Si tiene preguntas acerca de este aviso, podemos ayudarlo sin costo alguno. También podemos ofrecerlo en otros formatos como letras grandes, audio u otros idiomas. Llame al 303-602-2116, sin costo al 1-800-700-8140 o al 711 para personas que llaman con necesidades auditivas o del habla.

Elevate Medicaid Choice y Elevate Child Health Plan Plus (CHP+) Q1 2026 *Formulario de medicamentos* y procedimientos de gestión farmacéutica

¿Qué es el *Formulario de medicamentos* de *Elevate Medicaid Choice y Elevate CHP+*?

El *Formulario de medicamentos* de *Elevate Medicaid Choice* y *Elevate CHP+* es una herramienta para ayudar a los proveedores a elegir medicamentos seguros y eficaces. Si es miembro y tiene preguntas, consulte el *Manual para miembros* o llame a Servicios del Plan de Salud a uno de los números que se enumeran a continuación.

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Número gratuito para Medicaid y CHP+: 1-800-700-8140
- Usuarios de TTY para Medicaid y CHP+: 711

El plan Elevate Medicaid Choice y el plan Elevate Child Health Plan Plus (CHP+) (ofrecido por Denver Health Medical Plan [DHMP]) utilizan este *Formulario de medicamentos*, que está compuesto tanto por medicamentos con receta como de venta libre (Over-the-Counter, OTC). El *Formulario de medicamentos* es un formulario cerrado, lo que significa que solo los medicamentos enumerados están cubiertos por el beneficio de farmacia. Todos los medicamentos necesitan una receta emitida por un proveedor para estar cubiertos por el beneficio de farmacia.

¿Cómo se eligen los medicamentos del *Formulario de medicamentos*?

Un grupo de médicos y farmacéuticos de Denver Health, conocido como Comité de Farmacia y Terapéutica, eligen los medicamentos. Este comité se reúne con frecuencia para revisar y seleccionar medicamentos para nuestros miembros. Durante una revisión, el comité puede analizar lo siguiente para cada medicamento:

- aprobación de la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) de los EE. UU.
- seguridad y eficacia
- estudios de comparación
- indicaciones aprobadas

- efectos adversos
- contraindicaciones, advertencias y precauciones
- farmacocinética
- consideraciones de cumplimiento del paciente
- resultados médicos y estudios farmacoeconómicos

¿El *Formulario de medicamentos* alguna vez cambia?

Los cambios se realizan durante todo el año. Se puede ver la última versión del *Formulario de medicamentos* en línea.

- Sitio web del proveedor
  - http://www.denverhealthmedicalplan.org/provider-pharmacy-information
- Sitio web para miembros
  - https://www.denverhealthmedicalplan.org/pharmacy

Los miembros y proveedores también pueden solicitar una copia impresa del *Formulario de medicamentos* llamando a Servicios del Plan de Salud.

¿Qué sucede si la farmacia me informa que el medicamento no está cubierto?

Si la farmacia recibe una denegación de una solicitud de autorización previa (Prior Authorization Request, PAR) o una excepción, la farmacia puede hablar con el proveedor para que cambie la receta por una alternativa del *Formulario de medicamentos*, lo que también se conoce como sustitución terapéutica. Si el proveedor no desea cambiar de tratamiento, debe presentar una PAR al Departamento de Farmacia (Pharmacy Department) de DHMP e incluir datos clínicos que demuestren por qué se necesita el medicamento solicitado. La documentación, como las notas del historial, debe presentarse junto con la PAR.

¿Qué sucede si el medicamento recetado no está en el *Formulario de medicamentos*?

Si el medicamento no está en el *Formulario de medicamentos*, es posible que exista un medicamento genérico o un medicamento aprobado en el *Formulario de medicamentos* que se pueda recetar. Si el proveedor le da muestras de medicamentos a un miembro para comenzar a tomarlas, el miembro debe averiguar si la medicación está en el *Formulario de medicamentos* o si necesita primero la aprobación de la PAR. El hecho de que el miembro tome las muestras antes de que se apruebe la PAR no significa que DHMP pagará por ese medicamento. Si existen pautas dentro de la *Lista de medicamentos* preferidos de la política y el financiamiento de la atención médica o el Apéndice P, dichas pautas se usarán para tomar la decisión de aprobar o denegar la solicitud. Los proveedores pueden enviar una PAR llamando al Departamento de Farmacia (Pharmacy Department) de DHMP al 303-602-2070 o al 877-357-0963. Los proveedores también pueden enviar el formulario de PAR completado por fax al 303-602-2081 o mediante la presentación electrónica de la PAR.

¿Cómo se procesan las PAR (también llamadas solicitudes de excepción)?

El Departamento de Farmacia (Pharmacy Department) de DHMP revisa todas las PAR/solicitudes de excepción caso por caso. Se puede solicitar una revisión acelerada o

más rápida para situaciones de urgencia. Las decisiones se toman utilizando ciertos criterios y pautas. Los medicamentos que figuran en el *Formulario de medicamentos* con un requisito de autorización previa (Prior Authorization, PA) o terapia escalonada (Step Therapy, ST) tienen criterios disponibles en el sitio web del plan. Si el medicamento no está en el *Formulario de medicamentos*, primero se deben probar todos los medicamentos razonables de dicho formulario para tratar el mismo problema de salud. Los medicamentos genéricos que no están en el *Formulario de medicamentos* se prefieren en lugar de los medicamentos de marca no incluidos en el *Formulario de medicamentos*. Si Health First Colorado tiene criterios y requisitos de autorización previa, se utilizarán esos criterios. También se puede utilizar otro apoyo para decidir. El miembro o proveedor puede solicitar una copia de los criterios o pautas utilizados para su solicitud de excepción. Según lo expresado por los reglamentos de Colorado, se espera que los proveedores respondan a la comunicación del plan para obtener más datos clínicos en un plazo de 72 horas. Después de enviar una PAR, se notificará al miembro y al proveedor la decisión. Si tiene alguna pregunta, llame al Departamento de Farmacia (Pharmacy Department) de DHMP al 303-602-2070 o al 877-357-0963.

¿Qué sucede si se deniega una solicitud?

Si se deniega una solicitud, el miembro y el proveedor recibirán una carta que explicará los derechos del miembro y el proceso de apelaciones. Consulte el *Manual para miembros* para obtener más detalles sobre este proceso o llame a Servicios del Plan de Salud si tiene alguna pregunta.

¿Qué sucede si el miembro es nuevo en el plan y el medicamento no está en el *Formulario de medicamentos*?

Si el miembro es nuevo en el plan, puede ser elegible para un suministro de transición. Esto se puede hacer para las medicaciones que no están en el *Formulario de medicamentos* o si la receta es por una cantidad superior a la que el *Formulario de medicamentos* permite surtir. Esto permite que el proveedor tenga tiempo de pedir un medicamento del *Formulario de medicamentos* o de enviar una PAR.

¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están aprobados por la FDA por su seguridad y eficacia. El color y la forma del medicamento de marca pueden ser diferentes, pero se fabrican usando los mismos estándares estrictos de la FDA que los medicamentos de marca. Si el proveedor solicita un medicamento de marca cuando hay un medicamento genérico disponible, y DHMP aprueba la solicitud, el medicamento de marca estará cubierto con el copago habitual.

¿Qué es la sustitución de genéricos?

La sustitución de genéricos es cuando se entrega una versión genérica de un medicamento en lugar de un medicamento de marca. En la mayoría de los casos, en el *Formulario de medicamentos* se prefieren los medicamentos genéricos.

¿Cuándo se pueden renovar los medicamentos con receta?

Las recetas no controladas son elegibles para la renovación una vez que se ha utilizado el 75%. Algunos ejemplos de recetas no controladas son los medicamentos utilizados para la presión arterial, el colesterol alto y la diabetes. Las recetas controladas son elegibles para la renovación una vez que se ha utilizado el 85%. Algunos ejemplos de recetas controladas son opioides, estimulantes como Adderall (dextroamphetamine/amphetamine) o Ritalin (metilfenidato), o benzodiacepinas como Valium (diazepam) y Ativan (lorazepam). Esto se basa en las instrucciones de la receta original. Si hay un cambio en las instrucciones de la receta, debe llamar a la farmacia o al proveedor para obtener una receta actualizada.

Suministros para 90 días

Se puede surtir un suministro para 90 días para la mayoría de los medicamentos con $0 de copago. La farmacia no puede surtir un suministro para 90 días sin el permiso del proveedor. Pídale al proveedor que emita una receta para un suministro para 90 días o pídale a su farmacia que se comunique con su proveedor. Para obtener más información, llame al Departamento de Farmacia (Pharmacy Department) de DHMP al 303-602-2070 o al 877-357-0963.

¿Los medicamentos con receta son elegibles a través del envío por correo?

Los miembros pueden obtener medicamentos con receta a través de la Farmacia por Correo de Denver Health si un proveedor de Denver Health emite sus recetas. Este servicio permite que se le entregue al miembro un suministro para 90 días de determinadas recetas, que deben estar emitidas para un suministro para 90 días. No se necesita una tarjeta de crédito para este servicio.

- Farmacia por Correo de Denver Health
  303-602-2326

¿Qué sucede si mi medicamento es un medicamento especializado?

Algunos medicamentos se conocen como medicamentos “especializados”. La mayoría de los medicamentos especializados solamente se pueden surtir como suministros para 30 días. Algunos medicamentos especializados solamente se pueden surtir en Denver Health and Hospital Authority (DHHA) o en farmacias especializadas designadas. Se consideran de acceso limitado (limited access, LA).

¿Hay medicamentos que están excluidos del beneficio de farmacia?

Algunos medicamentos se consideran excluidos, lo que significa que no están cubiertos en absoluto, incluso con una autorización previa. Estos incluyen medicamentos para lo siguiente:

- Uso cosmético (productos antiarrugas, para la remoción de vello y crecimiento del cabello).
- Suplementos dietéticos que no están en el *Formulario de medicamentos* (vitaminas, productos a base de hierbas, etc.).
- Infertilidad (para asistir a mujeres para quedar embarazadas).
- Pigmentación/despigmentación (para cambiar el color de la piel).
- Desempeño/disfunción sexual (Viagra, Cialis, Levitra, etc.).
- Pérdida de peso.

- Tratamientos en investigación o experimentales.
- Medicamentos con receta no aprobados por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) para ninguna enfermedad.
- Vacunas de viaje recomendadas por los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC) solo para viajar fuera de los Estados Unidos (las vacunas cubiertas se enumeran en el *Formulario de medicamentos*).
- Medicamentos fabricados por compañías farmacéuticas que no participan en el Programa de Reembolso de Medicamentos de Medicaid de Colorado.

Beneficios integrales para los miembros de Elevate Medicaid Choice

Los beneficios integrales son servicios que son beneficios de Medicaid que Elevate Medicaid Choice no autoriza ni paga. Health First Colorado (programa de pago por servicio de Medicaid del estado de Colorado) es quien autoriza y paga los beneficios integrales después de la revisión y determinación de la necesidad médica.

Los **monitores continuos de glucosa** están cubiertos a través del programa de pago por servicios de Medicaid a partir del 11/1/2025. Presente la factura de su farmacia o proveedor directamente a Medicaid. Para obtener asistencia, llame al 1-844-235-2387.

¿A quién debo contactar si tengo preguntas?

