



CDS Group Health
FORMULARIO DE NEVADA
Membresía Comercial



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Prominence[®]
Health Plan

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Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Agentes Anitnausea		
Agentes Anitnausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	5	PA
ANZEMET ORAL TABLET 100 MG	5	PA; QL (4 per 1 day)
ANZEMET ORAL TABLET 50 MG	5	PA; QL (8 per 1 day)
<i>aprepitant oral capsule 125 mg</i>	5	PA; QL (1 per 1 day)
<i>aprepitant oral capsule 40 mg</i> (Emend)	5	PA; QL (4 per 1 day)
<i>aprepitant oral capsule 80 mg</i> (Emend)	5	PA; QL (2 per 1 day)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	5	PA; QL (3 per 1 day)
CESAMET ORAL CAPSULE 1 MG	4	PA; QL (6 per 1 day)
<i>compro rectal suppository 25 mg</i>	2	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	4	QL (4 per 1 day)
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	4	QL (4 per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; QL (2 per 1 day)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	5	PA
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	5	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	5	
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (8 per 30 days)
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	QL (50 per 15 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i> (Aloxi)	2	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	2	
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	5	PA; QL (1 per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	2	

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

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	PA; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA; LA
BESPOUSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA; LA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BICNU INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	PA; LA
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA; LA
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA; LA
BOSULIF ORAL TABLET 100 MG	5	PA; LA; QL (4 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; LA; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	5	PA; LA; QL (28 per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	5	PA; LA; QL (112 per 21 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (1 per 1 day)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	2	PA; LA
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>cisplatin intravenous recon soln 50 mg</i>	2	PA; LA
<i>cisplatin intravenous solution 1 mg/ml</i>	2	PA; LA
<i>cladribine intravenous solution 10 mg/10 ml</i>	5	PA; LA
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	5	PA; LA
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	5	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)	5	PA; LA; QL (4 per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	5	PA; LA
COTELLIC ORAL TABLET 20 MG	5	PA; LA
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	2	PA NSO; LA
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	5	
CYCLOPHOSPHAMIDE ORAL CAPSULE 50 MG	5	LA
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA; LA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	PA; LA
<i>cytarabine injection solution 20 mg/ml</i>	2	PA; LA
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	2	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA
<i>daunorubicin intravenous recon soln 20 mg</i>	5	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	PA; LA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)</i>	5	PA; LA
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	5	PA; LA
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> (Adriamycin)	4	PA
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	4	PA
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	5	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	5	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	5	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	5	PA; LA
EMCYT ORAL CAPSULE 140 MG	4	LA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	5	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	5	PA; LA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; LA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	5	PA
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARESTON ORAL TABLET 60 MG	4	LA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; LA
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	PA; LA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; LA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	PA; LA; QL (1 per 30 days)
<i>floxuridine injection recon soln 0.5 gram</i>	4	PA; LA
<i>fludarabine intravenous recon soln 50 mg</i>	4	PA; LA
<i>fludarabine intravenous solution 50 mg/2 ml</i>	4	PA; LA
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA
<i>flutamide oral capsule 125 mg</i>	2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	PA; LA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA; LA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<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/5.26 ml (38 mg/ml)</i>	5	PA; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	5	PA; LA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	PA; LA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	PA
HEXALEN ORAL CAPSULE 50 MG	5	PA; LA
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	5	PA; LA
<i>hydroxyurea oral capsule 500 mg (Hydrea)</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA
ICLUSIG ORAL TABLET 15 MG	5	PA; LA; QL (2 per 1 day)
ICLUSIG ORAL TABLET 45 MG	5	PA; LA; QL (1 per 1 day)
<i>idarubicin intravenous solution 1 mg/ml (Idamycin PFS)</i>	5	PA; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram (Ifex)</i>	5	PA; LA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	5	PA; LA
<i>imatinib oral tablet 100 mg, 400 mg (Gleevec)</i>	5	PA; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; LA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	5	PA
INFUGEM INTRAVENOUS PIGGYBACK 1,900 MG/190 ML (10 MG/ML)	5	PA
INLYTA ORAL TABLET 1 MG	5	PA; LA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (2 per 1 day)
INREBIC ORAL CAPSULE 100 MG	5	PA
IRESSA ORAL TABLET 250 MG	5	PA; LA
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	5	PA; LA
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	PA; LA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (2 per 1 day)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	PA; LA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA; LA
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	5	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)	5	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; LA
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)	5	PA; LA
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	5	PA; LA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	PA; LA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA
<i>lipodox 50 intravenous suspension 2 mg/ml</i>	5	PA; LA
<i>lipodox intravenous suspension 2 mg/ml</i>	5	PA; LA
LONSURF ORAL TABLET 15-6.14 MG	4	PA; LA
LONSURF ORAL TABLET 20-8.19 MG	5	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA; LA
LYNPARZA ORAL CAPSULE 50 MG	5	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA; QL (120 per 30 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
LYSODREN ORAL TABLET 500 MG	4	LA
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA; LA
MATULANE ORAL CAPSULE 50 MG	5	PA; LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; LA
MEKTOVI ORAL TABLET 15 MG	5	PA
<i>melphalan hcl intravenous recon soln (Alkeran (as HCl)) 50 mg</i>	5	PA; LA
<i>mercaptapurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mitomycin intravenous recon soln 20 (Mutamycin) mg, 40 mg, 5 mg</i>	2	PA; LA
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	PA; LA
MUSTARGEN INJECTION RECON SOLN 10 MG	5	PA; LA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA; LA
NERLYNX ORAL TABLET 40 MG	5	PA; LA
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; QL (4 per 1 day)
<i>nilutamide oral tablet 150 mg (Nilandron)</i>	5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; LA
NIPENT INTRAVENOUS RECON SOLN 10 MG	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA; LA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA; LA
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	PA; LA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	PA; LA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	5	LA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	5	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)	5	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	5	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (1 per 1 day)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA; LA
<i>romidepsin intravenous recon soln</i> (Istodax) <i>10 mg/2 ml</i>	5	PA; LA
<i>romidepsin intravenous solution</i> 5 <i>mg/ml</i>	5	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; LA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	5	PA; LA; QL (2 per 1 day)
STIVARGA ORAL TABLET 40 MG	5	PA; LA; QL (3 per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (1 per 1 day)
SUTENT ORAL CAPSULE 37.5 MG	5	PA
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA; LA
TABLOID ORAL TABLET 40 MG	4	LA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA
<i>tamoxifen oral tablet</i> 10 mg, 20 mg	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA; LA; QL (1 per 1 day)
TARGRETIN TOPICAL GEL 1 %	5	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; LA; QL (4 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	5	PA; LA
<i>temsirrolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	5	PA; LA
<i>teniposide intravenous solution 50 mg/5 ml</i>	5	PA
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>toposar intravenous solution 20 mg/ml</i>	2	PA
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	5	PA; LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	PA; LA
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	PA
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA; LA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA; LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	PA; LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	LA
TYKERB ORAL TABLET 250 MG	5	PA; LA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA; LA
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA
<i>vinblastine intravenous solution 1 mg/ml</i>	5	PA; LA
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA NSO
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VOTRIENT ORAL TABLET 200 MG	5	PA; LA; QL (4 per 1 day)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; LA; QL (2 per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	QL (120 per 60 days); AGE (Max 12 Years)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4)	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA; LA; QL (4 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA; LA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA
YONSA ORAL TABLET 125 MG	5	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)	5	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	5	PA; LA
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA
ZELBORAF ORAL TABLET 240 MG	5	PA; LA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	5	PA; LA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; LA
ZYKADIA ORAL CAPSULE 150 MG	5	PA; LA
ZYKADIA ORAL TABLET 150 MG	5	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA; LA; QL (4 per 1 day)
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	2	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	PA; QL (3 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	2	QL (1 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i> (Suboxone)	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (3 per 1 day)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	max QL: 180 days/life
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	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)	1	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	
LUCEMYRA ORAL TABLET 0.18 MG	5	PA
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	3	QL (2 per 30 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	1	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
<i>nicorelief buccal gum 2 mg, 4 mg</i>	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Nicorelief)	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Nicorette)	1	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)	1	QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Stop Smoking Aid)	1	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)	1	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 22 mg/24 hr</i>	1	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	1	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	1	max QL: 180 days/life; QL (1008 per 90 days); AGE (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	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>	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	QL (3 per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Agentes Antiansiedad		
Benzodiacepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	2	
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	2	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)	2	
meprobamate oral tablet 200 mg, 400 mg	2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	2	
quazepam oral tablet 15 mg (Doral)	2	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)	2	
triazolam oral tablet 0.125 mg	2	
triazolam oral tablet 0.25 mg (Halcion)	2	
Agentes Anticolinérgicos		
Antimuscarínicos/Antiespasmódicos		
atropine injection solution 0.4 mg/ml	2	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	2	
Agentes Antidemencia		
Agentes Antidemencia		
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	2	
donepezil oral tablet, disintegrating 10 mg, 5 mg	2	
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg (Razadyne ER)	2	QL (30 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg (Razadyne)	2	QL (60 per 30 days)
memantine oral solution 2 mg/ml	2	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg (Namenda)	2	QL (60 per 30 days)
memantine oral tablets, dose pack 5-10 mg (Namenda Titration Pak)	2	QL (49 per 28 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr (Exelon)	2	QL (30 per 30 days)
Agentes Antidiabético		
Agentes Antidiabéticos, Varios		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG	4	
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
CYCLOSET ORAL TABLET 0.8 MG	4	ST
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (1 per 1 day)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; QL (2 per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (1 per 1 day)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	2	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	2	
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	3	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	2	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	2	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	2	ST

