACK	18
TROGARZO	193	urea nail stick	82	venlafaxine	184
TROPHAMINE 10 %	43	URETRON D-S	154	VENOFER	213
<i>tropicamide</i>	133	uro-458	154	VENTAVIS	138
<i>trospium</i>	93	uro-mp	92	verapamil	48
TRULICITY	26	ursodiol	90	VERDESO	79
TRUMENBA	124	ustell	92	VEREGEN	82
TRUSELTIQ	17	UVADEX	82	VERIPRED 20	100
TRUSTEX LATEX CONDOM	175	VAGINAL CONTRACEPTIVE FILM	175	VERQUVO	51
TRUSTEX LUBRICATED CONDOMS	175	<i>vaginal contraceptive foam</i>	175	VERZENIO	18
TRUSTEX NON-LUB CONDOMS	175	valacyclovir	197	VESICARE	93
TRUSTEX-RIA LUB/SPERMICIDE	175	VALCHLOR	82	VESICARE LS	93
TRUSTEX-RIA NON-LUB CONDOMS	175	valganciclovir	197	vestura (28)	175
TRUVADA	194	valproate sodium	181	VIBERZI	90
TUDORZA PRESSAIR	75	valproic acid	181	VIBRAMYCIN (CALCIUM)	164
TUKYSA	17	valproic acid (as sodium salt)	181	VICTOZA	26
<i>tulana</i>	175	valrubicin	17	VIDEX 2 GRAM	194
TWINRIX (PF)	124	valsartan	52	PEDIATRIC	194
TWYNEO	85	valsartan-hydrochlorothiazide	52	VIDEX 4 GRAM	194
<i>tyblume</i>	175	VALSTAR	17	PEDIATRIC	194
<i>tydemy</i>	175	VALTOCO	181	vienna	175
TYGACIL	164	vancomycin	155	vigabatrin	181
TYKERB	17	vancomycin in 0.9 % sodium		VIIBRYD	184
TYMLOS	63	chl	155	VIJOICE	137
TYRVAYA	133	vancomycin in dextrose 5 %	155	vilazodone	184
TYSABRI	111	VANDAZOLE	152	VILTEPSO	137
TYZINE	133	VANTAS	103	VIMIZIM	210
UBRELVY	30	VAQTA (PF)	124	VIMPAT	181
UCERIS	61	varenicline	22	vinblastine	18
ULESFIA	85	VARIVAX (PF)	124	vincasar pfs	18
ULORIC	29	VARUBI	33	vincristine	18
ULTOMIRIS	111	<i>vcf contraceptive gel</i>	175	vinorelbine	18
UNITHROID	94	VECTIBIX	17	VIOKACE	210
UNITUXIN	17	VELCADE	18	viorele (28)	176
		VELETRI	138	VIRACEPT	194
		<i>velivet triphasic regimen (28)</i>	175	VIRAZOLE	197
		VEMLIDY	194	VIREAD	194
		VENCLEXTA	18	<i>virtrate-2</i>	200

<i>virtrate-3</i>	200	XIAFLEX	210	<i>zileuton</i>	72
<i>virtrate-k</i>	200	XIFAXAN	155	ZILRETTA	100
VITAMIN D3	213	XIGDUO XR	26	ZILXI	84
<i>vitamin d3</i>	214	XiIDRA	131	<i>zinc sulfate</i>	200
<i>vitamin k1</i>	214	XOFLUZA	196	ZIOPTAN (PF)	126
VIVITROL	22	XOLAIR	70	<i>ziprasidone hcl</i>	39
VIZIMPRO	18	XOLEGEL	187	<i>ziprasidone mesylate</i>	39
<i>volnea</i> (28)	176	XPOVIO	18	ZIRGAN	129
<i>voriconazole</i>	187	XTANDI	19	ZOKINVY	137
VOSEVI	195	xulane	176	ZOLADEX	19
VOTRIENT	18	XYLOCAINE-		<i>zoledronic acid</i>	63
VPRI	210	MPF/EPINEPHRINE	151	<i>zoledronic acid-mannitol-water</i>	63
VYEPTI	30	XYREM	63	<i>zoledronic ac-mannitol-0.9nacl</i>	63
<i>vyfemla</i> (28)	176	XYWAV	64	ZOLINZA	19
<i>vylibra</i>	176	YERVOY	19	<i>zolmitriptan</i>	31
VYNDAMAX	51	YONDELIS	19	<i>zolpidem</i>	64
VYNDAQEL	51	YONSA	19	ZOMACTON	103
VYONDYS-53	137	<i>yuvafem</i>	98	ZOMETA	63
VYVANSE	68	<i>zafemy</i>	176	<i>zonisamide</i>	181
VYXEOS	18	<i>zafirlukast</i>	72	ZORBTIVE	103
VYZULTA	126	<i> zaleplon</i>	64	ZORTRESS	111
<i>warfarin</i>	204	ZALTRAP	19	ZOSTAVAX (PF)	124
WELCHOL	55	ZANOSAR	19	<i>zovia 1-35</i> (28)	176
<i>wera</i> (28)	176	<i>zarah</i>	176	ZOVIRAX	83
WIDE-SEAL DIAPHRAGM		ZARXIO	207	<i>zumandimine</i> (28)	176
70	176	ZAVESCA	210	ZYCLARA	83
WINLEVI	83	<i>zebutal</i>	148	ZYDELIG	19
WINRHO SDF	111	ZEJULA	19	ZYKADIA	19
<i>wymzya fe</i>	176	ZELAPAR	36	ZYNLONTA	19
XALKORI	18	ZELBORAF	19	ZYTIGA	19
XARELTO	204, 205	<i>zenatane</i>	83		
XARELTO DVT-PE TREAT		ZENPEP	210		
30D START	204	<i>zenzedi</i>	68		
XATMEP	18	ZEPATIER	195		
XELJANZ	111	ZEPOSIA	68		
XELJANZ XR	111	ZEPOSIA STARTER KIT	68		
XEOMIN	137	ZEPOSIA STARTER PACK	68		
XEPI	84	ZEPZELCA	19		
XERMELO	90	<i>zidovudine</i>	194		
XGEVA	63	ZIEXTENZO	207		