El miembro o proveedor puede comunicarse con el Departamento de Farmacia (Pharmacy Department) de DHMP si tiene alguna pregunta sobre el *Formulario de medicamentos* o los beneficios de farmacia a través del portal para miembros o llamando al 303-602-2070 o al 877-357-0963. También puede comunicarse con Servicios del Plan de Salud a través de los siguientes números:

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Número gratuito para Medicaid y CHP+: 1-800-700-8140
- Usuarios de TTY/TDD para Medicaid y CHP+: 711

Cómo utilizar el *Formulario de medicamentos*

- El *Formulario de medicamentos* está agrupado por clases de medicamentos o por el estado de la enfermedad.
- Los medicamentos genéricos figuran por nombre genérico y las marcas se incluyen como referencia. Los medicamentos de marca se enumeran solo con marcas.
- Para la mayoría de los medicamentos, todas las formas de dosificación y concentración del medicamento de marca enumeradas están cubiertas por el beneficio de farmacia.
- Cuando se indica una dosificación o concentración, en el *Formulario de medicamentos* solo se incluye esa dosificación o concentración. Otras formas de dosificación y concentración del producto de referencia no están incluidas en el *Formulario de medicamentos*.
- Los productos de liberación modificada o combinados incluidos en el *Formulario de medicamentos* se definen según el producto de marca que figura en la lista. Los

productos de liberación modificada y combinados solo están cubiertos si están en su propia línea y no están incluidos si solo figura el medicamento de liberación inmediata.

Formulario con 3 niveles

Nivel 0: artículos de venta libre (Over-the-Counter, OTC)
Nivel 1: medicamentos preferidos
Nivel 2: medicamentos no preferidos (LA)
Nivel 3: medicamentos especializados (LA)

Copago: todos los niveles del *Formulario de medicamentos* tienen $0 de copago.

Aviso

Este documento contiene referencias a medicamentos con receta de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos no afiliados a Denver Health Medical Plan, Inc.

Tenga en cuenta que este *Formulario de medicamentos* se actualiza periódicamente.

Formulario de medicamentos administrado por:
Denver Health Medical Plan, Inc.
777 Bannock Street, Mail Code 6000
Denver, CO 80204-4507
Teléfono: 303-602-2070
Correo electrónico: ManagedCarePAR@DHHA.org

Abreviaturas del *Formulario de medicamentos* y restricciones de la Gestión de la Utilización de Servicios

ABREVIATURA EN INGLÉS	DESCRIPCIÓN	EXPLICACIÓN
LA	Acceso limitado	Se debe surtir este medicamento en una farmacia de Denver Health o se debe aprobar una PAR antes de que se pueda surtir en una farmacia fuera de Denver Health.
PA	Restricción de autorización previa	El miembro o proveedor debe obtener una autorización previa de DHMP antes de poder surtir este medicamento. Sin aprobación previa, es posible que DHMP no cubra este medicamento.
QL	Restricción de límite de cantidad	DHMP limita la cantidad que cubre de este medicamento por receta o por un plazo determinado.
ST	Restricción de terapia escalonada	Antes de que DHMP cubra este medicamento, el miembro debe probar los medicamentos enumerados para tratar su problema de salud médica. Solo se cubrirá este medicamento si otros medicamentos no funcionan.

Descripción de las fuentes de los nombres de medicamentos

TIPO DE FUENTE	EJEMPLO	EXPLICACIÓN
Nombre del medicamento todo en minúscula y cursiva	*atenolol*	Este es el medicamento genérico que está cubierto por el plan.
Nombre del medicamento entre paréntesis	(Tenormin)	Esta es la marca del medicamento genérico que está cubierto por el plan. Esto no significa que la marca esté cubierta. Se brinda solo como una referencia útil para el miembro o el proveedor al buscar en el *Formulario de medicamentos*.
Nombre del medicamento todo en mayúscula	BYSTOLIC	Este es un medicamento de marca que está cubierto por el plan en las farmacias de Denver Health. Es posible que se aplique una penalización por marca.