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
QTERN ORAL TABLET 10-5 MG, 5-5 MG	3	ST
<i>repaglinide oral tablet 0.5 mg</i>	2	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	2	
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML	4	
RIOMET ORAL SOLUTION 500 MG/5 ML	4	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	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	3	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	ST
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	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	3	ST
Insulinas		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	3	
NOVOLIN 70-30 FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70- 30)	3	QL (40 per 28 days)
NOVOLOG MIX 70- 30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
Sulfonilureas		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	2	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	2	
<i>glipizide-metformin oral tablet 2.5- 250 mg, 2.5-500 mg, 5-500 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	2	
<i>tolbutamide oral tablet 500 mg</i>	2	
Agentes Antigota		
Agentes Antigota, Otros		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	2	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	4	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	4	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	4	ST; QL (30 per 30 days)
Agentes Antimigraña		
Agentes Antimigraña		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	5	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	5	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	5	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	5	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL (2 per 5 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	2	QL (15 per 14 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	2	QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	2	ST; QL (2 per 5 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	5	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	5	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	4	QL (10 per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	4	ST
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	2	QL (3 per 5 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (3 per 5 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (3 per 5 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (3 per 5 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (3 per 5 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex)	2	QL (6 per 15 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	2	QL (3 per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (1 per 14 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	4	ST; QL (1 per 14 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	ST; QL (2 per 5 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	2	ST; QL (2 per 5 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	4	ST; QL (6 per 15 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Agentes Antiparasitarios		
Agentes Antiparasitarios		
<i>albendazole oral tablet 200 mg</i> (Albenza)	4	
ALBENZA ORAL TABLET 200 MG	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
DARAPRIM ORAL TABLET 25 MG	3	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	5	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	5	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PRIMAQUINE ORAL TABLET 26.3 MG	3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	3	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Agentes Antiparkinson		
Agentes Antiparkinson		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; LA; QL (2 per 1 day)
<i>benztropine injection solution 1 mg/ml</i> (Cogentin)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
INBRIJA INHALATION CAPSULE 42 MG	5	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	5	PA; QL (1 per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	2	
<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> (Mirapex ER)	2	ST
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	2	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg</i> (Requip XL)	2	QL (1 per 1 day)
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	QL (1 per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	4	QL (2 per 1 day)
Agentes Antipsicóticos		
Agentes Antipsicóticos		
<i>aripiprazole oral solution 1 mg/ml</i>	2	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	ST; QL (1 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	2	ST
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	QL (3 per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; QL (2 per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	5	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	

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

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	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>	2	QL (2 per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	4	ST; QL (2 per 1 day)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (2 per 1 day)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	3	

Agentes Calóricos

Agentes Calóricos

AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX E 2.75%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	
CLINIMIX E 4.25%/D25W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	
<i>cysteine (l-cysteine) intravenous solution 50 mg/ml</i> (Elcys)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	2	
<i>dextrose 50 % in water (d50w)</i> <i>intravenous parenteral solution</i>	2	
<i>dextrose 70 % in water (d70w)</i> <i>intravenous parenteral solution</i>	2	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	4	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Agentes Cardiovasculares		
Agentes Alfa-Adrenérgicos		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	2	LA
<i>phentolamine injection recon soln 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Agentes Antiarrítmicos		
ADENOSCAN INTRAVENOUS SOLUTION 3 MG/ML	4	
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i> (Adenoscan)	2	
<i>adenosine intravenous solution 3 mg/ml</i>	2	
<i>amiodarone intravenous solution 50 mg/ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	2	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i> (Corvert)	2	
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2%)</i>	2	PA
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%)</i>	2	PA
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4%), 8 mg/ml (0.8%)</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	5	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>quinidine gluconate injection solution 80 mg/ml</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Agentes Bloqueadores Beta-Adrenérgicos		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	2	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)	2	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	2	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	4	ST
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml)</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
LEVATOL ORAL TABLET 20 MG	4	
<i>metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg (Lopressor HCT)</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml (Lopressor)</i>	2	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i>	2	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Sorine)</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Agentes Bloqueadores Da Canal De Calcio		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	4	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadyt ER)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
Agentes Cardiovasculares, Varios		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (2 per 1 day)
DEMSER ORAL CAPSULE 250 MG	4	
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<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>	2	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	2	
<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>	2	
<i>ephedrine sulfate intravenous solution 50 mg/ml</i> (Akovaz)	2	
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	2	

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

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	4	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA
VYNDAQEL ORAL CAPSULE 20 MG	5	PA
Antagonistas De Receptores De Angiotensina Ii		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32- 25 mg</i> (Atacand HCT)	2	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320- 12.5 MG, 320-25 MG, 80-12.5 MG	4	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	4	
EDARBI ORAL TABLET 40 MG, 80 MG	4	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	ST
ENTRESTO ORAL TABLET 24- 26 MG, 49-51 MG, 97-103 MG	4	PA
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	2	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50- 12.5 mg</i> (Hyzaar)	2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	ST
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	ST

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	ST
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Dihidropiridinas		
<i>afeditab cr oral tablet extended release 30 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	2	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	ST
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	ST
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	ST
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedical xl oral tablet extended release 24hr 30 mg, 60 mg</i>	2	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	2	
<i>nifedipine oral capsule 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	2	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	2	
Dislipidémicos		
<i>amlodipine-atorvastatin oral tablet 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> (Caduet)	2	QL (1 per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	QL (1 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	2	QL (1 per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	ST; QL (1 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	PA; QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	4	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	2	ST
<i>fenofibrate oral tablet 160 mg</i>	2	ST
<i>fenofibrate oral tablet 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	2	ST
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	2	QL (2 per 1 day)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (1 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	ST
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (4 per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; LA
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML	5	PA; LA
<i>pravastatin oral tablet 10 mg, 80 mg</i>	2	QL (1 per 1 day)
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	2	QL (1 per 1 day)
<i>prevalite oral powder in packet 4 gram</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; LA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	2	QL (1 per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	2	QL (1 per 1 day)
<i>simvastatin oral tablet 5 mg</i>	2	QL (1 per 1 day)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	2	PA; QL (1 per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	4	
WELCHOL ORAL TABLET 625 MG	2	
Diuréticos		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	4	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
JYNARQUE ORAL TABLET 30 MG	5	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)	5	PA
<i>mannitol 20 % intravenous parenteral solution 20 %</i> (Osmitrol 20 %)	2	
<i>methyclothiazide oral tablet 5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	
SAMSCA ORAL TABLET 15 MG	5	PA; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	5	PA; QL (60 per 365 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>tolvaptan oral tablet 30 mg</i> (Jynarque)	5	PA; QL (60 per 365 days)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	2	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	2	
Inhibidores De Enzima Convertidoras De Angiotensina		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	2	
<i>benazepril oral tablet 5 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	2	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)	2	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	2	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	PA
Vasodilatadores		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
<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>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Minitran)	2	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i> (Nitrolingual)	2	
Agentes De Enfermedad Intestinal Inflamatoria		
Agentes De Enfermedad Intestinal Inflamatoria		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	PA
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	4	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i> (Entocort EC)	2	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)	2	ST
CANASA RECTAL SUPPOSITORY 1,000 MG	4	
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	4	
DIPENTUM ORAL CAPSULE 250 MG	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
GIAZO ORAL TABLET 1.1 GRAM	4	ST
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	2	
<i>mesalamine oral capsule (with delayed tablets) 400 mg</i> (Delzicol)	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)	2	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	4	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	2	
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG	4	ST
Agentes De Enfermedad Osea Metabólica		
Agentes De Enfermedad Osea Metabólica		
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>doxercalciferol intravenous solution</i> (Hectorol) 4 mcg/2 ml	5	
<i>doxercalciferol oral capsule</i> 0.5 mcg, 1 mcg, 2.5 mcg	2	PA
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	5	PA; LA; QL (2.4 per 28 days)
FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTUATION	4	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	4	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	5	
<i>ibandronate intravenous solution</i> 3 mg/3 ml	2	
<i>ibandronate intravenous syringe</i> 3 (Boniva) mg/3 ml	2	
<i>ibandronate oral tablet</i> 150 mg (Boniva)	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE	5	PA
NATPARA SUBCUTANEOUS CARTRIDGE 75 MCG/DOSE	5	PA; LA
<i>pamidronate intravenous recon soln</i> 30 mg, 90 mg	5	
<i>pamidronate intravenous solution</i> 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	5	
<i>paricalcitol hemodialysis port injection solution</i> 2 mcg/ml	2	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	2	
<i>paricalcitol oral capsule</i> 1 mcg, 2 (Zemplar) mcg	2	PA
<i>paricalcitol oral capsule</i> 4 mcg	2	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	5	PA; LA
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	PA; LA
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	ST; QL (1 per 30 days)
<i>risedronate oral tablet 30 mg</i>	2	ST
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	ST; QL (1 per 7 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	2	ST
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	QL (1 per 7 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; LA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; LA
<i>zoledronic acid intravenous recon soln 4 mg</i>	5	PA NSO; LA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	5	PA NSO; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	5	PA NSO; LA
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	5	PA NSO; LA
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	5	PA; LA
Agentes De Trastorno De Sueño		
Agentes De Trastorno De Sueño		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	ST; QL (1 per 1 day)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; LA
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	2	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML	4	
<i>pentobarbital sodium injection solution 50 mg/ml</i> (Nembutal Sodium)	2	
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (1 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	ST; QL (1 per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> (Intermezzo)	2	ST
Agentes Del Sistema Nervioso Central		
Agentes Del Sistema Nervioso Central		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; LA
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; LA; QL (1 per 1 day)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	5	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; LA; QL (14 per 28 days)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	5	PA; LA
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	QL (1 per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (2 per 1 day)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	2	QL (120 per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	2	QL (1800 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenzedi)	2	QL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenzedi)	2	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)	2	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (2 per 1 day)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; LA; QL (14 per 28 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; LA; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	5	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	5	PA; LA
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	QL (1 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>metadate er oral tablet extended release 20 mg</i>	2	QL (90 per 30 days)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	2	QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (2 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (2 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i> (Concerta)	2	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i> (Concerta)	2	
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	2	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	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	5	PA; LA; QL (1 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; LA; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	5	PA; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	5	PA; LA; QL (2 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	5	PA
VYVANSE ORAL CAPSULE 10 MG	4	ST
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	ST; QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	2	QL (90 per 30 days)
ZINBRYTA SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (1 per 28 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Agentes Del Tracto Respiratorio		
Agentes Del Tracto Respiratorio, Otros		
<i>acetylcysteine intravenous solution</i> (Acetadote) 200 mg/ml (20 %)	2	
<i>acetylcysteine solution</i> 100 mg/ml (10 %), 200 mg/ml (20 %)	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	PA; QL (1 per 1 day)
<i>doxapram intravenous solution</i> 20 mg/ml (Dopram)	2	
ESBRIET ORAL CAPSULE 267 MG	5	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	PA; LA
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG	5	PA; LA; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 75 MG	5	PA; LA
KALYDECO ORAL TABLET 150 MG	5	PA; LA; QL (2 per 1 day)
<i>nebusal inhalation solution for nebulization</i> 3 %	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; LA
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	2	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA
Antiinflamatorios, Corticoesteroides		
Inhalados		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	4	ST; QL (17.8 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	ST; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (13 per 30 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (7)	3	QL (1 per 7 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (1 per 14 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	2	QL (60 per 15 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	2	QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Symbicort)	3	QL (10.2 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (2 per 1 day)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (4 per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 30 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	QL (1 per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (17.4 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160- 4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (10.2 per 30 days)
Antileucotrinos		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	
Broncodilatadores		
<i>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</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	