Tabla de Contenido

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
acetaminophen oral elixir 160 mg/5 ml	(Children's Pain Relief)	OTC	LA; AGE (Max 11 Years)
acetaminophen oral liquid 160 mg/5 ml	(Children's Acetaminophen)	OTC	LA; AGE (Max 11 Years)
acetaminophen oral liquid 500 mg/15 ml	(Mapap (acetaminophen))	OTC	LA; AGE (Max 11 Years)
acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml		OTC	LA; AGE (Max 11 Years)
acetaminophen oral suspension 160 mg/5 ml	(BetaTemp)	OTC	LA; AGE (Max 11 Years)
acetaminophen oral suspension 160 mg/5 ml (5 ml)	(Children's Acetaminophen)	OTC	LA; AGE (Max 11 Years)
acetaminophen oral suspension 325 mg/10.15 ml, 650 mg/20.3 ml		OTC	LA; AGE (Max 11 Years)
acetaminophen oral syringe 32 mg/ml		OTC	LA; AGE (Max 11 Years)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml		1	AGE (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		1	QL (400 per 30 days); AGE (Min 12 Years)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		2	PA; LA; QL (1 per 28 days)
AIMSCO LATEX CONDOM DEVICE		OTC	LA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		2	PA; LA; QL (1.5 per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		2	PA; LA; QL (1.5 per 28 days)
aler-cap oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
alka-seltzer plus allergy oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
aller-chlor oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA
aller-g-time oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
allergy (chlorpheniramine) oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
allergy (diphenhydramine) oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
allergy (diphenhydramine) oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
allergy (diphenhydramine) oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
allergy medication oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
allergy medicine oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
allergy relief(chlorpheniramn) oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG	(diphenhydramine hcl)	OTC	LA
allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
allergy relief(diphenhydramin) oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
allergy relief(diphenhydramin) oral tablet,chewable 25 mg		OTC	LA
allergy-time oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML		3	PA; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML, 40 MG/0.8 ML		3	PA; LA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		3	PA; LA
azathioprine oral tablet 50 mg	(Imuran)	1	
baclofen oral tablet 10 mg, 5 mg		1	QL (8 per 1 day)
baclofen oral tablet 20 mg		1	QL (4 per 1 day)
banophen oral capsule 25 mg, 50 mg	(diphenhydramine hcl)	OTC	LA
banophen oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DOXEPIN, ESZOPICLONE, TEMAZEPAM, TRAZODONE, ZOLPIDEM); QL (1 per 1 day)
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	(diphenhydramine hcl)	OTC	LA
BENADRYL ALLERGY ORAL TABLET 25 MG	(diphenhydramine hcl)	OTC	LA
benadryl allergy oral tablet 50 mg	(diphenhydramine hcl)	OTC	LA
BENADRYL ORAL CAPSULE 25 MG	(diphenhydramine hcl)	OTC	LA
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		3	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		3	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		3	PA; LA
betamethasone dipropionate topical cream 0.05 %		1	
betamethasone dipropionate topical lotion 0.05 %		1	
betamethasone dipropionate topical ointment 0.05 %		1	
betamethasone valerate topical cream 0.1 %		1	
betamethasone valerate topical lotion 0.1 %		1	
betamethasone valerate topical ointment 0.1 %		1	
betamethasone, augmented topical gel 0.05 %		1	
betamethasone, augmented topical lotion 0.05 %		2	LA
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	LA
betatemp oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML		1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	1	QL (4 per 28 days)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		1	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	(nasal spray only)
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	1	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		1	
cevimeline oral capsule 30 mg	(Evoxac)	1	QL (3 per 1 day)
child fever reducer-pain relvr oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's acetaminophen oral liquid 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's acetaminophen oral syringe 32 mg/ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's acetaminophen oral tablet,chewable 160 mg, 80 mg	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
children's allergy (diphenhyd) oral tablet,chewable 12.5 mg	(diphenhydramine hcl)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
children's diphenhydramine oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
CHILDREN'S FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION		OTC	LA
children's mapap oral tablet,chewable 160 mg, 80 mg	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's non-aspirin oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's non-aspirin oral tablet,chewable 160 mg	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's pain relief oral elixir 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's pain relief oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's pain relief oral tablet,chewable 160 mg	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's pain reliever oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's pain-fever relief oral liquid 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's pain-fever relief oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's pain-fever relief oral tablet,chewable 160 mg	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
CHILDREN'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's tylenol oral tablet,chewable 160 mg	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
children's wal-dryl allergy oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
children's wal-dryl allergy oral prefilled spoon 12.5 mg/5 ml		OTC	LA
children's wal-dryl allergy oral tablet,disintegrating 12.5 mg		OTC	LA
chlorhist oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA
chlorpheniramine maleate oral tablet 4 mg	(Aller-Chlor)	OTC	LA
chlortabs oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		3	PA; LA; QL (1 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		3	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)		3	PA; LA; QL (1 per 28 days)
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	(Sensipar)	3	PA; LA
clemastine oral tablet 2.68 mg	(Clemsza)	1	
clobetasol scalp solution 0.05 %		1	
clobetasol topical cream 0.05 %		1	
clobetasol topical gel 0.05 %		1	
clobetasol topical lotion 0.05 %	(Clobex)	1	
clobetasol topical ointment 0.05 %		1	
clobetasol-emollient topical cream 0.05 %		2	LA
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		1	QL (13 per 1 day); AGE (Min 12 Years)
colchicine oral tablet 0.6 mg	(Colcrys)	2	LA; QL (2 per 1 day)
complete allergy medicine oral capsule 25 mg	(diphenhydramine hcl)	OTC	(Rx products only)
complete allergy medicine oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		3	PA; LA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		3	PA; LA; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		3	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML		3	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		3	PA; LA; QL (1 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		3	PA; LA; QL (2 per 28 days)
cyclobenzaprine oral tablet 10 mg, 5 mg		1	QL (3 per 1 day)
cyclobenzaprine oral tablet 7.5 mg	(Fexmid)	1	QL (3 per 1 day)
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	2	LA
cyclosporine modified oral capsule 50 mg		2	LA
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	2	LA
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	1	
CYCLOTENS REFILL COMBO PACK 10 MG		1	QL (3 per 1 day)
CYCLOTENS STARTER COMBO PACK 10 MG		1	QL (3 per 1 day)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	3	PA; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	3	PA; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	3	PA; LA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	3	PA; LA
cyproheptadine oral syrup 2 mg/5 ml		1	
cyproheptadine oral tablet 4 mg		1	
dapagliflozin propanediol oral tablet 10 mg, 5 mg	(Farxiga)	2	LA; QL (1 per 1 day)
dapsone oral tablet 100 mg, 25 mg		1	
dayhist allergy oral tablet 1.34 mg	(clemastine)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
DAYVIGO ORAL TABLET 10 MG, 5 MG		2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DOXEPIN, ESZOPICLONE, TEMAZEPAM, TRAZODONE, ZOLPIDEM); QL (1 per 1 day)
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
desonide topical cream 0.05 %		1	
desonide topical lotion 0.05 %		1	
desonide topical ointment 0.05 %		1	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	1	
desoximetasone topical gel 0.05 %	(Topicort)	1	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	1	
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	3	PA; LA
diphedryl allergy oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
diphedryl oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
diphen oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
diphenhydramine hcl oral capsule 25 mg	(Aler-Cap)	OTC	(Rx products only)
diphenhydramine hcl oral capsule 50 mg	(Banophen)	OTC	LA
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	OTC	LA
diphenhydramine hcl oral liquid 12.5 mg/5 ml	(Allergy (diphenhydramine))	OTC	LA
diphenhydramine hcl oral tablet 25 mg	(Alka-Seltzer Plus Allergy)	OTC	LA
diphenhydramine hcl oral tablet,chewable 12.5 mg	(Children's Allergy (diphenhyd))	OTC	LA
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML		3	PA; LA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		3	PA; LA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		3	PA; LA; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML		3	PA; LA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML		3	PA; LA; QL (4 per 28 days)
DUREX AVANTI BARE REAL FEEL		OTC	LA
ed-apap oral liquid 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		2	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		2	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		2	PA; LA; QL (3 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(oxycodone-acetaminophen)	1	QL (8 per 1 day)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		3	LA; ST: (FAILURE OF TACROLIMUS CAPSULE)
EPIFOAM TOPICAL FOAM 1-1 %		1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	QL (1 per 1 day)
EUCRISA TOPICAL OINTMENT 2 %		2	LA; ST: (FAILURE OF TACROLIMUS OINTMENT); QL (100 per 30 days)
ez nite sleep oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
ezz nite sleep aid oral liquid 50 mg/30 ml		OTC	LA
FANTASY CONDOM DEVICE		OTC	LA
FC2 FEMALE CONDOM		OTC	LA
FEMCAP VAGINAL DEVICE 22 MM		1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	QL (10 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (1 per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (1 per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (40 per 28 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	3	PA; LA; QL (1 per 1 day)
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION		OTC	LA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	QL (50 per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	1	
fluocinolone topical cream 0.01 %		1	
fluocinolone topical cream 0.025 %	(Synalar)	1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	1	
fluocinolone topical ointment 0.025 %	(Synalar)	1	
fluocinolone topical solution 0.01 %	(Synalar)	1	
fluocinonide topical cream 0.05 %		1	
fluocinonide topical gel 0.05 %		1	
fluocinonide topical ointment 0.05 %		1	
fluocinonide topical solution 0.05 %		1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	1	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
fluoride (sodium) dental paste 1.1 %	(Just Right 5000)	1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	(SoluVita)	OTC	LA; AGE (Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	OTC	LA; AGE (Max 6 Years)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	
fluorouracil topical cream 0.5 %	(Carac)	2	LA
fluorouracil topical cream 5 %	(Efudex)	1	
fluorouracil topical solution 2 %, 5 %		2	LA
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
FRAICHE 5000 DENTAL GEL 1.1 %	(fluoride (sodium))	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)		1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	
gengraf oral capsule 100 mg, 25 mg	(cyclosporine modified)	2	LA
gengraf oral solution 100 mg/ml	(cyclosporine modified)	2	LA
geri-dryl oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
geri-dryl oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
GILENYA ORAL CAPSULE 0.25 MG		3	PA; LA; QL (1 per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	3	LA; QL (1 per 1 day)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	3	LA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	3	LA; QL (1 per 1 day)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	3	LA; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG		2	PA; LA; QL (2 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	LA; QL (12 per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	1	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	LA; QL (1 per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	LA; QL (30 per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	LA; QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		1	QL (20 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		2	LA; QL (12 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		1	QL (120 per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		1	QL (8 per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		1	QL (40 per 30 days)
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	
hydrocortisone topical cream 1 %	(Ala-Cort)	1	
hydrocortisone topical cream 2.5 %		1	
hydrocortisone topical cream with perineal applicator 1 %		1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	1	
hydrocortisone topical lotion 2.5 %		1	
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		2	LA; QL (2 per 1 day)
hydrocortisone valerate topical ointment 0.2 %		2	LA; QL (2 per 1 day)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	QL (4 per 1 day)
hydroxyzine hcl oral solution 10 mg/5 ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		1	
imiquimod topical cream in packet 5 %		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
infant fever reducer-pain relf oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
infant pain reliever oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
infant's acetaminophen oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
infants' pain and fever oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
INFANT'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		3	PA; LA
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	2	LA; QL (1 per 1 day)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	1	QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	2	LA; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	2	LA; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	1	QL (40 per 28 days)
insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)	(Tresiba FlexTouch U-100)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (30 per 28 days)
insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)	(Tresiba FlexTouch U-200)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (18 per 28 days)
insulin degludec subcutaneous solution 100 unit/ml	(Tresiba U-100 Insulin)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (40 per 28 days)
insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)	(Basaglar KwikPen U-100 Insulin)	1	QL (1 per 1 day)
insulin glargine subcutaneous solution 100 unit/ml	(Lantus U-100 Insulin)	1	QL (40 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)	(Toujeo SoloStar U-300 Insulin)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (9 per 30 days)
insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)	(Toujeo Max U-300 SoloStar)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (12 per 30 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	1	QL (1 per 1 day)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	1	QL (40 per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	2	LA; QL (1 per 1 day)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	1	QL (30 per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	2	LA; QL (1 per 1 day)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	1	QL (40 per 28 days)
INVOKANA ORAL TABLET 100 MG, 300 MG		2	LA; QL (1 per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		2	LA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		2	LA
JARDIANCE ORAL TABLET 10 MG, 25 MG		2	LA; QL (1 per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	(linagliptin-metformin)	2	LA; QL (2 per 1 day)
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	1	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		3	PA; LA; QL (2 per 1 day)
KALYDECO ORAL TABLET 150 MG		3	PA; LA; QL (2 per 1 day)
KIMONO LUBRICATED CONDOMS DEVICE		OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
KIMONO MICROTHIN AQUA LUBE CON DEVICE		OTC	LA
KIMONO MICROTHIN CONDOMS DEVICE		OTC	LA
KIMONO TEXTURED CONDOMS DEVICE		OTC	LA
KIMONO THIN LUBRICATED CONDOMS DEVICE		OTC	LA
kindermed infants pain-fever oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