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<i>aminophylline intravenous solution</i> <i>250 mg/10 ml, 500 mg/20 ml</i>	2	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	4	ST; QL (1 per 1 day)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	4	QL (60 per 15 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	
<i>elixophyllin oral elixir 80 mg/15 ml</i>	3	
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG	4	ST; QL (60 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	4	ST; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i> <i>solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation</i> <i>solution for nebulization 0.5 mg-3</i> <i>mg (2.5 mg base)/3 ml</i>	2	
<i>levalbuterol hcl inhalation solution</i> (Xopenex) <i>for nebulization 0.31 mg/3 ml, 0.63</i> <i>mg/3 ml, 1.25 mg/3 ml</i>	2	
<i>levalbuterol hcl inhalation solution</i> (Xopenex Concentrate) <i>for nebulization 1.25 mg/0.5 ml</i>	2	
<i>levalbuterol tartrate inhalation hfa</i> (Xopenex HFA) <i>aerosol inhaler 45 mcg/actuation</i>	2	
<i>metaproterenol oral syrup 10 mg/5</i> <i>ml</i>	2	
<i>metaproterenol oral tablet 10 mg, 20</i> <i>mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL (120 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	3	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (28 per 14 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (1 per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	ST
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	2	PA
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/250 ml</i>	2	
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	3	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	ST
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	4	ST; QL (1 per 30 days)
Agentes Dentales Y Orales		
Agentes Dentales Y Orales		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	2	
CLINPRO 5000 DENTAL PASTE 1.1 %	4	
<i>denta 5000 plus dental cream 1.1 %</i>	2	
<i>dentagel dental gel 1.1 %</i>	2	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	2	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	2	
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>triamcinolone acetonide dental paste</i> (Oralone) 0.1 %	2	
Agentes Dermatológicos		
Agentes Antiinflamatorios Dermatológicos		
<i>ala-cort topical cream</i> 1 %, 2.5 %	2	
<i>alclometasone topical cream</i> 0.05 %	2	
<i>alclometasone topical ointment</i> 0.05 %	2	
<i>amcinonide topical lotion</i> 0.1 %	2	
<i>amcinonide topical ointment</i> 0.1 %	2	
<i>betamethasone dipropionate topical cream</i> 0.05 %	2	
<i>betamethasone dipropionate topical lotion</i> 0.05 %	2	
<i>betamethasone dipropionate topical ointment</i> 0.05 %	2	
<i>betamethasone valerate topical cream</i> 0.1 %	2	
<i>betamethasone valerate topical foam</i> (Luxiq) 0.12 %	2	
<i>betamethasone valerate topical lotion</i> 0.1 %	2	
<i>betamethasone valerate topical ointment</i> 0.1 %	2	
<i>betamethasone, augmented topical cream</i> 0.05 %	2	
<i>betamethasone, augmented topical gel</i> 0.05 %	2	
<i>betamethasone, augmented topical lotion</i> 0.05 %	2	
<i>betamethasone, augmented topical ointment</i> 0.05 % (Diprolene)	2	
CAPEX TOPICAL SHAMPOO 0.01 %	4	
<i>clobetasol scalp solution</i> 0.05 %	2	
<i>clobetasol topical cream</i> 0.05 % (Temovate)	2	
<i>clobetasol topical foam</i> 0.05 % (Olux)	2	
<i>clobetasol topical gel</i> 0.05 %	2	
<i>clobetasol topical lotion</i> 0.05 % (Clobex)	2	
<i>clobetasol topical ointment</i> 0.05 % (Temovate)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
<i>cormax scalp solution 0.05 %</i>	2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	4	
DESONATE TOPICAL GEL 0.05 %	4	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	4	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	2	
<i>diflorasone topical ointment 0.05 %</i>	2	
ELIDEL TOPICAL CREAM 1 %	4	PA
EUCRISA TOPICAL OINTMENT 2 %	5	PA
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothie/FS Body Oil)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical cream (Cutivate) 0.05 %</i>	2	
<i>fluticasone propionate topical lotion (Beser) 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halcinonide topical cream 0.1 % (Halog)</i>	4	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
HALOG TOPICAL CREAM 0.1 %	4	
HALOG TOPICAL OINTMENT 0.1 %	4	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	
<i>hydrocortisone topical cream 1 % (Ala-Cort)</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 % (Analpram-HC)</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 % (Elidel)</i>	4	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	ST
TEXACORT TOPICAL SOLUTION 2.5 %	4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	4	ST
<i>triamcinolone acetonide topical cream 0.025 %</i>	2	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	
<i>trianex topical ointment 0.05 %</i>	2	
<i>triderm topical cream 0.1 %</i>	2	
VERDESO TOPICAL FOAM 0.05 %	4	
Agentes Dermatológicos, Otros		
ABSORICA ORAL CAPSULE 25 MG	4	PA
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	5	PA; LA
<i>acitretin oral capsule 17.5 mg</i>	5	PA; LA
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12 %</i> (Geri-Hydrolac)	2	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	2	PA
<i>azelaic acid topical gel 15 %</i> (Finacea)	4	PA
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	2	
<i>bp 10-1 topical cleanser 10-1 %</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	ST