kindermed kids pain-fever oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		3	PA; LA
lacosamide oral solution 10 mg/ml	(Vimpat)	1	QL (20 per 1 day)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	1	QL (2 per 1 day)
leflunomide oral tablet 10 mg, 20 mg	(Arava)	2	LA; QL (1 per 1 day)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		1	QL (1 per 1 day)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		1	QL (40 per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		2	LA; ST: (FAILURE OF LUBIPROSTONE); QL (1 per 1 day)
little remedies fever and pain oral liquid 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	2	LA
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	(fluoride (sodium))	OTC	LA; AGE (Max 6 Years)
mapap (acetaminophen) oral liquid 500 mg/15 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
maxrelief junior oral liquid 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
maxrelief junior oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
m-dryl oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
memantine oral tablet 10 mg, 5 mg		1	QL (2 per 1 day)
methadone intensol oral concentrate 10 mg/ml	(methadone)	1	QL (8 per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	1	(For the treatment of pain); QL (8 per 1 day)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml		1	(For the treatment of pain); QL (40 per 1 day)
methadone oral syringe 10 mg/ml		1	QL (8 per 1 day)
methadone oral tablet 10 mg, 5 mg		1	(For the treatment of pain); QL (8 per 1 day)
methocarbamol oral tablet 1,000 mg	(Tanlor)	1	
methocarbamol oral tablet 500 mg, 750 mg		1	
metronidazole oral tablet 250 mg, 500 mg		1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	1	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	(Myrbetriq)	2	LA; QL (1 per 1 day)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	1	
mometasone topical cream 0.1 %		1	
mometasone topical ointment 0.1 %		1	
mometasone topical solution 0.1 %		1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	QL (9 per 1 day)
morphine concentrate oral syringe 10 mg/0.5 ml, 20 mg/ml		1	QL (9 per 1 day)
morphine oral solution 10 mg/5 ml		1	QL (90 per 1 day)
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	QL (45 per 1 day)
MORPHINE ORAL TABLET 15 MG, 30 MG		1	QL (6 per 1 day)
morphine oral tablet extended release 100 mg		1	QL (3 per 1 day)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	QL (4 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
morphine oral tablet extended release 200 mg		1	QL (2 per 1 day)
morphine oral tablet extended release 60 mg	(MS Contin)	1	QL (3 per 1 day)
m-pap oral liquid 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	QL (6 per 1 day)
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	QL (6 per 1 day)
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	2	LA; QL (4 per 1 day)
naramin oral liquid in packet 12.5 mg/5 ml		OTC	LA
nightime sleep oral capsule 50 mg	(diphenhydramine hcl)	OTC	LA
nighttime allergy relief oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
nighttime sleep aid (diphen) oral capsule 25 mg, 50 mg	(diphenhydramine hcl)	OTC	LA
nighttime sleep aid (diphen) oral liquid 50 mg/30 ml		OTC	LA
nighttime sleep aid (diphen) oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
nighttime sleep-aid (doxylamn) oral tablet 25 mg		OTC	LA
non-aspirin oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
non-aspirin oral tablet,chewable 80 mg	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
nortemp oral drops 80 mg/0.8 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
nortemp oral suspension 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		1	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		2	LA; QL (30 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	LA; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	LA; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		1	QL (40 per 28 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		2	LA; QL (2 per 1 day)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		2	PA; LA; QL (1 per 2 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		1	
nytol oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	QL (4 per 1 day)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		1	
oralone dental paste 0.1 %	(triamcinolone acetonide)	1	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		3	PA; LA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		3	PA; LA; QL (4 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG		3	PA; LA; QL (2 per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		3	PA; LA; QL (4 per 1 day)
OTEZLA ORAL TABLET 30 MG		3	PA; LA; QL (2 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)		3	PA; LA; QL (55 per 28 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	QL (4 per 1 day)
oxycodone oral capsule 5 mg		1	QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml		1	QL (240 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		1	QL (120 per 30 days)
oxycodone oral tablet 15 mg	(Roxicodone)	1	QL (120 per 30 days)
oxycodone oral tablet 20 mg		1	QL (4 per 1 day)
oxycodone oral tablet 30 mg	(Roxicodone)	1	QL (4 per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	1	QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone)	2	LA; QL (2 per 1 day)
pain relief (acetaminophen) oral liquid 160 mg/5 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
pain relief adult oral liquid 500 mg/15 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)		1	QL (20 per 28 days); AGE (Min 18 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		1	QL (30 per 28 days); AGE (Min 18 Years)
pharbechlor oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA
pharbedryl oral capsule 25 mg, 50 mg	(diphenhydramine hcl)	OTC	LA
PHEXXI VAGINAL GEL 1.8-1-0.4 %		1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	QL (3 per 1 day)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	QL (2 per 1 day)
PROCTOFOAM HC RECTAL FOAM 1-1 %		1	
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
promethazine oral syrup 6.25 mg/5 ml		1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	1	
ramelteon oral tablet 8 mg	(Rozerem)	1	QL (1 per 1 day)
redutemp oral liquid 500 mg/15 ml	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		2	PA; LA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		2	PA; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		2	PA; LA
rest simply nighttime sleep oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG		3	PA; LA
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %		1	
rufinamide oral suspension 40 mg/ml	(Banzel)	2	LA; ST: (FAILURE OF CLOBAZAM); QL (80 per 1 day)
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	2	LA; ST: (FAILURE OF CLOBAZAM); QL (8 per 1 day)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	2	LA; QL (2 per 1 day)
selenium sulfide topical lotion 2.5 %		1	
selenium sulfide topical shampoo 2.25 %		1	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sf dental gel 1.1 %	(fluoride (sodium))	1	
SILA III TOPICAL KIT 0.1 %- 4" X 4"		1	
siladryl sa oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
silver sulfadiazine topical cream 1 %	(SSD)	1	
simply sleep oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML		3	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML		3	PA; LA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML		3	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML		3	PA; LA; QL (0.5 per 28 days)
sleep aid (diphenhydramine) oral capsule 25 mg, 50 mg	(diphenhydramine hcl)	OTC	LA
sleep aid (diphenhydramine) oral liquid 50 mg/30 ml		OTC	LA
sleep aid (diphenhydramine) oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
sleep aid (doxylamine) oral tablet 25 mg		OTC	LA
sleep ii oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
sleep tablet (diphenhydramine) oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
sleep time oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
sleep time oral liquid 50 mg/30 ml		OTC	LA
sleeping oral capsule 50 mg	(diphenhydramine hcl)	OTC	LA
sleep-tabs oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
sodium fluoride 5000 dry mouth dental paste 1.1 %	(fluoride (sodium))	1	
sodium fluoride 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
SOLUVITA ORAL DROPS 0.5 MG (1.1 MG SOD.FLUORID)/ML	(fluoride (sodium))	OTC	LA; AGE (Max 6 Years)
sominex maximum strength oral tablet 50 mg	(diphenhydramine hcl)	OTC	LA
sominex oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		1	
ssd topical cream 1 %	(silver sulfadiazine)	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML		1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	2	LA
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	1	QL (6 per 1 day)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	3	PA; LA; QL (2.24 per 28 days)
tinidazole oral tablet 250 mg, 500 mg		1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	1	
tizanidine oral tablet 2 mg		1	
tizanidine oral tablet 4 mg	(Zanaflex)	1	
total allergy medicine oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
TRADJENTA ORAL TABLET 5 MG		2	LA; QL (1 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
tramadol oral tablet 100 mg		1	QL (4 per 1 day); AGE (Min 12 Years)
tramadol oral tablet 50 mg		1	QL (8 per 1 day); AGE (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg		1	QL (1 per 1 day)
triamcinolone acetonide dental paste 0.1 %	(Oralone)	1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	1	
trianex topical ointment 0.05 %	(triamcinolone acetonide)	1	
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"		1	
triderm topical cream 0.1 %, 0.5 %	(triamcinolone acetonide)	1	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)		3	PA; LA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		3	PA; LA; QL (3 per 1 day)
TRUSTEX LATEX CONDOM DEVICE		OTC	LA
TRUSTEX LUBRICATED CONDOMS DEVICE		OTC	LA
TRUSTEX NON-LUB CONDOMS DEVICE		OTC	LA
TRUSTEX-RIA LUB/SPERMICIDE DEVICE		OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		3	PA; LA; QL (1.56 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		2	PA; LA
unisom (doxylamine) oral tablet 25 mg		OTC	LA
unisom sleepgels oral capsule 50 mg	(diphenhydramine hcl)	OTC	LA
unisom sleepminis oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		OTC	LA
VALCHLOR TOPICAL GEL 0.016 %		3	PA; LA
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)		1	
valproic acid oral capsule 250 mg		1	
vcf contraceptive gel vaginal gel 4 %		OTC	LA
wal-dryl allergy oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
wal-dryl allergy oral liquid 12.5 mg/5 ml	(diphenhydramine hcl)	OTC	LA
wal-dryl allergy oral tablet 25 mg	(diphenhydramine hcl)	OTC	LA
wal-finate oral tablet 4 mg	(chlorpheniramine maleate)	OTC	LA
wal-sleep z oral capsule 25 mg	(diphenhydramine hcl)	OTC	LA
wal-sleep z oral liquid 50 mg/30 ml		OTC	LA
wal-sleep z oral tablet,disintegrating 25 mg		OTC	LA
wal-som (diphenhydramine) oral capsule 50 mg	(diphenhydramine hcl)	OTC	LA
wal-som (doxylamine) oral tablet 25 mg		OTC	LA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		3	PA; LA
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		3	PA; LA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
XELJANZ ORAL SOLUTION 1 MG/ML		3	PA; LA
XELJANZ ORAL TABLET 10 MG, 5 MG		3	PA; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG		3	PA; LA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		3	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		3	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		3	PA; LA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		3	PA; LA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		3	PA; LA
zaleplon oral capsule 10 mg, 5 mg		1	QL (2 per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (1 per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	1	QL (1 per 1 day)
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	QL (6 per 1 day)
zonisamide oral capsule 50 mg		1	QL (6 per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG		1	
5-Inhibidores De Alfa-Reductasa			
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
Adamantanes			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5 ml		1	
amantadine hcl oral tablet 100 mg		1	
Agentes Acidificantes			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
K-PHOS NO 2 ORAL TABLET 305-700 MG		1	
phospha 250 neutral oral tablet 250 mg	(sod phos di, mono-k phos mono)	1	
Agentes Antilipémicos, Varios			
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		2	LA
Agentes Antitiroideos			
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	LA
Agentes Antituberculosis			
ethambutol oral tablet 100 mg, 400 mg		2	LA
isoniazid oral solution 50 mg/5 ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PRIFTIN ORAL TABLET 150 MG		2	LA
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg		1	
rifampin oral capsule 150 mg, 300 mg		1	
Agentes Cardiotónicos			
CORLANOR ORAL SOLUTION 5 MG/5 ML		2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (15 per 1 day)
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (2 per 1 day)
Agentes Cariostáticos			
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML		OTC	LA; AGE (Max 6 Years)
Agentes De Abandono Del Tabaquismo			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	OTC	LA
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	OTC	LA
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	OTC	LA
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	OTC	LA
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	OTC	LA
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	OTC	LA
NICOTROL INHALATION CARTRIDGE 10 MG		1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		1	
quit 2 buccal gum 2 mg	(nicotine (polacrilex))	OTC	LA
quit 2 buccal lozenge 2 mg	(nicotine (polacrilex))	OTC	LA
quit 4 buccal gum 4 mg	(nicotine (polacrilex))	OTC	LA
quit 4 buccal lozenge 4 mg	(nicotine (polacrilex))	OTC	LA
stop smoking aid buccal lozenge 2 mg, 4 mg	(nicotine (polacrilex))	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	1	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	1	
Agentes De Tiroides			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Tirosint)	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Levoxyl)	1	
levothyroxine oral tablet 300 mcg	(Synthroid)	1	
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	(levothyroxine)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(thyroid (pork))	1	
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	(levothyroxine)	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
Agentes Glicogenolíticos			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		2	LA; QL (2 per 1 day)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		1	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML		1	
Agentes Inmunomoduladores			
pimecrolimus topical cream 1 %	(Elidel)	2	LA; ST: (FAILURE OF TACROLIMUS OINTMENT); QL (100 per 30 days)
tacrolimus topical ointment 0.03 %, 0.1 %		2	LA; QL (100 per 30 days)
Agentes Promotores De Vigilia			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	QL (1 per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	1	QL (1 per 1 day)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	3	PA; LA; QL (18 per 1 day)
Agentes Protectores			
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	3	LA; QL (2 per 1 day)
Agentes Queratolíticos			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	LA
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		3	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
acne medication topical gel 10 %, 2.5 %	(benzoyl peroxide)	1	
acne treatment (benzoyl perox) topical gel 10 %	(benzoyl peroxide)	1	
acne-clear topical gel 10 %	(benzoyl peroxide)	1	
adapalene topical cream 0.1 %	(Differin)	1	
adapalene topical gel 0.3 %		1	
adapalene topical gel with pump 0.3 %	(Differin)	1	
adapalene topical lotion 0.1 %	(Differin)	1	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	(isotretinoin)	2	LA
benzoyl peroxide topical cleanser 5 %	(BP Wash)	1	
benzoyl peroxide topical gel 10 %	(Acne Medication)	1	
benzoyl peroxide topical gel 2.5 %		1	
bp 10-1 topical cleanser 10-1 %	(sulfacetamide sodium-sulfur)	1	
BP WASH TOPICAL CLEANSER 5 %	(benzoyl peroxide)	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	LA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	2	LA
isotretinoin oral capsule 25 mg, 35 mg	(Absorica)	2	LA
podofilox topical solution 0.5 %		1	
sss 10-5 topical cream 10-5 % (w/w)	(sulfacetamide sodium-sulfur)	1	
sss 10-5 topical foam 10-5 %	(sulfacetamide sodium-sulfur)	1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	1	
sulfacetamide sodium-sulfur topical cleanser 8-4 %		1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	(Sumaxin)	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %		1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	(SulfaCleanse 8-4)	1	
sulfacleanse 8-4 topical suspension 8-4 %	(sulfacetamide sodium-sulfur)	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	LA
Agentes Querotoplásticos			
CALSODORE TOPICAL KIT 0.005 %		2	LA
TRIONEX TOPICAL KIT 0.005 %		2	LA
Agentes Removedores De Fosfato			
calcium acetate(phosphat bind) oral capsule 667 mg		2	LA
calcium acetate(phosphat bind) oral tablet 667 mg		2	LA
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	LA; QL (9 per 1 day)
sevelamer hcl oral tablet 800 mg		2	LA; QL (6 per 1 day)
Agentes Removedores De Potasio			
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		2	LA; QL (34 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		1	
Agonistas Alfa Y Beta-Adrenérgicos			
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	1	QL (4 per 1 day)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	QL (4 per 1 day)
epinephrine injection syringe 0.1 mg/ml		1	QL (4 per 1 day)
Agonistas Alfa-Adrenérgicos			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	1	
brimonidine ophthalmic (eye) drops 0.2 %		1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: BRIMONIDINE EYE DROP, TIMOLOL EYE DROP)
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	LA
Agonistas Central Alfa			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg		1	QL (4 per 1 day)
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	
guanfacine oral tablet 1 mg, 2 mg		1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	QL (1 per 1 day)
methyldopa oral tablet 250 mg, 500 mg		1	
Agonistas Selectivos De Serotonina			
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	1	QL (6 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		1	QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG		2	PA; LA; QL (8 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	1	QL (9 per 30 days)
rizatriptan oral tablet 5 mg		1	QL (9 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	QL (9 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		1	QL (9 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		1	QL (6 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
sumatriptan succinate oral tablet 100 mg, 50 mg	(Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	1	QL (3 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	QL (3 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		1	QL (3 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		1	QL (3 per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	(Zomig)	1	QL (6 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		1	QL (6 per 30 days)
Agonsitas-Antagonistas De Estrógeno			
FARESTON ORAL TABLET 60 MG	(toremifene)	3	LA
raloxifene oral tablet 60 mg	(Evista)	1	QL (1 per 1 day)
tamoxifen oral tablet 10 mg, 20 mg		1	
Aminoglicósidos			
neomycin oral tablet 500 mg		1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		3	PA; LA; QL (8 per 1 day)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	3	LA; QL (10 per 1 day)
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	3	LA; QL (10 per 1 day)
Análogos De Prostaglandinas			
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: LATANOPROST, TRAVOPROST)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: LATANOPROST, TRAVOPROST)
Anestesia Local			
lidocaine hcl mucous membrane jelly 2 %		1	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	1	
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	1	
Anfetaminas			
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	2	LA; QL (2 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	(Dexedrine Spansule)	2	LA; QL (4 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 5 mg		2	LA; QL (2 per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	(Zenzedi)	1	QL (6 per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	2	LA; QL (1 per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	(Adderall XR)	1	QL (2 per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (6 per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	1	QL (1 per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	1	QL (1 per 1 day)
Antagonistas De Histamina H2			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
cimetidine hcl oral solution 300 mg/5 ml		1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		1	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
Antagonistas De Opioides			
naloxone injection solution 0.4 mg/ml		1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		1	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	OTC	
naltrexone oral tablet 50 mg		1	(tablet)
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	OTC	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		1	
Antagonistas De Receptor De 5-Ht3			
ondansetron hcl oral solution 4 mg/5 ml		1	
ondansetron hcl oral tablet 4 mg, 8 mg		1	QL (3 per 1 day)
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	QL (3 per 1 day)
Antagonistas De Receptores De Angiotensina Ii			
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	QL (1 per 1 day)
irbesartan oral tablet 75 mg		1	QL (1 per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	QL (1 per 1 day)
losartan oral tablet 100 mg	(Cozaar)	1	QL (1 per 1 day)
losartan oral tablet 25 mg, 50 mg	(Cozaar)	1	QL (2 per 1 day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	QL (1 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Antagonistas De Vasopresina			
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	3	PA; LA; QL (2 per 1 day)
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)	(tolvaptan (polycys kidney dis))	3	PA; LA; QL (2 per 1 day)
tolvaptan oral tablet 15 mg, 30 mg	(Samsca)	3	PA; LA; QL (2 per 1 day)
Antiácidos Y Adsorbentes			
sodium bicarbonate oral tablet 325 mg, 650 mg		1	
Anticonvulsivos, Varios			
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	(brivaracetam)	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE); QL (2 per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral suspension 200 mg/10 ml		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
carbamazepine oral tablet 200 mg	(Tegretol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg		1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		3	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: CLOBAZAM, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VALPROIC ACID)
epitol oral tablet 200 mg	(carbamazepine)	1	
felbamate oral suspension 600 mg/5 ml		1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	1	QL (2 per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral solution 500 mg/5 ml (5 ml)		1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	QL (4 per 1 day)
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	QL (4 per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg		2	LA; QL (2 per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	(topiramate)	2	LA; ST: (FAILURE OF TOPIRAMATE EXTENDED-RELEASE SPRINKLE CAPSULE (GENERIC QUDEXY ER)); QL (2 per 1 day)
Anticuerpos Monoclonales			
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML		1	AGE (less than 1 year of age)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		3	PA; LA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		3	PA; LA
Antifúngicos, Varios			
griseofulvin microsize oral suspension 125 mg/5 ml		2	LA
griseofulvin microsize oral tablet 500 mg		2	LA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		2	LA
Antiinfecciosos Locales, Varios			
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	1	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	1	
Antimuscarínicos			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		2	LA; QL (1 per 1 day)
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		2	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
tolterodine oral tablet 1 mg, 2 mg		1	
trospium oral capsule,extended release 24hr 60 mg		1	
trospium oral tablet 20 mg		1	
Antimuscarínicos/Antiespasmódicos			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		2	LA; QL (25.8 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		1	QL (4 per 30 days)
dicyclomine oral capsule 10 mg		1	
dicyclomine oral solution 10 mg/5 ml		1	
dicyclomine oral tablet 20 mg		1	
ed-spaz oral tablet,disintegrating 0.125 mg	(hyoscyamine sulfate)	1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	2	LA; QL (45 per 1 day)
glycopyrrolate oral tablet 1 mg	(Robinul)	1	QL (45 per 1 day)
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	1	QL (45 per 1 day)
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	1	
ipratropium bromide inhalation solution 0.02 %		1	QL (312.5 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		1	QL (18 per 1 day)
oscimin oral tablet 0.125 mg	(hyoscyamine sulfate)	1	
oscimin sl sublingual tablet 0.125 mg	(hyoscyamine sulfate)	1	
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	2	LA; QL (10 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		2	LA; QL (4 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	2	LA; QL (1 per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER, TIOTROPIUM HANDIHALER OR SPIRIVA RESPIMAT); QL (2 per 1 day)
umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation	(Anoro Ellipta)	2	LA; QL (2 per 1 day)
Antipalúdicos			
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	QL (1 per 1 day)
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	QL (3 per 1 day)
chloroquine phosphate oral tablet 250 mg, 500 mg		1	QL (2 per 1 day)
COARTEM ORAL TABLET 20-120 MG		1	QL (8 per 1 day)
hydroxychloroquine oral tablet 100 mg		1	QL (3 per 1 day)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	QL (3 per 1 day)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	LA; QL (2 per 1 day)
hydroxychloroquine oral tablet 400 mg		2	LA; QL (1 per 1 day)
mefloquine oral tablet 250 mg		1	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	3	LA
Antipruriginoso Y Anestésicos Locales			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
AGONEAZE TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
anecream (with dressings) topical kit 4 %	(lidocaine-transparent dressing)	1	
anecream topical cream 4 %	(lidocaine)	1	
anodyne lpt topical kit 2.5-2.5 %	(lidocaine-prilocaine)	1	
APRIZIO PAK TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
asperflex (lidocaine) topical cream 4 %	(lidocaine)	1	
DERMACINRX PRIZOPAK TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
dermalid topical combo pack 5 %		1	QL (3 per 1 day)
EMREAL TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
lidocaine topical adhesive patch,medicated 5 %	(Tridacaine II)	1	QL (3 per 1 day)
lidocaine topical cream 4 %	(Anecream)	1	
lidocaine topical ointment 5 %		1	QL (100 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		1	
lidocaine-prilocaine topical kit 2.5-2.5 %	(AgonEaze)	1	
lidocaine-transparent dressing topical kit 4 %	(Anecream (with dressings))	1	
lidoheal-90 topical kit 4 %	(lidocaine-transparent dressing)	1	
LIDOLITE TOPICAL KIT 5 %		1	QL (100 per 30 days)
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
lidopure patch topical combo pack 5 %		1	QL (3 per 1 day)
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %		1	QL (100 per 30 days)
LIDOSOL TOPICAL KIT 5 %		1	QL (100 per 30 days)
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM		1	QL (100 per 30 days)
LIDOTOR TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
lidozall topical cream 4 %	(lidocaine)	1	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
moxicaine topical kit 5 %		1	QL (100 per 30 days)
pain relief (lidocaine) topical cream 4 %	(lidocaine hcl)	1	
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	2	LA
PRILOHEAL PLUS 30 TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
REALHEAL-I TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
SKYADERM-LP TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
tridacaine ii topical adhesive patch,medicated 5 %	(lidocaine)	1	QL (3 per 1 day)
tridacaine iii topical adhesive patch,medicated 5 %	(lidocaine)	1	QL (3 per 1 day)
tridacaine topical adhesive patch,medicated 5 %	(lidocaine)	1	QL (3 per 1 day)
tridacaine xl topical adhesive patch,medicated 5 %	(lidocaine)	1	QL (3 per 1 day)
ultra lido topical cream 4 %	(lidocaine)	1	
VALLADERM-90 TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %		1	QL (3 per 1 day)
ziloval topical kit 5 %		1	QL (100 per 30 days)
Antitusivos			
benzonatate oral capsule 100 mg, 150 mg, 200 mg		1	QL (3 per 1 day)
CHILDREN'S DELSYM COUGH ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	(dextromethorphan polistirex)	OTC	LA; AGE (Min 4 Years and Max 11 Years)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	1	QL (60 per 1 day); AGE (Min 12 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
cough relief oral liquid 15 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
CREOMULSION ADULT FORMULA ORAL SOLUTION 20 MG/15 ML		OTC	LA; AGE (Min 4 Years and Max 11 Years)
day-time cough oral syrup 5 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
DELSYM 12 HOUR ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	(dextromethorphan polistirex)	OTC	LA; AGE (Min 4 Years and Max 11 Years)
g tussin ac oral liquid 10-100 mg/5 ml	(codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
giltuss honey dm cough oral liquid 15 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
guaifenesin ac oral liquid 10-100 mg/5 ml	(codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
maxi-tuss ac oral liquid 10-100 mg/5 ml	(codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml		1	QL (30 per 1 day); AGE (Min 12 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		1	QL (30 per 1 day); AGE (Min 12 Years)
promethazine-dm oral syrup 6.25-15 mg/5 ml		1	
SCOT-TUSSIN DIABETES CF ORAL LIQUID 10 MG/5 ML		OTC	LA; AGE (Min 4 Years and Max 11 Years)
SCOT-TUSSIN DIABETES ORAL LIQUID 10 MG/5 ML		OTC	LA; AGE (Min 4 Years and Max 11 Years)
tussin cough (dm only) oral liquid 15 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
tussin long-acting oral liquid 15 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
vicks dayquil cough oral syrup 5 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
virtussin ac oral liquid 10-100 mg/5 ml	(codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
wal-tussin cough oral liquid 15 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
wal-tussin max strength cough oral syrup 15 mg/5 ml		OTC	LA; AGE (Min 4 Years and Max 11 Years)
Astringentes			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
Azoles			
fluconazole oral suspension for reconstitution 10 mg/ml		1	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		1	
itraconazole oral capsule 100 mg	(Sporanox)	1	
itraconazole oral solution 10 mg/ml		1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	
voriconazole oral tablet 200 mg, 50 mg		1	
Barbitúricos			
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		1	QL (6 per 1 day)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		1	QL (6 per 1 day)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	
phenobarbital oral tablet 15 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg		1	
primidone oral tablet 125 mg		1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	1	QL (6 per 1 day)
Benzodiacepinas			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	1	QL (5 per 1 day)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	1	QL (1 per 1 day)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	QL (4 per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
clobazam oral suspension 2.5 mg/ml (Onfi)	1	QL (16 per 1 day)
clobazam oral syringe 10 mg/4 ml	1	QL (16 per 1 day)
clobazam oral tablet 10 mg, 20 mg (Onfi)	1	QL (2 per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)	1	QL (4 per 1 day)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL (4 per 1 day)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	QL (1 per 1 day)
diazepam intensol oral concentrate 5 mg/ml (diazepam)	1	QL (40 per 1 day)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	1	QL (40 per 1 day)
diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)	1	QL (4 per 1 day)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	2	LA
flurazepam oral capsule 15 mg, 30 mg	1	QL (1 per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)	1	QL (5 per 1 day)
midazolam (pf) injection solution 1 mg/ml	1	QL (25 per 30 days)
midazolam (pf) injection syringe 5 mg/ml	1	QL (5 per 30 days)
midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml	1	QL (25 per 30 days)
midazolam injection solution 1 mg/ml	1	QL (25 per 30 days)
midazolam injection solution 5 mg/ml	1	QL (5 per 30 days)
temazepam oral capsule 15 mg, 7.5 mg (Restoril)	1	QL (2 per 1 day)
temazepam oral capsule 22.5 mg, 30 mg (Restoril)	1	QL (1 per 1 day)
triazolam oral tablet 0.125 mg	1	QL (1 per 1 day)
triazolam oral tablet 0.25 mg (Halcion)	1	QL (1 per 1 day)
Biguanidas		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	1	
metformin oral tablet 1,000 mg, 500 mg, 750 mg, 850 mg	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
metformin oral tablet extended release 24 hr 500 mg, 750 mg		1	
metformin oral tablet extended release 24hr 1,000 mg, 500 mg		2	LA
Complejo De Vitamin			
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	(Dodex)	1	
folbic oral tablet 2.5-25-2 mg	(folic acid-vit b6-vit b12)	1	
folic acid oral tablet 1 mg		1	
full spectrum b-vitamin c oral tablet 0.8 mg		1	
l-methyl-mc oral tablet 6-5-50-1 mg		1	
metafolbic oral tablet 6-5-50-1 mg		1	
nephro vitamins oral tablet 0.8 mg		1	
nephro-vite oral tablet 0.8 mg		1	
niacin oral tablet 100 mg, 250 mg		1	
renal vitamin oral tablet 0.8 mg		1	
renal-vite oral tablet 0.8 mg		1	
rena-vite oral tablet 0.8 mg		1	
vp-vite rx oral tablet 1-60-300 mg-mg-mcg		1	
westab max oral tablet 2.5-25-2 mg	(folic acid-vit b6-vit b12)	1	
Derivados De Ácido Fíbrico			
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg		1	QL (1 per 1 day)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	QL (1 per 1 day)
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	1	QL (1 per 1 day)
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		1	QL (1 per 1 day)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
Digestivos			