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	ST
<i>calcipotriene topical ointment 0.005 %</i>	2	ST
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	2	
<i>calcitrene topical ointment 0.005 %</i>	2	ST
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	ST
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
<i>cleansing wash topical cleanser 10-4-10 %</i>	2	
DENAVIR TOPICAL CREAM 1 %	4	
<i>doxepin topical cream 5 %</i> (Prudoxin)	2	QL (45 per 30 days)
<i>exoderm topical lotion 25-1 %</i>	2	
FINACEA TOPICAL GEL 15 %	4	PA
FLUOROPLEX TOPICAL CREAM 1 %	4	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	4	PA NSO
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>formadon topical solution with applicator 10 %</i>	2	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	4	PA
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	PA; QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem)	2	PA
<i>isotretinoin oral capsule 30 mg</i> (Claravis)	2	PA
<i>lactic acid e topical cream 10 %</i>	2	
<i>lactic acid topical lotion 10 %</i>	2	
<i>latrix topical suspension 50 %</i>	2	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PANRETIN TOPICAL GEL 0.1 %	5	PA; LA
PICATO TOPICAL GEL 0.015 %	5	PA; QL (3 per 28 days)
PICATO TOPICAL GEL 0.05 %	5	PA; QL (2 per 28 days)
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	4	PA
<i>remeven topical cream 50 %</i>	2	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	4	
<i>salacyn topical lotion 6 %</i>	2	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i>	2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	2	
<i>salicylic acid topical foam 6 %</i> (Salvax)	2	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	2	
<i>salicylic acid topical lotion 6 %</i>	2	
<i>salicylic acid topical shampoo 6 %</i> (Salex)	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
<i>seb-prev topical cleanser 10 %</i>	2	
<i>sss 10-5 topical foam 10-5 %</i>	2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	2	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	2	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	2	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	2	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	2	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
<i>urea nail stick topical solution 50 %</i>	2	
<i>urea topical cream 39 %</i> (Uredeb)	2	
<i>urea topical foam 35 %</i> (Hydro 35)	2	
<i>urea topical gel 40 %</i>	2	
<i>urea topical gel 45 %</i> (CEM-Urea)	2	
UVADEX INJECTION SOLUTION 20 MCG/ML	5	PA
VALCHLOR TOPICAL GEL 0.016 %	5	PA; LA
VEREGEN TOPICAL OINTMENT 15 %	4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
ZOVIRAX TOPICAL CREAM 5 %	4	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	4	PA
Antibacterianos Dermatológicos		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	4	PA
ALTABAX TOPICAL OINTMENT 1 %	4	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	2	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	2	PA
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	4	
CORTISPORIN TOPICAL OINTMENT 1 %	4	PA
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	2	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin calcium topical cream 2 %</i>	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	2	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	4	ST
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>selenium sulfide topical shampoo</i> 2.25 %	2	
<i>silver nitrate applicators topical</i> <i>stick</i> 75-25 %	2	
<i>silver sulfadiazine topical cream</i> 1 % (SSD)	2	
<i>ssd topical cream</i> 1 %	2	
<i>sulfacetamide sodium (acne) topical</i> (Klaron) <i>suspension</i> 10 %	2	
XEPI TOPICAL CREAM 1 %	4	ST
Escabicidas Y Pediculicidas		
EURAX TOPICAL CREAM 10 %	4	
<i>lindane topical shampoo</i> 1 %	2	
<i>malathion topical lotion</i> 0.5 % (Ovide)	2	
<i>permethrin topical cream</i> 5 % (Elimite)	2	
SKLICE TOPICAL LOTION 0.5 %	4	
<i>spinosad topical suspension</i> 0.9 % (Natroba)	2	
Retinoides Dermatológicos		
<i>adapalene topical cream</i> 0.1 % (Differin)	2	PA
<i>adapalene topical gel</i> 0.1 %, 0.3 % (Differin)	2	PA
<i>adapalene topical lotion</i> 0.1 % (Differin)	2	PA
ALTRENO TOPICAL LOTION 0.05 %	2	PA
<i>avita topical cream</i> 0.025 %	2	PA
<i>avita topical gel</i> 0.025 %	2	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
<i>tretinoin (emollient) topical cream</i> (Refissa) 0.05 %	2	PA
<i>tretinoin microspheres topical gel</i> (Retin-A Micro) 0.04 %, 0.1 %	2	PA
<i>tretinoin topical cream</i> 0.025 % (Avita)	2	PA
<i>tretinoin topical cream</i> 0.05 %, 0.1 % (Retin-A)	2	PA
<i>tretinoin topical gel</i> 0.01 % (Retin-A)	2	PA
<i>tretinoin topical gel</i> 0.025 % (Avita)	2	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	4	PA
TRETIN-X TOPICAL CREAM 0.0375 %	4	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
TRETIN-X TOPICAL CREAM 0.075 %	4	
Agentes Gastrointestinales		
Agentes Antiúlceras Y Supresores De Ácidos		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	QL (112 per 10 days)
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	4	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral (Nexium Packet) granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	4	ST; QL (1 per 1 day)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg (Acid Controller)</i>	2	
<i>famotidine oral tablet 40 mg (Pepcid)</i>	2	
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg (Heartburn Treatment 24 Hour)</i>	2	
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg (Prevacid)</i>	2	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg (Prevacid SoluTab)</i>	2	PA
<i>misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)</i>	2	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (1 per 1 day)
<i>omeprazole oral capsule,delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	2	
<i>pantoprazole intravenous recon soln (Protonix) 40 mg</i>	2	
<i>pantoprazole oral tablet,delayed release (drlec) 20 mg, 40 mg (Protonix)</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	4	ST
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	ST; QL (1 per 1 day)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Agentes Gastrointestinales, Otros		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA; QL (2 per 1 day)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	4	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; LA
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	PA
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	5	PA
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
<i>generlac oral solution 10 gram/15 ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	
<i>glycopyrrolate intravenous syringe 1 mg/5 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Levsin/SL)	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	4	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	4	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (1 per 1 day)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	2	
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	QL (1 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	4	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; LA; QL (1 per 1 day)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	2	
<i>oscimin oral tablet 0.125 mg</i>	2	
<i>oscimin oral tablet, disintegrating 0.125 mg</i>	2	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	2	
<i>propantheline oral tablet 15 mg</i>	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA
<i>sodium phenylbutyrate oral powder (Buphenyl) 0.94 gram/gram</i>	5	PA NSO; LA
<i>sodium phenylbutyrate oral tablet (Buphenyl) 500 mg</i>	5	PA
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
SYMPROIC ORAL TABLET 0.2 MG	4	ST
<i>ursodiol oral capsule 300 mg (Actigall)</i>	2	
<i>ursodiol oral tablet 250 mg (URSO 250)</i>	2	
<i>ursodiol oral tablet 500 mg (URSO Forte)</i>	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	4	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Enlaces De Fosfato		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>lanthanum oral tablet, chewable</i> (Fosrenol) 1,000 mg, 500 mg, 750 mg	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
RENAGEL ORAL TABLET 400 MG, 800 MG	3	
REVELA ORAL TABLET 800 MG	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	3	
<i>sevelamer hcl oral tablet 400 mg</i>	2	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	2	
Laxantes		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	4	ST; QL (320 per 365 days)
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	(\$0 copay for age 50-75)
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	(\$0 copay for age 50-75)
<i>gavilyte-h and bisacodyl oral kit 5-210 mg-gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	(\$0 copay for age 50-75)
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	4	ST; (\$0 copay for age 50-75)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	4	ST; (\$0 copay for age 50-75)
OSMOPREP ORAL TABLET 1.5 GRAM	4	ST; (\$0 copay for age 50-75)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	(\$0 copay for age 50-75)
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Gavilyte-C)	2	(\$0 copay for age 50-75)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	(\$0 copay for age 50-75)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	ST
POLYETHYLENE GLYCOL 3350(BULK) POWDER	2	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	4	ST; (\$0 copay for age 50-75)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	ST; (\$0 copay for age 50-75)
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	(\$0 copay for age 50-75)
Agentes Genitourinarios		
Agentes Genitourinarios, Varios		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	ST
<i>finasteride oral tablet 5 mg</i> (Proscar)	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	2	
<i>phenazopyridine oral tablet 100 mg</i> (Pyridium)	2	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	ST
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	4	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	2	
<i>ustell oral capsule 120-0.12 mg</i>	2	
Antiespasmódicos, Urinario		
<i>bethanechol chloride oral tablet 10 mg, 5 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>bethanechol chloride oral tablet 25 mg, 50 mg</i> (Urecholine)	2	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	ST
<i>flavoxate oral tablet 100 mg</i>	2	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	4	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	4	ST; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	3	ST
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	4	ST
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	ST
<i>tropium oral tablet 20 mg</i>	2	ST
VESICARE ORAL TABLET 10 MG, 5 MG	4	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</i>	2	
<i>iodopen intravenous solution 100 mcg/ml</i>	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>levothyroxine intravenous recon soln</i> 100 mcg, 200 mcg, 500 mcg	3	
<i>levothyroxine intravenous solution</i> 100 mcg/ml, 20 mcg/ml, 40 mcg/ml	3	
<i>levothyroxine oral tablet 100 mcg,</i> (Euthyrox) 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine intravenous solution 10</i> (Triostat) <i>mcg/ml</i>	2	
<i>liothyronine oral tablet 25 mcg, 5</i> (Cytomel) <i>mcg, 50 mcg</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
<i>sski oral solution 1 gram/ml</i>	4	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	4	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	4	
THYROLAR-2 ORAL TABLET 25-100 MCG	4	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
Andrógenos		
ANADROL-50 ORAL TABLET 50 MG	4	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	4	PA; QL (1 per 1 day)
<i>androxy oral tablet 10 mg</i>	3	QL (120 per 30 days)
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)	4	PA; QL (6 per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
METHITEST ORAL TABLET 10 MG	4	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	PA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG	4	PA; QL (2 per 1 day)
<i>testosterone cypionate</i> (Depo-Testosterone) <i>intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	QL (10 per 30 days)
<i>testosterone enanthate</i> <i>intramuscular oil 200 mg/ml</i>	2	QL (5 per 30 days)
<i>testosterone transdermal gel in</i> (Fortesta) <i>metered-dose pump 10 mg/0.5 gram lactuation</i>	4	PA; QL (4 per 1 day)
<i>testosterone transdermal gel in</i> (Vogelxo) <i>metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	3	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in</i> (AndroGel) <i>metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	3	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in</i> (AndroGel) <i>packet 1% (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in</i> (AndroGel) <i>packet 1% (50 mg/5 gram)</i>	3	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in</i> (AndroGel) <i>packet 1.62% (20.25 mg/1.25 gram)</i>	3	PA; QL (2.5 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/actuation (1.5 ml)</i>	3	PA; QL (6 per 1 day)
Estrógenos Y Antiestrógenos		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	QL (1 per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	QL (2 per 7 days)
<i>dotti 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>	2	
DUAVEE ORAL TABLET 0.45-20 MG	4	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	4	
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol 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> (Dotti)	2	
<i>estradiol transdermal patch weekly 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</i> (Climara)	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>estradiol valerate intramuscular oil</i> (Delestrogen) 20 mg/ml, 40 mg/ml	2	
<i>estradiol-norethindrone acet oral tablet</i> (Amabelz) 0.5-0.1 mg, 1-0.5 mg	1	
<i>estropipate oral tablet</i> 0.75 mg, 1.5 mg, 3 mg	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet</i> 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
<i>jinteli oral tablet</i> 1-5 mg-mcg	2	