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	LA; QL (30 per 1 day)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	LA; QL (30 per 1 day)
Dihidropiridinas		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg (Procardia XL)	1	
nifedipine oral tablet extended release 24hr 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
Disuasivos De Alcohol		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
Diurético De Asa		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
Diuréticos Ahorradores De Potasio			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Diuréticos De Tiazidas			
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
Diuréticos De Tipo Tiazidas			
chlorthalidone oral tablet 25 mg, 50 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
Eent Antiinfecciosos, Misceláneos			
acetic acid otic (ear) solution 2 %		1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		2	LA
Escabicidas Y Pediculicidas			
EURAX TOPICAL CREAM 10 %		1	
ivermectin topical lotion 0.5 %	(Sklice)	OTC	LA
malathion topical lotion 0.5 %	(Ovide)	2	LA
permethrin topical cream 5 %	(Elimite)	1	
Estabilizadores De Mastocitos			
cromolyn inhalation solution for nebulization 20 mg/2 ml		2	LA
Estimulantes Respiratorios Y Cns			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg		1	QL (2 per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		1	QL (1 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	2	LA; QL (1 per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	2	LA; QL (4 per 1 day)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Aptensio XR)	2	LA; QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	2	LA; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 30 mg, 40 mg, 60 mg		2	LA; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg	(Ritalin LA)	2	LA; QL (1 per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	QL (6 per 1 day)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg		2	(Ritalin SR and Metadate ER); QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	2	LA; QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	2	LA; QL (2 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	2	LA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: ATOMOXETINE, CLONIDINE EXTENDED-RELEASE, GUANFACINE EXTENDED-RELEASE.); QL (3 per 1 day)
Estrógenos			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		2	LA; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL/NORETHINDRONE ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (8 per 28 days)
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	(estradiol)	1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (50 per 30 days)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	(Divigel)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (1 per 1 day)
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	(Dotti)	1	
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	(Climara)	1	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	QL (43 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	1	
estradiol valerate intramuscular oil 40 mg/ml		1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		2	LA; ST: (FAILURE OF ESTRADIOL VAGINAL CREAM); QL (1 per 84 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		2	LA; ST: (FAILURE OF ESTRADIOL VAGINAL CREAM); QL (1 per 84 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: ESTRADIOL VAGINAL CREAM, ESTRADIOL VAGINAL TABLET); QL (18 per 28 days)
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		1	
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	(conjugated estrogens)	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		2	LA
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
yuvafem vaginal tablet 10 mcg	(estradiol)	1	QL (18 per 28 days)
Hemostáticos			
tranexamic acid oral tablet 650 mg		1	QL (30 per 28 days)
Hidantoínas			
DILANTIN ORAL CAPSULE 30 MG		1	
phenytoin oral suspension 100 mg/4 ml		1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
Inhibidores De Absorción De Colesterol			
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (1 per 1 day)
Inhibidores De Agregación De Plaquetas			
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	2	LA; ST: (FAILURE OF CLOPIDOGREL); QL (2 per 1 day)
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel oral tablet 300 mg		1	
clopidogrel oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		1	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	1	
Inhibidores De Alfa-Glucosidasa			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	1	
Inhibidores De Anhidrasa Carbónica			
acetazolamide oral capsule, extended release 500 mg		2	LA
acetazolamide oral tablet 125 mg, 250 mg		1	
dorzolamide (pf) ophthalmic (eye) drops 2 %		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
dorzolamide ophthalmic (eye) drops 2 %		1	
methazolamide oral tablet 25 mg, 50 mg		1	
Inhibidores De Enzima Convertidoras De Angiotensina			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	QL (1 per 1 day)
benazepril oral tablet 5 mg		1	QL (1 per 1 day)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral solution 1 mg/ml	(Epaned)	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
Inhibidores De La Bomba De Protones			
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: OMEPRAZOLE, PANTOPRAZOLE, ESOMEPRAZOLE); QL (1 per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	1	QL (1 per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	1	QL (1 per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	(Nexium Packet)	2	LA; QL (1 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	LA; QL (1 per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	2	LA; QL (1 per 1 day)
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	2	LA; QL (1 per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	QL (2 per 1 day)
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	2	LA; QL (1 per 1 day)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	QL (2 per 1 day)
Inhibidores De Neuraminidasa			
oseltamivir oral capsule 30 mg	(Tamiflu)	1	QL (20 per 30 days)
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	1	QL (10 per 30 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	1	QL (180 per 30 days)
Inhibidores De Reductasa Hmg-Coa			
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	QL (1 per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	QL (1 per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	QL (1 per 1 day)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (1 per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	QL (1 per 1 day)
simvastatin oral tablet 5 mg, 80 mg		1	QL (1 per 1 day)
Inhibidores De Resorción Ósea			
alendronate oral tablet 10 mg, 35 mg, 5 mg		1	
alendronate oral tablet 70 mg	(Fosamax)	1	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		1	
ibandronate oral tablet 150 mg		2	LA
risedronate oral tablet 150 mg, 35 mg	(Actonel)	1	
risedronate oral tablet 30 mg, 5 mg		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Interferones		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	LA; QL (1 per 2 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	LA; QL (12 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	LA; QL (12 per 28 days)
Miméticos De Incretina		
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	2	PA; LA; QL (2.4 per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	2	PA; LA; QL (1.2 per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml) (Victoza 2-Pak)	2	PA; LA; QL (9 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; LA; QL (3 per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; LA; QL (1 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; LA; QL (2 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	2	PA; LA; QL (9 per 30 days)
Mióticos			
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		1	
Modificadores De Leucotrienos			
montelukast oral granules in packet 4 mg	(Singulair)	1	
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	2	LA
Nitratos Y Nitritos			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	QL (1 per 1 day)
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
Nucleósidos Y Nucleótidos			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg		1	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	3	LA; QL (1 per 1 day)
lagevrio (eua) oral capsule 200 mg		1	QL (40 per 30 days); AGE (Min 18 Years)
ribavirin oral capsule 200 mg		1	
ribavirin oral tablet 200 mg		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
valganciclovir oral tablet 450 mg	(Valcyte)	2	LA
VEMLIDY ORAL TABLET 25 MG		2	LA
Precursores De Dopamina			
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg		1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	
Preparados De Hierro			
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG		1	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	(Fe-Vite)	OTC	(Restricted to members less than 1yr of age)
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml		OTC	(Restricted to members less than 1yr of age)
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml		OTC	(Restricted to members less than 1yr of age)
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml		OTC	LA
fe-vite oral drops 15 mg iron (75 mg)/ml	(ferrous sulfate)	OTC	(Restricted to members less than 1yr of age)
FE-VITE ORAL SYRINGE 12.5 MG IRON/0.83 ML, 15 MG IRON (75 MG)/ML, 7.5 MG IRON/0.5 ML	(ferrous sulfate)	OTC	(Restricted to members less than 1yr of age)
FE-VITE ORAL SYRINGE 3.75 MG IRON/0.25 ML, 30 MG IRON/2 ML, 4.5 MG IRON/0.3 ML		OTC	(Restricted to members less than 1yr of age)
icar-c plus oral tablet 100-250-25-1 mg-mg-mcg-mg		1	
pedia iron oral drops 15 mg iron (75 mg)/ml	(ferrous sulfate)	OTC	(Restricted to members less than 1yr of age)
Prostaglandinas			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Protectores			
sucralfate oral suspension 100 mg/ml		1	
sucralfate oral tablet 1 gram	(Carafate)	1	
Quinolonas			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	(ciprofloxacin-hydrocortisone)	1	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	1	
levofloxacin oral solution 250 mg/10 ml		1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
Relajante Musculoesquelético De Acción Directa			
dantrolene oral capsule 100 mg, 50 mg		2	LA
dantrolene oral capsule 25 mg	(Dantrium)	2	LA
Secuestradores De Ácido Biliar			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	2	LA
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	LA
cholestyramine light oral powder 4 gram		1	
cholestyramine light oral powder in packet 4 gram		1	
colestipol oral granules 5 gram	(Colestid)	1	
colestipol oral packet 5 gram		1	
colestipol oral tablet 1 gram	(Colestid)	1	
prevalite oral powder 4 gram		2	LA
prevalite oral powder in packet 4 gram		2	LA
Succinimidas			
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Sulfonamidas			
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	
sulfatrim oral suspension 200-40 mg/5 ml	(sulfamethoxazole-trimethoprim)	1	
Sulfonilureas			
glimepiride oral tablet 1 mg, 2 mg, 4 mg		1	
glipizide oral tablet 10 mg, 5 mg		1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg		1	QL (2 per 1 day)
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	
Tiazolidinedionas			
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	1	
Ungüentos Básicos Y Protectores			
calcipotriene scalp solution 0.005 %		2	LA
calcipotriene topical cream 0.005 %		2	LA
calcipotriene topical ointment 0.005 %		2	LA
Vasodilatadores Directos			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
Agentes Alcalinizantes			
Agentes Alcalinizantes			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	1	
potassium citrate oral tablet extended release 5 meq (540 mg)		1	
Agentes Antialérgicos			
Agentes Antialérgicos			
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %		1	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		1	QL (1 per 1 day)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	1	QL (1 per 1 day)
cromolyn ophthalmic (eye) drops 4 %		1	
eye allergy itch relief ophthalmic (eye) drops 0.2 %	(olopatadine)	OTC	LA
eye allergy itch-redness rlf ophthalmic (eye) drops 0.1 %	(olopatadine)	OTC	LA
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	OTC	LA
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	OTC	LA
PATADAY TWICE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.1 %	(olopatadine)	OTC	LA
Agentes Antiarritmicos			
Antiarritmicos De Clase Ic			
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	
Antiarritmicos De Clase Iii			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	1	
amiodarone oral tablet 400 mg		1	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Antiarritmicos De Clase Iv			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Agentes Anticolinérgicos			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
trihexyphenidyl oral elixir 0.4 mg/ml		1	
trihexyphenidyl oral tablet 2 mg, 5 mg		1	
Agentes Antidiarreicos			
Agentes Antidiarreicos			
anti-diarrheal (loperamide) oral capsule 2 mg	(loperamide)	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	
Agentes Antigota			
Agentes Antigota			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	QL (1 per 1 day)
Agentes Antiinflamatorios			
balsalazide oral capsule 750 mg	(Colazal)	2	LA
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		2	LA; ST: (FAILURE OF CYCLOSPORINE EYE DROPPERETTE OR RESTASIS MULTIDOSE EYE DROP); QL (2 per 1 day)
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	LA; QL (2 per 1 day)
DIPENTUM ORAL CAPSULE 250 MG		1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	2	LA
mesalamine oral tablet,delayed release (dr/ec) 800 mg		2	LA
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	2	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
mesalamine rectal suppository 1,000 mg	(Canasa)	2	LA; QL (1 per 1 day)
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	2	LA
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		2	LA; QL (2 per 1 day)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		2	LA; ST: (FAILURE OF CYCLOSPORINE EYE DROPPERETTE OR RESTASIS MULTIDOSE EYE DROP); QL (2 per 1 day)
Agentes Antiinflamatorios No Esteroideos			
ADVIL JUNIOR STRENGTH ORAL TABLET,CHEWABLE 100 MG	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
ALEVE (DICLOFENAC) TOPICAL GEL 1 %	(diclofenac sodium)	OTC	LA
arthritis pain (diclofenac) topical gel 1 %	(diclofenac sodium)	OTC	LA
ASPERCREME ARTHRITIS PAIN TOPICAL GEL 1 %	(diclofenac sodium)	OTC	LA
CHILDREN'S ADVIL ORAL SUSPENSION 100 MG/5 ML	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
children's ibuprofen oral suspension 100 mg/5 ml	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
children's profen ib oral suspension 100 mg/5 ml	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
diclofenac potassium oral tablet 25 mg	(Lofena)	1	
diclofenac potassium oral tablet 50 mg		1	
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		1	
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	OTC	LA
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(naproxen)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	
IBUPAK ORAL KIT 600 MG		1	
ibuprofen ib oral tablet,chewable 100 mg	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
ibuprofen jr strength oral tablet,chewable 100 mg	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
ibuprofen oral drops,suspension 50 mg/1.25 ml	(Infant's Advil)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		1	
indomethacin oral capsule, extended release 75 mg		1	
infant's advil oral drops,suspension 50 mg/1.25 ml	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
infant's ibuprofen oral drops,suspension 50 mg/1.25 ml	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
infant's motrin oral drops,suspension 50 mg/1.25 ml	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
infants profenib oral drops,suspension 50 mg/1.25 ml	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
ketoprofen oral capsule 25 mg, 50 mg, 75 mg		1	
meloxicam oral tablet 15 mg, 7.5 mg		1	
MOTRIN ARTHRITIS PAIN TOPICAL GEL 1 %	(diclofenac sodium)	OTC	LA
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	1	
piroxicam oral capsule 10 mg		1	
piroxicam oral capsule 20 mg	(Feldene)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
sulindac oral tablet 150 mg, 200 mg		1	
VOLTAREN ARTHRITIS PAIN TOPICAL GEL 1 %	(diclofenac sodium)	OTC	LA
Agentes Antiinflamatorios No Esteroideos			
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	(ophthalmic)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	
Inhibidores De Ciclooxigenasa-2 (Cox-2)			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	QL (2 per 1 day)
Salicilatos			
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	(aspirin)	OTC	LA
adult low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	(aspirin)	OTC	LA
aspirin childrens oral tablet,chewable 81 mg	(aspirin)	OTC	LA
aspirin oral tablet 325 mg	(Bayer Aspirin)	OTC	LA
aspirin oral tablet 81 mg		OTC	LA
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	OTC	LA
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Ecotrin)	OTC	LA
aspirin oral tablet,delayed release (dr/ec) 500 mg		OTC	LA
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	OTC	LA
aspirin,buffd-calcium carb-mag oral tablet 325 mg	(Tri-Buffered Aspirin)	OTC	LA
bayer advanced oral tablet 500 mg	(aspirin)	OTC	LA
bayer aspirin oral tablet 325 mg	(aspirin)	OTC	LA
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	(aspirin)	OTC	LA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		1	QL (6 per 1 day)
ecotrin oral tablet,delayed release (dr/ec) 325 mg	(aspirin)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	2	LA
st joseph aspirin oral tablet,chewable 81 mg	(aspirin)	OTC	LA
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	(aspirin)	OTC	LA
tri-buffered aspirin oral tablet 325 mg	(aspirin,buffd-calcium carb-mag)	OTC	LA
Agentes Antimaníacos			
Agentes Antimaníacos			
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate oral tablet extended release 450 mg		1	
lithium citrate oral solution 8 meq/5 ml		1	
Agentes Antineoplásicos			
Agentes Antineoplásicos			
anastrozole oral tablet 1 mg	(Arimidex)	1	
bexarotene oral capsule 75 mg	(Targretin)	3	LA
bicalutamide oral tablet 50 mg	(Casodex)	2	LA
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	3	LA
cyclophosphamide oral capsule 25 mg, 50 mg		3	LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		2	LA
etoposide oral capsule 50 mg		2	LA
exemestane oral tablet 25 mg	(Aromasin)	1	
hydroxyurea oral capsule 500 mg	(Hydrea)	1	
imatinib oral tablet 100 mg, 400 mg	(Gleevec)	3	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		3	PA; LA; QL (2 per 1 day)
letrozole oral tablet 2.5 mg	(Femara)	1	
LEUKERAN ORAL TABLET 2 MG		3	LA
LYSODREN ORAL TABLET 500 MG		3	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
MATULANE ORAL CAPSULE 50 MG		3	LA
melphalan oral tablet 2 mg	(Alkeran)	2	LA
mercaptopurine oral tablet 50 mg		2	LA
methotrexate sodium (pf) injection recon soln 1 gram		1	
methotrexate sodium (pf) injection solution 25 mg/ml		1	
methotrexate sodium injection solution 25 mg/ml		1	
methotrexate sodium oral tablet 2.5 mg		1	
MYLERAN ORAL TABLET 2 MG		3	LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		3	PA; LA; QL (4 per 1 day)
TABLOID ORAL TABLET 40 MG	(thioguanine)	3	LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	(nilotinib hcl)	3	PA; LA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		3	LA
tretinoin (antineoplastic) oral capsule 10 mg		3	LA
ZEJULA ORAL CAPSULE 100 MG		3	PA; LA; QL (3 per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		3	PA; LA; QL (1 per 1 day)
Agentes Bloqueadores Alfa-Adrenérgicos			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	
ergotamine-caffeine oral tablet 1-100 mg		1	
tamsulosin oral capsule 0.4 mg		1	
Agentes Bloqueadores Alfa-Adrenérgicos			
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
Agentes Bloqueadores Beta-Adrenérgicos			
Agentes Bloqueadores Beta-Adrenérgicos			
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %		1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	(timolol)	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		1	
carteolol ophthalmic (eye) drops 1 %		1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	
levobunolol ophthalmic (eye) drops 0.5 %		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nadolol oral tablet 20 mg, 40 mg, 80 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	LA; QL (2 per 1 day)
pindolol oral tablet 10 mg, 5 mg		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	1	
sotalol oral tablet 240 mg	(Betapace)	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	
Agentes Calóricos			
Agentes Calóricos			
glucose oral tablet,chewable 3.75 gram	(TRUEplus Glucose)	1	
glucose oral tablet,chewable 4 gram	(Dex4 Glucose)	1	
trueplus glucose oral tablet,chewable 3.75 gram	(glucose)	1	
Agentes Colelitolíticos			
Agentes Colelitolíticos			
ursodiol oral capsule 300 mg		1	
ursodiol oral tablet 250 mg		1	
ursodiol oral tablet 500 mg	(URSO Forte)	1	
Agentes Hematopoyéticos			
Agentes Hematopoyéticos			