<i>lopreeza oral tablet</i> 0.5-0.1 mg, 1-0.5 mg	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	QL (1 per 7 days)
<i>mimvey lo oral tablet</i> 0.5-0.1 mg	2	
<i>mimvey oral tablet</i> 1-0.5 mg	2	
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	4	QL (2 per 7 days)
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	4	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet</i> 60 mg (Evista)	1	QL (1 per 1 day)
<i>yuvafem vaginal tablet</i> 10 mcg	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Glucocorticoides/Mineralocorticoides		
<i>a-hydrocort injection recon soln 100 mg</i>	4	
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML	4	
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML	4	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>cortisone oral tablet 25 mg</i>	4	
<i>deltasone oral tablet 20 mg</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>dexpak 10 day oral tablets,dose pack 1.5 mg (35 tabs)</i>	4	
<i>dexpak 13 day oral tablets,dose pack 1.5 mg (51 tabs)</i>	4	
<i>dexpak 6 day oral tablets,dose pack 1.5 mg (21 tabs)</i>	4	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
KENALOG INJECTION SUSPENSION 10 MG/ML	4	
<i>methylprednisolone acetate injection</i> (Depo-Medrol) <i>suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16</i> (Medrol) <i>mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets,dose</i> (Medrol (Pak)) <i>pack 4 mg</i>	2	
<i>methylprednisolone sodium succ</i> <i>injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ</i> (Solu-Medrol) <i>intravenous recon soln 1,000 mg</i>	2	
MILLIPRED ORAL SOLUTION 10 MG/5 ML	4	
MILLIPRED ORAL TABLET 5 MG	4	
<i>prednisolone sodium phosphate oral</i> <i>solution 10 mg/5 ml, 15 mg/5 ml (3</i> <i>mg/ml), 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral</i> (Veripred 20) <i>solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral</i> (Pediapred) <i>solution 5 mg base/5 ml (6.7 mg/5</i> <i>ml)</i>	2	
<i>prednisolone sodium phosphate oral</i> (Orapred ODT) <i>tablet,disintegrating 10 mg, 15 mg,</i> <i>30 mg</i>	2	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg,</i> <i>2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablets,dose pack 5</i> <i>mg</i>	2	
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	4	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	4	
Pituitario		
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT (Novarel)	5	PA
DDAVP INJECTION SOLUTION 4 MCG/ML	4	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; LA; QL (2 per 1 day)
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	5	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; LA
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)	5	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	5	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)	5	PA; LA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	5	PA; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	5	PA; LA
<i>octreotide acetate injection solution (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	PA; LA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; LA
ORILISSA ORAL TABLET 150 MG, 200 MG	5	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	5	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; LA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	5	PA; LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 6 MG	5	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; LA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	5	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	5	PA; LA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; LA
Progestinas		
<i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i>	5	PA; LA
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i>	1	QL (1 per 90 days)
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>syringe 150 mg/ml</i>	1	QL (1 per 90 days)
<i>medroxyprogesterone oral tablet 10</i> (Provera) <i>mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10</i> <i>ml (40 mg/ml), 625 mg/5 ml (125</i> <i>mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5</i> (Aygestin) <i>mg</i>	2	
<i>progesterone intramuscular oil 50</i> <i>mg/ml</i>	2	
<i>progesterone micronized oral</i> (Prometrium) <i>capsule 100 mg, 200 mg</i>	2	
Agentes Inmunológicos		
Agentes Inmunológicos		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
AZASAN ORAL TABLET 100 MG, 75 MG	4	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	5	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; LA; QL (1 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; LA
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	
<i>cyclosporine modified oral capsule 50 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; LA; QL (3.92 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; LA; QL (1 per 7 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; LA; QL (2.04 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; LA; QL (3.92 per 28 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; LA; QL (3.92 per 28 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA; LA
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	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 %)	5	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>gengraf oral solution 100 mg/ml</i>	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; LA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; LA
HUMIRA PEN CROHNS-UC- HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; LA
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; LA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	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	5	PA; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; LA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; LA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	5	PA
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	5	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	5	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	5	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %)	5	PA; LA
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	5	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; LA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	5	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	5	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	2	PA
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	2	ST
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	5	PA
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; LA; QL (1 per 7 days)
OTEZLA ORAL TABLET 30 MG	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	5	
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	5	PA NSO
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	5	PA NSO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 30 days)
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	2	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML)	5	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	5	PA NSO
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; LA; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA
Vacunas		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
AFLURIA 2016-2017 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	AGE (Min 5 Years)
AFLURIA 2016-2017 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	AGE (Min 9 Years)
AFLURIA 2017-2018 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
AFLURIA 2017-2018 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	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	1	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	1	QL (0.5 per 180 days)
AFLURIA QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG/0.5 ML	1	AGE (Min 18 Years)
AFLURIA QUAD 2016-2017 INTRAMUSCULAR SUSPENSION 60 MCG/0.5 ML	1	AGE (Min 18 Years)
AFLURIA QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
AFLURIA QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	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	1	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	1	QL (0.5 per 180 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	QL (1 per 365 days); AGE (Min 16 Years and Max 23 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 18 Years)
EZ FLU 2016-17 (FLUVIRIN) (PF) INTRAMUSCULAR SYRINGE KIT 45 MCG (15 MCG X 3)/0.5 ML	1	AGE (Min 4 Years)
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
EZ FLU16-17(FLUZON QD PED)(PF) INTRAMUSCULAR SYRINGE KIT 30 MCG (7.5MCG X4)/0.25 ML	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLUAD 2016-2017 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUAD 2017-2018 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	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	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUARIX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUARIX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUBLOK 2016-2017 (PF) INTRAMUSCULAR SOLUTION 135 MCG (45 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK 2017-2018 (PF) INTRAMUSCULAR SOLUTION 135 MCG (45 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	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	1	QL (0.5 per 180 days)
FLUCELVAX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	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	1	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	1	QL (0.5 per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLULAVAL QUAD 2016-2017 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLULAVAL QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUMIST QUAD 2016-2017 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	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	1	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUVIRIN 2016-2017 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLUVIRIN 2016-2017 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUVIRIN 2017-2018 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)
FLUVIRIN 2017-2018 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE HIGH-DOSE 2016-17 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE 2017-18 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE INTRADERM QUAD 2016-17 INTRADERMAL SYRINGE 36 MCG/0.1 ML	1	QL (1 per 180 days); AGE (Min 18 Years and Max 64 Years)
FLUZONE INTRADERM QUAD 2017-18 INTRADERMAL SYRINGE 36 MCG/0.1 ML	1	QL (0.1 per 180 days); AGE (Min 18 Years)
FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2016-2017 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	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	1	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	1	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD PEDI 2016-17 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLUZONE QUAD PEDI 2017-18 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	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	1	QL (1 per 180 days)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF- MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
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	1	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 65 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 65 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (0.5 per 365 days); AGE (Min 65 Years)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	1	QL (2 per 365 days); AGE (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days); AGE (Min 50 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION 81 MG	5	PA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 16 Years and Max 23 Years)
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	QL (1 per 365 days); AGE (Min 60 Years)
Agentes Oftálmicos		
Agentes Antiglaucoma		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	4	QL (2 per 1 day)
<i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>	2	
<i>dorzolamide-timolol (pf) (Cosopt (PF)) ophthalmic (eye) dropperette 2-0.5 %</i>	2	QL (2 per 1 day)
<i>dorzolamide-timolol ophthalmic (Cosopt) (eye) drops 22.3-6.8 mg/ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	2	
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (1 per 12 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 % (Isopto Carpine)	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	ST; QL (5 per 30 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 % (Timoptic)	2	
<i>timolol maleate ophthalmic (eye) drops, once daily</i> 0.5 % (Istalol)	2	
<i>timolol maleate ophthalmic (eye) gel forming solution</i> 0.25 %, 0.5 % (Timoptic-XE)	2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	4	QL (1 per 12 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	ST; QL (5 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	QL (1 per 1 day)
Agentes Para Los Ojos, Oídos, Nariz, Garganta		
Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta		
<i>acetazolhc otic (ear) drops</i> 1-2 %	2	
<i>acetic acid otic (ear) solution</i> 2 %	2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	ST
<i>bacitracin ophthalmic (eye) ointment</i> 500 unit/gram	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>bacitracin-polymyxin b ophthalmic (Polycin)</i> <i>(eye) ointment 500-10,000</i> <i>unit/gram</i>	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	ST
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10- 0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	4	
<i>ciprofloxacin hcl ophthalmic (eye) (Ciloxan)</i> <i>drops 0.3 %</i>	2	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10- 0.5 MG/ML	4	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10- 0.5 MG/ML	4	
<i>erythromycin ophthalmic (eye)</i> <i>ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops (Zymaxid)</i> <i>0.5 %</i>	2	
<i>gentak ophthalmic (eye) ointment</i> <i>0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i> <i>0.3 %</i>	2	
<i>gentamicin ophthalmic (eye) (Gentak)</i> <i>ointment 0.3 % (3 mg/gram)</i>	2	
<i>hydrocortisone-acetic acid otic</i> <i>(ear) drops 1-2 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops</i> <i>0.5 %</i>	2	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	4	ST