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 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	3	LA
LEUKINE INJECTION RECON SOLN 250 MCG	3	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	LA; ST: (FAILURE OF NYVEPRIA)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	LA; ST: (FAILURE OF NYVEPRIA)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	LA; ST: (FAILURE OF NIVESTYM)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	LA; ST: (FAILURE OF NIVESTYM)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	LA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	LA
Agentes Hemorreológicos		
Agentes Hemorreológicos		
pentoxifylline oral tablet extended release 400 mg	1	
Agentes Mucolíticos		
Agentes Mucolíticos		
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	LA; QL (5 per 1 day); AGE (Min 5 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Agentes Procinéticos			
Agentes Procinéticos			
metoclopramide hcl oral solution 5 mg/5 ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	(prucalopride)	2	LA; ST: (FAILURE OF LUBIPROSTONE); QL (1 per 1 day)
Agentes Uricosúricos			
Agentes Uricosúricos			
probenecid oral tablet 500 mg		1	
probenecid-colchicine oral tablet 500-0.5 mg		1	
Agonistas Beta-Adrenérgicos			
Agonistas Selectivos De Beta-2-Adrenérgicos			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	1	(maximum of 2 inhalers per 30 days); QL (14 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml		1	QL (10 per 1 day)
albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg/0.5 ml		1	QL (12 per 1 day)
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)		1	QL (375 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	1	QL (30.6 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER); QL (13 per 30 days)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	(Breo Ellipta)	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER); QL (2 per 1 day)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Advair Diskus)	1	QL (2 per 1 day)
fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	(Advair HFA)	1	QL (12 per 30 days)
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	2	LA; ST: (FAILURE OF ALBUTEROL HFA); QL (1 per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		2	LA; QL (2 per 1 day)
terbutaline oral tablet 2.5 mg, 5 mg		1	
Agonistas Receptores De Dopamina			
bromocriptine oral capsule 5 mg		2	LA
bromocriptine oral tablet 2.5 mg		2	LA
cabergoline oral tablet 0.5 mg		1	QL (16 per 28 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		1	QL (1 per 1 day)
Andrógenos			
Andrógenos			
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		2	PA; LA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	2	PA; LA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	2	PA; LA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)		2	PA; LA
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	2	PA; LA
Antibacteriales, Misceláneos			
Glucopéptidos			
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml		OTC	LA
vancomycin oral capsule 125 mg, 250 mg	(Vancocin)	2	LA
Lincomicinas			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	1	
clindamycin phosphate topical gel 1 %		2	LA
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	2	LA
clindamycin phosphate topical lotion 1 %	(Cleocin T)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
clindamycin phosphate topical solution 1 %		1	
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	QL (40 per 7 days)
Oxazolidinonas			
linezolid oral tablet 600 mg		1	QL (2 per 1 day)
Rifamicinas			
XIFAXAN ORAL TABLET 200 MG		2	PA; LA; QL (6 per 1 day)
XIFAXAN ORAL TABLET 550 MG		2	PA; LA; QL (3 per 1 day)
Antibacterianos			
Antibacterianos			
azelaic acid topical gel 15 %		1	QL (50 per 30 days)
bacitracin ophthalmic (eye) ointment 500 unit/gram		1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	1	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		1	
clindamycin-benzoyl peroxide topical gel 1-5 %		1	QL (50 per 30 days)
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		1	QL (50 per 30 days)
dapsone topical gel 5 %	(Aczone)	2	LA
dapsone topical gel 7.5 %		2	LA
dapsone topical gel with pump 7.5 %	(Aczone)	2	LA
doxycycline hyclate oral tablet 20 mg		1	QL (2 per 1 day)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	
erythromycin with ethanol topical gel 2 %		1	
erythromycin with ethanol topical solution 2 %		1	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
gentamicin ophthalmic (eye) drops 0.3 %		1	
gentamicin topical cream 0.1 %		1	
gentamicin topical ointment 0.1 %		1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %		1	
metronidazole topical cream 0.75 %	(Rosadan)	1	
metronidazole topical gel 0.75 %	(Rosadan)	1	
metronidazole topical gel 1 %	(Metrogel)	1	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %		1	
moxifloxacin oral tablet 400 mg		1	
mupirocin calcium topical cream 2 %		2	LA
mupirocin topical ointment 2 %	(Centany)	1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %		1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	
rosadan topical cream 0.75 %	(metronidazole)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
tetracycline oral capsule 250 mg, 500 mg		1	
tobramycin ophthalmic (eye) drops 0.3 %		1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		1	
Anticoagulantes			
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	2	LA; QL (11.2 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	LA; QL (1 per 2 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	2	LA; QL (5.6 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	2	LA; QL (8.4 per 30 days)
Derivados De Cumarina			
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
Heparinas			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	1	QL (3 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (2 per 1 day)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	1	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	1	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	1	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	1	QL (36 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML		3	LA; QL (4 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		3	LA; QL (3.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		3	LA; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		3	LA; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		3	LA; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		3	LA; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML		3	LA; QL (2.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		3	LA; QL (4.2 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		1	
Inhibidores De Factor Xa Directo			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		1	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		1	QL (2 per 1 day)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	1	QL (2 per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		1	QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	(rivaroxaban)	1	QL (1 per 1 day)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	1	QL (2 per 1 day)
Anticonceptivos			
Anticonceptivos			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		1	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
aubra oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	1	
balziva (28) oral tablet 0.4-35 mg-mcg		1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
briellyn oral tablet 0.4-35 mg-mcg		1	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(norethindrone-e.estradiol-iron)	1	