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i> (Polytrim)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	3	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	4	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	4	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	4	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>budesonide nasal spray,non-aerosol 32 mcglactuation</i> (Rhinocort Allergy)	2	ST; QL (43 per 75 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	2	QL (25 per 30 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) drops 0.01 %	2	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) drops,suspension 0.1 %	2	
<i>flurbiprofen sodium ophthalmic</i> (eye) drops 0.03 %	2	
<i>fluticasone propionate nasal</i> (24 Hour Allergy <i>spray,suspension 50 mcglactuation</i> Relief)	2	QL (16 per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
<i>ketorolac ophthalmic (eye) drops</i> (Acular LS) 0.4 %	2	
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic</i> (Lotemax) (eye) drops,suspension 0.5 %	2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
<i>mometasone nasal spray,non-aerosol</i> (Nasonex) 50 mcglactuation	2	
<i>nasal allergy nasal aerosol,spray</i> 55 mcg	2	QL (11 per 20 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	4	ST; QL (5 per 12 days)
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	4	
<i>prednisolone acetate ophthalmic</i> (Pred Forte) (eye) drops, suspension 1 %	2	
<i>prednisolone sodium phosphate</i> ophthalmic (eye) drops 1 %	2	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	PA
<i>triamcinolone acetonide nasal</i> (Nasal Allergy) aerosol, spray 55 mcg	2	QL (11 per 20 days)
VEXOL OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	4	
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	4	
<i>altacaine ophthalmic (eye) drops</i> 0.5 %	2	
<i>apraclonidine ophthalmic (eye)</i> drops 0.5 %	2	
<i>atropine ophthalmic (eye) drops 1</i> (Isopto Atropine) %	2	
<i>azelastine nasal aerosol, spray 137</i> mcg (0.1 %)	2	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol</i> 0.15 % (205.5 mcg)	2	QL (60 per 30 days)
<i>azelastine ophthalmic (eye) drops</i> 0.05 %	2	
<i>azelastine-fluticasone nasal</i> (Dymista) spray, non-aerosol 137-50 mcg/spray	4	ST; QL (23 per 30 days)
<i>balanced salt intraocular solution</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	
<i>ciprofloxacin-fluocinolone otic</i> (Otovel) (ear) solution 0.3-0.025 % (0.25 ml)	4	ST
<i>cromolyn ophthalmic (eye) drops 4</i> %	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; LA
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	4	ST; QL (23 per 30 days)
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %	4	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	2	
<i>homatropine hbr ophthalmic (eye) drops 5 %</i> (Homatropaire)	2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	4	PA
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	4	ST
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	2	ST; QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i> (Pataday)	2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	4	ST
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA
PATADAY OPHTHALMIC (EYE) DROPS 0.2 %	4	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	2	
TETCAINE OPHTHALMIC (EYE) DROPS 0.5 %	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	2	
TETRAVISC OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	4	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	2	
TYZINE NASAL DROPS 0.1 %	4	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	4	
Agentes Terapeuticos		
Misceláneos		
Agentes Terapeuticos Misceláneos		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; LA
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; LA
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	5	
<i>amytal injection recon soln 500 mg</i>	4	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; LA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	5	PA
CABLIVI INJECTION KIT 11 MG	5	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	LA
<i>dehydrated alcohol injection solution 98 %</i>	2	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	5	PA NSO
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>droperidol injection solution 2.5 mg/ml</i>	2	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	5	PA
ELMIRON ORAL CAPSULE 100 MG	4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; LA
<i>ergoloid oral tablet 1 mg</i>	2	
<i>finasteride oral tablet 1 mg</i> (Propecia)	2	PA
FIRDAPSE ORAL TABLET 10 MG	5	PA
<i>formaldehyde topical solution with applicator 10 %</i>	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	4	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	4	
<i>guanidine oral tablet 125 mg</i>	2	
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	5	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	5	PA
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	2	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	5	PA; LA
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	
<i>levocarnitine intravenous solution 200 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	5	PA
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	5	PA; LA
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	2	PA; LA
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	5	PA NSO
MESNEX ORAL TABLET 400 MG	5	PA
<i>methylene blue (antidote) intravenous solution 1% (10 mg/ml)</i>	2	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	2	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; LA
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i> (Bloxiverz)	2	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 1 MG/ML (Bloxiverz)	2	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	2	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	4	
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	5	PA
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML (Pitocin)	4	
<i>physostigmine salicylate injection solution 1 mg/ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	4	
<i>pyridostigmine bromide oral tablet</i> 30 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release 180 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	
REGONOL INJECTION SOLUTION 5 MG/ML	4	
SARAFEM ORAL TABLET 10 MG, 20 MG	4	
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	5	PA; LA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	5	PA
SYNVISC-ONE INTRA- ARTICULAR SYRINGE 48 MG/6 ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QL (2 per 1 day)
ULESFIA TOPICAL LOTION 5 %	4	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	5	PA
Agentes Vasodilatadores		
Agentes Vasodilatadores		
ADCIRCA ORAL TABLET 20 MG	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (1 per 1 day)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	5	PA; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; LA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; LA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (3 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Adcirca)	5	PA; LA
<i>tadalafil oral tablet 2.5 mg, 20 mg, 5 mg</i> (Cialis)	5	PA; LA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; LA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; LA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	5	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; LA
Analgésicos		
Agentes Antiinflamatorios No Esteroides		
<i>aspirin low dose oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	1	
<i>aspirin oral tablet, chewable 81 mg</i> (Children's Aspirin)	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Aspir-Trin)	1	
<i>aspirin oral tablet, delayed release (drlec) 81 mg</i> (Aspirin Low Dose)	1	
<i>aspir-low oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>aspir-trin oral tablet, delayed release (drlec) 325 mg</i>	1	
CAMBIA ORAL POWDER IN PACKET 50 MG	4	QL (3 per 10 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	
<i>child aspirin oral tablet, chewable 81 mg</i>	1	
<i>children's aspirin oral tablet, chewable 81 mg</i>	1	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	2	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	2	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	2	PA; QL (100 per 1 day)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>e.c. prin oral tablet, delayed release (drlec) 325 mg</i>	1	
<i>ecotrin oral tablet, delayed release (drlec) 325 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenopropfen oral capsule 400 mg</i> (Nalfon)	4	
<i>fenopropfen oral tablet 600 mg</i> (Nalfon)	2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	4	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	2	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	2	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>ketorolac nasal spray, non-aerosol</i> (Sprix) 15.75 mg/spray	4	PA; QL (1 per 6 days)
<i>ketorolac oral tablet 10 mg</i>	2	
<i>lo-dose aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	2	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	
<i>naproxen sodium oral tablet 275 mg</i>	2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	2	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	2	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	4	PA; QL (1 per 6 days)
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	
<i>st. joseph aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	
Analgésicos, Varios		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (90 per 1 day); AGE (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (12 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>acetaminophen-codeine oral tablet</i> (Tylenol-Codeine #3) 300-30 mg	2	QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	2	QL (6 per 1 day)
<i>alfentanil injection solution</i> 500 mcg/ml	2	
<i>ascomp with codeine oral capsule</i> 30-50-325-40 mg	2	QL (6 per 1 day)
<i>buprenorphine hcl injection solution</i> (Buprenex) 0.3 mg/ml	2	
<i>buprenorphine hcl injection syringe</i> 0.3 mg/ml	2	
<i>buprenorphine transdermal patch</i> (Butrans) weekly 10 mcg/hour, 20 mcg/hour, 5 mcg/hour	2	PA; QL (1 per 7 days)
<i>buprenorphine transdermal patch</i> (Butrans) weekly 15 mcg/hour, 7.5 mcg/hour	2	PA NSO
<i>butalbital compound w/codeine oral capsule</i> 30-50-325-40 mg	2	QL (6 per 1 day)
<i>butalbital compound-codeine oral capsule</i> 30-50-325-40 mg	2	QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-300-40-30 mg (Fioricet with Codeine)	2	QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	2	QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet</i> (Tencon) 50-325 mg	2	
<i>butalbital-acetaminophen-caff oral capsule</i> 50-300-40 mg (Fioricet)	2	
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg (Zebutal)	2	
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg (Esgic)	2	
<i>butalbital-aspirin-caffeine oral capsule</i> 50-325-40 mg (Fiorinal)	2	
<i>butalbital-aspirin-caffeine oral tablet</i> 50-325-40 mg	2	
<i>butorphanol tartrate injection solution</i> 1 mg/ml, 2 mg/ml	2	
<i>butorphanol tartrate nasal spray, non-aerosol</i> 10 mg/ml	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	4	PA; QL (1 per 7 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HOUR, 7.5 MCG/HOUR	4	PA NSO; QL (1 per 7 days)
<i>capacet oral capsule 50-325-40 mg</i>	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	2	QL (6 per 1 day)
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML	4	
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	4	
DEMEROL INJECTION SOLUTION 50 MG/ML	4	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	2	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i> (Duragesic)	2	PA; QL (1 per 3 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (90 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (184 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	2	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	2	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (12 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	2	QL (13 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	2	QL (12 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i>	2	QL (6 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	2	QL (6 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	2	QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	QL (5 per 1 day)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	2	
<i>hydromorphone (pf)-0.9% nacl intravenous solution 1 mg/ml</i>	2	
<i>hydromorphone in 0.9% nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	2	
<i>hydromorphone in 0.9% nacl injection pt controlled analgesia syringe 25 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	2	
<i>hydromorphone in 0.9% nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	2	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	4	PA; QL (2 per 1 day)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QL (4 per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	5	PA; QL (1 per 2 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (8 per 1 day)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (6 per 1 day)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (6 per 1 day)
<i>margesic oral capsule 50-325-40 mg</i>	2	
<i>marten-tab oral tablet 50-325 mg</i>	2	
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i> (Demerol (PF))	2	
<i>meperidine (pf) injection solution 25 mg/ml</i>	2	
<i>meperidine injection cartridge 10 mg/ml</i>	2	
<i>meperidine oral solution 50 mg/5 ml</i>	2	QL (30 per 1 day)
<i>meperidine oral tablet 100 mg</i> (Demerol)	2	QL (6 per 1 day)
<i>meperidine oral tablet 50 mg</i>	2	QL (6 per 1 day)
<i>methadone injection solution 10 mg/ml</i>	2	
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	2	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	2	
<i>methadose oral tablet, soluble 40 mg</i>	2	
<i>morphine (pf) in 0.9% sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	2	
<i>morphine (pf) in 0.9% sod chl intravenous solution 5 mg/ml</i>	2	
<i>morphine (pf) in 0.9% sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)</i>	2	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Duramorph (PF))	2	
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	
<i>morphine in 0.9% sodium chlor injection prefilled pump reservoir 1 mg/ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>morphine in 0.9% sodium chlor injection pt controlled analgesia syringe 125 mg/25 ml, 25 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	2	
<i>morphine in 0.9% sodium chlor intravenous prefilled pump reservoir 50 mg/50 ml (1 mg/ml)</i>	2	
<i>morphine in 0.9% sodium chlor intravenous pt controlled analgesia syringe 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml)</i>	2	
<i>morphine in 0.9% sodium chlor intravenous solution 1 mg/ml</i>	2	
<i>morphine in dextrose 5% injection prefilled pump reservoir 1 mg/ml</i>	2	
<i>morphine in dextrose 5% intravenous solution 1 mg/ml</i>	2	
<i>morphine injection solution 10 mg/ml, 15 mg/ml, 5 mg/ml</i>	2	
MORPHINE INJECTION SYRINGE 10 MG/ML	2	
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	2	
<i>morphine intravenous solution 10 mg/ml, 8 mg/ml</i>	2	
<i>morphine intravenous syringe 10 mg/ml, 8 mg/ml</i>	2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	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>	2	ST; QL (1 per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> (Kadian)	2	ST; QL (2 per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	2	ST; QL (3 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA
OPANA INJECTION SOLUTION 1 MG/ML	4	
<i>oxycodone oral capsule 5 mg</i>	2	
<i>oxycodone oral concentrate 20 mg/ml</i>	2	
<i>oxycodone oral solution 5 mg/5 ml</i>	2	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	2	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	2	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	2	ST; QL (2 per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	2	ST; QL (4 per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	PA; QL (60 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	2	QL (12 per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (12 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	4	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	2	ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	2	ST; QL (4 per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	2	QL (12 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>reprexain oral tablet 10-200 mg</i>	2	QL (5 per 1 day)
<i>tencon oral tablet 50-325 mg</i>	2	
<i>tramadol oral capsule, er biphasic 24 hr 17-83 300 mg</i> (ConZip)	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule, er biphasic 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule, er biphasic 24 hr 25-75 150 mg</i>	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	2	QL (8 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (8 per 1 day); AGE (Min 18 Years)
<i>xylon 10 oral tablet 10-200 mg</i>	2	QL (5 per 1 day)
ZAMICET ORAL SOLUTION 10-325 MG/15 ML	4	QL (184 per 1 day); AGE (Min 18 Years)
<i>zebutal oral capsule 50-325-40 mg</i>	2	
Anestésicos		
Anestesia Local		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	2	
<i>ana-lex kit rectal kit 2-2 %</i>	4	
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i> (Sensorcaine-MPF)	2	
<i>bupivacaine (pf) injection solution 0.5 % (5 mg/ml)</i> (Marcaine (PF))	2	
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i> (Sensorcaine-MPF)	4	
<i>bupivacaine injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i> (Marcaine)	2	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000</i> (Sensorcaine-MPF/Epinephrine)	2	
<i>bupivacaine-epinephrine (pf) injection solution 0.5 %-1:200,000</i> (Marcaine-Epinephrine (PF))	2	
<i>bupivacaine-epinephrine bitart injection cartridge 0.5 %-1:200,000</i> (Marcaine-Epinephrine)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i> (Marcaine-Epinephrine)	2	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i> (Nesacaine-MPF)	2	
CIDALEAZE TOPICAL CREAM 3 %	2	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	4	
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	2	
<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)	2	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	2	
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)</i>	2	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-1 % (7 gram)</i>	2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	2	ST
<i>lidocaine topical ointment 5 %</i>	2	ST
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000</i>	(Xylocaine Dental-Epinephrine)	2
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	(Xylocaine with Epinephrine)	2
<i>lidocaine-epinephrine injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>		2
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>		2
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>		2
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %		2
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>		2
PRILOVIXIL TOPICAL KIT 2.5-2.5 %		2
<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>	(Naropin (PF))	2
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (2.5 MG/ML)		2
<i>sensorcaine-mpf injection solution 0.75 % (7.5 mg/ml)</i>		4
<i>sensorcaine-mpfepinephrine injection solution 0.25 %-1:200,000</i>		2
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG		4
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000		4
Antagonistas De Metales Pesados		
Antagonistas De Metales Pesados		
CHEMET ORAL CAPSULE 100 MG		4
<i>clovique oral capsule 250 mg</i>		2

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>deferasirox oral tablet 360 mg, 90 mg</i> (Jadenu)	5	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	PA; LA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	2	
DEPEN TITRATABS ORAL TABLET 250 MG	4	LA
<i>d-penamamine oral tablet 125 mg</i>	4	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; LA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	4	
<i>trientine oral capsule 250 mg</i> (Clovique)	2	
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
VANDAZOLE VAGINAL GEL 0.75 %	4	
Antibacterianos		
Aminoglicósidos		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	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>	2	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	5	PA; LA; QL (10 per 1 day)
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	2	
<i>tobramycin in 0.225 % nacl (Tobi) inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; LA; QL (5 per 1 day)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
Antibacteriales, Misceláneos		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	4	QL (12 per 30 days)
<i>baciim intramuscular recon soln 50,000 unit</i>	2	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	
<i>daptomycin intravenous recon soln 350 mg</i>	5	
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	5	
FIRVANQ ORAL RECON SOLN 25 MG/ML	2	QL (300 per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	2	QL (600 per 30 days)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	PA; QL (2 per 1 day)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	5	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	2	
MONUROL ORAL PACKET 3 GRAM	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	2	
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	4	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	4	PA
SIVEXTRO ORAL TABLET 200 MG	4	PA
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>ur n-c oral tablet 81.6-10.8-40.8 mg</i>	2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	4	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	2	
<i>uro-blue oral tablet 81.6-40.8-0.12 mg</i>	2	
<i>vancomycin in 0.9% sodium chl intravenous solution 1.5 gram/500 ml, 750 mg/150 ml</i>	2	
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	2	PA; QL (40 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	2	QL (600 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PA
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (2 per 1 day)
Antibióticos B-Lactam Misceláneos		
AZACTAM INJECTION RECON SOLN 2 GRAM	4	
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; QL (84 per 56 days)
DORIBAX INTRAVENOUS RECON SOLN 500 MG	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>doripenem intravenous recon soln 500 mg</i>	2	
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram</i> (Merrem)	2	
<i>meropenem-0.9% sodium chloride intravenous piggyback 500 mg/50 ml</i>	2	
Cefalosporinas		
<i>cefactor oral capsule 250 mg, 500 mg</i>	2	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	4	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	4	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	2	
<i>cefixime oral capsule 400 mg</i> (Suprax)	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	
<i>cefotaxime injection recon soln 10 gram, 2 gram</i> (Claforan)	2	
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefotetan intravenous recon soln 10 gram</i>	2	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram</i> (Tazicef)	4	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftibuten oral capsule 400 mg</i>	4	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	4	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> (Keflex)	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
Macrólidos		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	2	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	4	QL (20 per 30 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	2	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	2	
KETEK ORAL TABLET 300 MG, 400 MG	4	PA
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	4	
ZMAX ORAL SUSPENSION, EXTENDED REL RECON 2 GRAM/60 ML	4	
Penicilinas		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet, er multiphase 24 hr 775 mg</i> (Moxatag)	4	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	2	
<i>nafcillin injection recon soln 2 gram</i>	3	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	2	
<i>oxacillin intravenous recon soln 1 gram</i>	2	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin-tazobactam intravenous (Zosyn) recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
Quinolonas		
BAXDELA ORAL TABLET 450 MG	4	PA
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	2	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
FACTIVE ORAL TABLET 320 MG	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg</i>	2	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod. ace, sul-water intravenous piggyback 400 mg/250 ml</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamidas		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	PA
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	2	
Tetraciclinas		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	ST
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	2	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 75 mg</i>	2	ST; QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 75 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg</i> (Oracea)	4	ST; QL (1 per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG	4	PA
NUZYRA (7 DAY) ORAL TABLET 150 MG	4	PA
NUZYRA INTRAVENOUS RECON SOLN 100 MG	4	QL (15 per 30 days)
NUZYRA ORAL TABLET 150 MG	4	PA
<i>okebo oral capsule 100 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 (Tygacil) mg</i>	2	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	4	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	4	
Anticonceptivos		
Anticonceptivos		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
AIMSCO LATEX CONDOM DEVICE	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	1	
<i>brevicon (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	1	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	1	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
CONDOMS-PREM LUBRICATED DEVICE	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4) (Beyaz)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7) (Tydemy)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Gianvi (28))</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Ocella)</i>	1	
<i>econtra ez oral tablet 1.5 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
ELLA ORAL TABLET 30 MG	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50)	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	1	QL (1 per 28 days)
<i>fallback solo oral tablet 1.5 mg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
FANTASY CONDOM DEVICE	1	
FC2 FEMALE CONDOM	1	QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	1	
<i>gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>gildess 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
GYNOL II VAGINAL GEL 3 %	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	1	
KIMONO MAXX CONDOMS DEVICE	1	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	1	
KIMONO MICROTHIN CONDOMS DEVICE	1	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	1	
KIMONO TEXTURED CONDOMS DEVICE	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	1	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	1	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	1	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel oral tablet 1.5 mg</i> (EContra EZ)	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Altavera (28))	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i> (Amethyst (28))	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	1	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	4	ST
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>luteria (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>my way oral tablet 1.5 mg</i>	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	4	ST
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	1	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	QL (1 per 365 days)
<i>next choice one dose oral tablet 1.5 mg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Aurovela 24 Fe)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Melodetta 24 Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norinyl 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	1	QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	1	
<i>opcicon one-step oral tablet 1.5 mg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	QL (91 per 84 days)
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>trinessa (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>trinessa lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	1	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
TRUSTEX LATEX CONDOM DEVICE	1	
TRUSTEX LUBRICATED CONDOMS DEVICE	1	
TRUSTEX NON-LUB CONDOMS DEVICE	1	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	1	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	1	
<i>tulana oral tablet</i> 0.35 mg	1	
<i>tydemy oral tablet</i> 3-0.03-0.451 mg (21) (7)	1	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	1	
<i>vaginal contraceptive foam vaginal foam</i> 12.5 %	1	
<i>vcf contraceptive gel vaginal gel</i> 4 %	1	
<i>velivet triphasic regimen (28) oral tablet</i> 0.11.125/1.15-25 mg-mcg	1	
<i>vestura (28) oral tablet</i> 3-0.02 mg	1	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	1	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>zenchent fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	
Anticonvulsivos		
Anticonvulsivos		
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA; QL (80 per 1 day)
BANZEL ORAL TABLET 200 MG	3	PA; QL (16 per 1 day)
BANZEL ORAL TABLET 400 MG	3	PA; QL (8 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	PA; QL (2 per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	2	QL (1 per 1 day)
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	2	QL (1 per 1 day)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
<i>divalproex oral capsule, delayed release sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
<i>epilex oral tablet 200 mg</i>	2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	ST; QL (30 per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	2	ST; QL (9 per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	2	ST; QL (6 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
GABITRIL ORAL TABLET 12 MG	4	QL (4 per 1 day)
GABITRIL ORAL TABLET 16 MG	4	QL (3 per 1 day)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	4	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	4	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG (14) -100 MG (14) -200 MG (7)	4	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (14) -50 MG (14) -100 MG (7)	4	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	2	ST; QL (3 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	2	ST; QL (2 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	2	ST; QL (6 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	2	QL (3 per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	2	QL (2 per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	2	QL (6 per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	2	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	QL (5 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	4	PA; QL (2 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenobarbital sodium injection solution 130 mg/ml</i>	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	4	QL (3 per 1 day)
POTIGA ORAL TABLET 50 MG	4	QL (9 per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	2	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	3	PA
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
SABRIL ORAL TABLET 500 MG	5	PA; QL (6 per 1 day)
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	2	QL (4 per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	2	QL (3 per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	2	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	ST; QL (2 per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
Antidepresivos		
Antidepresivos		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i> (Pristiq)	2	PA; QL (1 per 1 day)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (2 per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	PA; QL (1 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (1 per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (1 per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	2	QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	2	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; QL (1 per 1 day)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (1 per 1 day)
Antifúngicos		
Antifúngicos		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	
<i>amphotericin b injection recon soln 50 mg</i>	2	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG	4	
<i>ciclopirox topical cream 0.77%</i> (Ciclodan)	2	
<i>ciclopirox topical gel 0.77%</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
CNL 8 NAIL TOPICAL KIT 8 %	4	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
ERTACZO TOPICAL CREAM 2 %	4	PA
EXELDERM TOPICAL CREAM 1 %	4	
EXELDERM TOPICAL SOLUTION 1 %	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	5	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	4	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>ketoconazole topical foam 2 %</i> (Ketodan)	2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	2	
<i>ketodan topical foam 2 %</i>	2	
<i>luliconazole topical cream 1 %</i> (Luzu)	2	PA
LUZU TOPICAL CREAM 1 %	4	PA
MENTAX TOPICAL CREAM 1 %	4	PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	4	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical gel 1 %</i> (Naftin)	4	
NAFTIN TOPICAL GEL 1 %	4	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral powder 150 million unit, 500 million unit</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	4	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	2	

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

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	QL (10 per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	2	
Antimicobacteriales		
Antimicobacteriales		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>cycloserine oral capsule 250 mg</i>	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid injection solution 100 mg/ml</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
RIFAMATE ORAL CAPSULE 300-150 MG	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
TRECTOR ORAL TABLET 250 MG	4	
Antivirales (Sitémico)		
Antirretrovirales		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	QL (900 per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	2	QL (30 per 30 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	PA
APTIVUS ORAL CAPSULE 250 MG	5	PA
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	2	QL (30 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (1 per 1 day)
CIMDUO ORAL TABLET 300-300 MG	4	QL (1 per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	5	PA
CRIXIVAN ORAL CAPSULE 200 MG	5	QL (180 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	5	QL (120 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (1 per 1 day)
DESCOVY ORAL TABLET 200-25 MG	5	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg</i>	2	QL (60 per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
DOVATO ORAL TABLET 50-300 MG	5	QL (1 per 1 day)
EDURANT ORAL TABLET 25 MG	5	PA
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	2	QL (30 per 30 days)
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	2	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	5	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	5	QL (720 per 30 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	5	
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	2	PA NSO
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	PA
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	5	PA
INVIRASE ORAL CAPSULE 200 MG	5	QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (120 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	QL (180 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	5	QL (120 per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (1 per 1 day)
KALETRA ORAL TABLET 100-25 MG	5	QL (300 per 30 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
KALETRA ORAL TABLET 200-50 MG	5	QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	5	PA NSO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	5	
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	2	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	2	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	5	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	5	PA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (390 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	5	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	2	
NORVIR ORAL POWDER IN PACKET 100 MG	5	QL (12 per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	5	QL (450 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	PA
PIFELTRO ORAL TABLET 100 MG	5	QL (2 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (240 per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	5	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	PA NSO; QL (30 per 30 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
RESCRIPTOR ORAL TABLET 200 MG	5	QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	5	QL (360 per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	5	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	QL (360 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	5	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (60 per 30 days)
STRIBILD ORAL TABLET 150- 150-200-300 MG	5	QL (30 per 30 days)
SYMFI LO ORAL TABLET 400- 300-300 MG	4	QL (1 per 1 day)
SYMFI ORAL TABLET 600-300- 300 MG	4	QL (1 per 1 day)
SYMTUZA ORAL TABLET 800- 150-200-10 MG	5	PA
TEMIXYS ORAL TABLET 300- 300 MG	4	QL (1 per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	5	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600- 50-300 MG	5	QL (30 per 30 days)
TRUVADA ORAL TABLET 100- 150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	ST; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	LA; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	5	QL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (180 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	QL (225 per 30 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	QL (1800 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 per 30 days)
Antivirales Hcv		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; LA
EPCLUSA ORAL TABLET 400-100 MG	5	PA; LA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	5	PA
HARVONI ORAL TABLET 45-200 MG	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA; LA
MAVYRET ORAL TABLET 100-40 MG	5	PA; LA
OLYSIO ORAL CAPSULE 150 MG	5	PA; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; LA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; LA
ZEPATIER ORAL TABLET 50-100 MG	5	PA; LA
Antivirales, Varios		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (40 per 183 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	2	QL (20 per 183 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (360 per 183 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (40 per 183 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; LA
TAMIFLU ORAL CAPSULE 30 MG	2	QL (40 per 183 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	QL (20 per 183 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	2	QL (360 per 183 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL (4 per 180 days)
Interferones		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	5	PA; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA; LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA; LA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; LA
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML	5	PA; LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA; LA; QL (1 per 7 days)
Nucleósidos Y Nucleótidos		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	PA; LA
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	PA; LA
<i>cidofovir intravenous solution 75 mg/ml</i>	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	PA; LA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	5	PA NSO
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA NSO
REBETOL ORAL SOLUTION 40 MG/ML	5	PA
<i>ribasphere oral capsule 200 mg</i>	5	PA
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	5	PA
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	PA
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA
<i>ribavirin oral capsule 200 mg</i>	5	PA
<i>ribavirin oral tablet 200 mg</i>	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
TYZEKA ORAL TABLET 600 MG	5	PA; LA
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	PA
VIRAZOLE INHALATION RECON SOLN 6 GRAM	5	PA
Dispositivos		
Dispositivos		
BREEZE 2 TEST STRIPS STRIP	3	
CONTOUR NEXT LINK KIT	3	
CONTOUR NEXT TEST STRIPS STRIP	3	
CONTOUR TEST STRIPS STRIP	3	
Preparaciones De Reemplazo		
Preparaciones De Reemplazo		
<i>cytra k crystals oral packet 3,300-1,002 mg</i>	2	
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	2	
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	2	
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
<i>k-effervescent oral tablet, effervescent 25 meq</i>	2	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	4	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	2	
K-SOL ORAL LIQUID 20 MEQ/15 ML, 40 MEQ/15 ML	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
MONOJECT PREFILL SALINE FLUSH INJECTION SYRINGE	2	
<i>phospha 250 neutral oral tablet 250 mg</i>	2	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	2	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i> (Effer-K)	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i>	2	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i> (Cytra-K)	2	
<i>sodium acetate intravenous solution 2 meq/ml</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> (Cytra-2)	2	
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	2	
<i>virt-phos 250 neutral oral tablet 250 mg</i>	2	
<i>zinc sulfate oral capsule 220 (50) mg</i> (Orazinc)	2	

Productos Para La Tos Y Resfriado

Productos Para La Tos Y Resfriado

<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	2	
<i>benzonatate oral capsule 200 mg</i>	2	
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>	2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	2	
<i>cheratussin ac oral liquid 10-100 mg/5 ml</i>	2	AGE (Min 18 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	2	AGE (Min 18 Years)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	QL (10 per 1 day); AGE (Min 18 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>hydrocodone-cpm-pseudoephed oral solution 5-4-60 mg/5 ml</i>	2	QL (20 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	2	QL (30 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	2	QL (6 per 1 day)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	2	QL (30 per 1 day); AGE (Min 18 Years)
<i>iophen c-nr oral liquid 10-100 mg/5 ml</i>	2	AGE (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	QL (30 per 1 day); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	2	QL (30 per 1 day); AGE (Min 18 Years)
Productos		
Sanguíneos/Modificadores/Expansores De Volumen		
Agentes Hematológicos, Varios		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	2	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	2	
<i>aminocaproic acid oral tablet 500 mg</i> (Amicar)	2	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
BEBULIN INTRAVENOUS RECON SOLN 700 (+/-) UNIT	5	PA NSO; LA
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	5	PA NSO; LA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	5	PA
PROFILNINE INTRAVENOUS RECON SOLN 500 (+/-) UNIT	5	PA NSO; LA
RIXUBIS INTRAVENOUS RECON SOLN 250 UNIT	5	PA NSO; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	5	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	
Anticoagulantes		
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION 250 MG/250 ML (1 MG/ML)	4	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 1 MG/ML	4	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	4	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (2 per 1 day)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution</i> (Lovenox) <i>300 mg/3 ml</i>	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>100 mg/ml, 150 mg/ml</i>	2	QL (20 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (16 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (6 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (8 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>10 mg/0.8 ml</i>	5	PA; QL (8 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>2.5 mg/0.5 ml</i>	5	PA; QL (5 per 30 days)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml	5	PA; QL (4 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	5	PA; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	QL (7.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	4	QL (10 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	4	QL (5 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	4	QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	4	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	4	QL (2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	4	QL (3 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i>	5	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	4	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	2	
<i>heparin flush intravenous kit 10</i> <i>unit/ml</i>	5	
<i>heparin lock flush (porcine)</i> <i>intravenous solution 10 unit/ml</i>	5	
<i>heparin lockflush(porcine) (pf)</i> <i>intravenous syringe 100 unit/ml</i>	5	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl</i> <i>intravenous parenteral solution</i> <i>25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection</i> <i>solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) intravenous</i> <i>syringe 100 unit/ml</i>	(Heparin LockFlush(Porcine)(P F)) 5	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2</i> <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	(Jantoven) 2	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (1 per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (2 per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Inhibidores De Agregación De Plaquetas		
<i>aspirin-dipyridamole oral capsule, er</i> <i>multiphase 12 hr 25-200 mg</i>	(Aggrenox) 2	
BRILINTA ORAL TABLET 60 MG	4	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
BRILINTA ORAL TABLET 90 MG	4	QL (2 per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	2	QL (4 per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (1 per 1 day)
<i>ticlopidine oral tablet 250 mg</i>	2	
Modificadores De Formación De Sangre		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	5	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	5	PA; LA
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5	PA; LA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; LA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
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	5	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	PA; LA
MULPLETA ORAL TABLET 3 MG	5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; LA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	5	PA
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA
PROCRIT 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	5	PA; LA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; QL (1 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA; QL (1 per 1 day)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; LA
Reemplazo/Modificadores De Enzima		
Reemplazo/Modificadores De Enzima		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA; LA
CERDELGA ORAL CAPSULE 84 MG	5	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; LA
CHENODAL ORAL TABLET 250 MG	4	
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	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA; LA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	5	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; LA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA; LA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; LA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	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, 21,000-54,700-83,900 UNIT, 4,200-14,200-24,600 UNIT	4	
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	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; LA; QL (5 per 1 day)
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 40 MG/ML	5	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 80 MG/0.8 ML	5	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; LA; QL (8 per 1 day)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	4	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	PA; LA
XIAFLEX INJECTION RECON SOLN 0.9 MG	5	PA
ZAVESCA ORAL CAPSULE 100 MG	5	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 10,000-34,000 - 55,000 UNIT, 15,000-47,000 - 63,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-63,000- 84,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 - 14,000-UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
Relajantes Musculares		
Esqueléticos		
Relajantes Musculares Esqueléticos		
<i>atracurium intravenous solution 10 mg/ml</i>	2	
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 250 mg, 350 (Soma) mg</i>	2	
<i>carisoprodol-aspirin oral tablet 200- 325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	QL (8 per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cisatracurium intravenous solution 2 (Nimbex) mg/ml</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>dantrolene intravenous recon soln 20 mg</i> (Revonto)	2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	
LORZONE ORAL TABLET 375 MG, 750 MG	4	
<i>metaxall oral tablet 800 mg</i>	2	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	2	
<i>methocarbamol injection solution 100 mg/ml</i> (Robaxin)	2	
<i>methocarbamol oral tablet 500 mg</i>	2	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	2	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Soluciones Irrigantes		
Soluciones Irrigantes		
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
<i>sodium chloride irrigation solution 0.9%</i> (Aqua Care Sodium Chloride)	2	
Vitaminas Y Minerales		
Vitaminas Y Minerales		
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i> (Vitamin D3)	1	AGE (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i> (D3 DOTS)	1	AGE (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit)</i> (Kids Vitamin D3)	1	AGE (Min 65 Years)

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
<i>d3 dots oral tablet 50 mcg (2,000 unit)</i>	1	AGE (Min 65 Years)
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	1	AGE (Min 65 Years)
<i>fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	2	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	4	
<i>fer-iron oral drops 15 mg iron (75 mg)/ml</i>	1	AGE (Min 6 Months and Max 12 Months)
<i>ferocon oral capsule 110-0.5 mg</i>	2	
<i>ferraplus 90 oral tablet 90-1-12-120-50 mg-mg-mcg-mg-mg</i>	4	
<i>ferrex 150 forte plus oral capsule 150-60-25-1 mg-mg-mcg-mg</i>	4	
<i>ferrogels forte oral capsule 460-60-0.01-1 mg</i>	2	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Children's Iron)	1	AGE (Min 6 Months and Max 12 Months)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	AGE (Min 6 Months and Max 72 Months)
<i>folbee oral tablet 2.5-25-1 mg</i>	2	
<i>folbic oral tablet 2.5-25-2 mg</i>	2	
<i>folic acid injection solution 5 mg/ml</i>	4	
FOLIC ACID ORAL CAPSULE (FA-8) 0.8 MG	1	
<i>folic acid oral tablet 1 mg</i>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	
<i>folivane-f oral capsule 125-1-40-3 mg</i>	4	
<i>hematogen fa oral capsule 200-250-0.01-1 mg</i>	4	
<i>hematogen forte oral capsule 460-60-0.01-1 mg</i>	2	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	2	
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML	4	LA

Nombre del Medicamento	Tipo de Medicamento	Requerimientos/Límites
IROSPAN 24/6 ORAL TABLET 65 MG-65 MG -1,000 MCG (24)	4	
<i>multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg</i>	4	
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	2	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	2	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	4	
<i>thera-d oral tablet 50 mcg (2,000 unit)</i>	1	AGE (Min 65 Years)
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	4	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT)	1	AGE (Min 65 Years)
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	AGE (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	AGE (Min 65 Years)
<i>vitamin k1 injection solution 10 mg/ml</i>	4	

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