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

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enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	1	
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(norethindrone-e.estradiol-iron)	1	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
hailey oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
her style oral tablet 1.5 mg	(levonorgestrel)	OTC	LA
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	

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jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(levonorgest-eth.estradiol-iron)	1	
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(noreth-ethinyl estradiol-iron)	1	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rivelsa)	1	

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l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg		1	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	1	
levonorgestrel oral tablet 1.5 mg	(EContra EZ)	OTC	LA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Dolishale)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(norethindrone-e.estradiol-iron)	1	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		1	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
my choice oral tablet 1.5 mg	(levonorgestrel)	OTC	LA
my way oral tablet 1.5 mg	(levonorgestrel)	OTC	LA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	
new day oral tablet 1.5 mg	(levonorgestrel)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
NEXPLANON SUBDERMAL IMPLANT 68 MG		1	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)		1	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
nora-be oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	1	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	1	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
ocella oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
opcicon one-step oral tablet 1.5 mg	(levonorgestrel)	OTC	LA
option-2 oral tablet 1.5 mg	(levonorgestrel)	OTC	LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		1	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		1	
philith oral tablet 0.4-35 mg-mcg		1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		1	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(l norgest/e.estradiol-e.estrad)	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		1	
SLYND ORAL TABLET 4 MG (28)		1	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		1	
tyblume oral tablet,chewable 0.1 mg-20 mcg		1	
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	(drospirenone-e.estradiol-lm.fa)	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg		1	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
wera (28) oral tablet 0.5-35 mg-mcg		1	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(noreth-ethinyl estradiol-iron)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	1	
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	1	
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Antidepresivos			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
citalopram oral solution 10 mg/5 ml		1	
citalopram oral tablet 10 mg, 20 mg	(Celexa)	1	QL (45 per 30 days)
citalopram oral tablet 40 mg	(Celexa)	1	QL (1 per 1 day)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	2	LA
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	1	QL (1 per 1 day)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin oral concentrate 10 mg/ml		1	
doxepin oral tablet 3 mg, 6 mg	(Silenor)	2	LA; QL (1 per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 40 mg, 60 mg		1	QL (2 per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 30 mg		1	QL (3 per 1 day)
escitalopram oxalate oral tablet 10 mg	(Lexapro)	1	QL (45 per 30 days)
escitalopram oxalate oral tablet 20 mg	(Lexapro)	1	QL (1 per 1 day)
escitalopram oxalate oral tablet 5 mg	(Lexapro)	1	QL (3 per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED-RELEASE)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED-RELEASE); QL (1 per 1 day)
fluoxetine oral capsule 10 mg, 20 mg	(Prozac)	1	
fluoxetine oral capsule 40 mg		1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		1	
fluoxetine oral tablet 10 mg, 20 mg		1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	1	QL (2 per 1 day)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	1	QL (3 per 1 day)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
Antidepresivos, Varios			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
bupropion hcl oral tablet extended release 24 hr 450 mg	(Forfivo XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
Inhibidores De Monoamino Oxidasa			
phenelzine oral tablet 15 mg	(Nardil)	1	
Moduladores De Serotonina			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg		1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		2	LA; ST: (FAILURE OF THREE OF THE FOLLOWING: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (1 per 1 day)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (1 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Antifúngicos			
ciclopirox topical cream 0.77 %	(Ciclodan)	1	QL (3 per 1 day)
ciclopirox topical solution 8 %	(Ciclodan)	1	
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	1	
Alilaminas			
terbinafine hcl oral tablet 250 mg		1	
Azoles			
clotrimazole mucous membrane troche 10 mg		1	
clotrimazole-betamethasone topical cream 1-0.05 %		1	
clotrimazole-betamethasone topical lotion 1-0.05 %		1	
econazole nitrate topical cream 1 %		1	QL (85 per 30 days)
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		1	
ketoconazole topical foam 2 %	(Ketodan)	1	
ketoconazole topical shampoo 2 %		1	
KETODAN KIT TOPICAL COMBO PACK 2 %		1	
ketodan topical foam 2 %	(ketoconazole)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
Poliénicos			
klayesta topical powder 100,000 unit/gram	(nystatin)	1	
nyamyc topical powder 100,000 unit/gram	(nystatin)	1	
nystatin oral suspension 100,000 unit/ml		1	
nystatin oral tablet 500,000 unit		1	
nystatin topical cream 100,000 unit/gram		1	
nystatin topical ointment 100,000 unit/gram		1	
nystatin topical powder 100,000 unit/gram	(Klayesta)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
nystop topical powder 100,000 unit/gram	(nystatin)	1	
Antihelmínticos			
Antihelmínticos			
albendazole oral tablet 200 mg		1	
ivermectin oral tablet 3 mg	(Stromectol)	2	LA
praziquantel oral tablet 600 mg	(Biltricide)	2	LA
Antihistamínicos			
Antihistamínicos			
compro rectal suppository 25 mg	(prochlorperazine)	1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	2	LA; QL (4 per 1 day)
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
trimethobenzamide oral capsule 300 mg		1	
Antihistamínocos De Segunda Generación			
Antihistamínocos De Segunda Generación			
24hour allergy oral tablet 10 mg	(cetirizine)	OTC	LA
alavert oral tablet,disintegrating 10 mg	(loratadine)	OTC	LA
all day allergy (cetirizine) oral tablet 10 mg	(cetirizine)	OTC	LA
ALLEGRA ALLERGY ORAL TABLET 60 MG	(fexofenadine)	OTC	LA; QL (2 per 1 day)
allerclear oral tablet 10 mg	(loratadine)	OTC	LA
aller-ease oral tablet 180 mg	(fexofenadine)	OTC	LA
aller-fex oral tablet 180 mg	(fexofenadine)	OTC	LA
allergy relief (cetirizine) oral solution 1 mg/ml	(cetirizine)	OTC	LA
allergy relief (cetirizine) oral tablet 10 mg, 5 mg	(cetirizine)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
allergy relief (fexofenadine) oral tablet 180 mg, 60 mg	(fexofenadine)	OTC	LA
allergy relief (loratadine) oral capsule 10 mg	(loratadine)	OTC	(Rx products only)
allergy relief (loratadine) oral solution 5 mg/5 ml	(loratadine)	OTC	LA
allergy relief (loratadine) oral tablet 10 mg	(loratadine)	OTC	LA
allergy relief (loratadine) oral tablet,disintegrating 10 mg	(loratadine)	OTC	LA
allergy relief (loratadine) oral tablet,disintegrating 5 mg		OTC	LA
allergy-hives relief oral tablet 180 mg	(fexofenadine)	OTC	LA
aller-tec oral tablet 10 mg	(cetirizine)	OTC	LA
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	OTC	LA
cetirizine oral tablet 10 mg	(24Hour Allergy)	OTC	LA
cetirizine oral tablet 5 mg	(Allergy Relief (cetirizine))	OTC	LA
cetirizine oral tablet,chewable 10 mg, 5 mg	(Children's Cetirizine)	OTC	LA; QL (1 per 1 day)
child allergy relf(cetirizine) oral solution 1 mg/ml	(cetirizine)	OTC	LA
children's allergy relief(lor) oral solution 5 mg/5 ml	(loratadine)	OTC	LA
children's allergy relief(lor) oral tablet,chewable 5 mg		OTC	LA
children's allergy(cetirizine) oral solution 1 mg/ml	(cetirizine)	OTC	LA
children's aller-tec oral solution 1 mg/ml	(cetirizine)	OTC	LA
children's cetirizine oral solution 1 mg/ml	(cetirizine)	OTC	LA
children's cetirizine oral tablet,chewable 10 mg, 5 mg	(cetirizine)	OTC	LA; QL (1 per 1 day)
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML	(loratadine)	OTC	LA
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG		OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
children's loratadine oral tablet,chewable 5 mg		OTC	LA
children's wal-zyr oral solution 1 mg/ml	(cetirizine)	OTC	LA
children's wal-zyr oral tablet,chewable 10 mg	(cetirizine)	OTC	LA; QL (1 per 1 day)
children's wal-zyr oral tablet,disintegrating 10 mg		OTC	LA
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION 1 MG/ML	(cetirizine)	OTC	LA
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG		OTC	LA; QL (1 per 1 day)
child's all day allergy(cetir) oral solution 1 mg/ml	(cetirizine)	OTC	LA
CLARITIN LIQUI-GEL ORAL CAPSULE 10 MG	(loratadine)	OTC	LA
CLARITIN ORAL SOLUTION 5 MG/5 ML	(loratadine)	OTC	LA
CLARITIN ORAL TABLET 10 MG	(loratadine)	OTC	LA
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG	(loratadine)	OTC	LA
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG		OTC	LA
fexofenadine oral tablet 180 mg	(Aller-Ease)	OTC	LA
fexofenadine oral tablet 60 mg	(Allegra Allergy)	OTC	LA
loradamed oral tablet 10 mg	(loratadine)	OTC	LA
loratadine oral solution 5 mg/5 ml	(Allergy Relief (loratadine))	OTC	LA
loratadine oral tablet 10 mg	(Allerclear)	OTC	LA
loratadine oral tablet,disintegrating 10 mg	(Alavert)	OTC	LA
wal-fex allergy oral tablet 180 mg, 60 mg	(fexofenadine)	OTC	LA; QL (1 per 1 day)
wal-itin oral solution 5 mg/5 ml	(loratadine)	OTC	LA
wal-itin oral tablet 10 mg	(loratadine)	OTC	LA
wal-zyr (cetirizine) oral solution 1 mg/ml	(cetirizine)	OTC	LA
wal-zyr (cetirizine) oral tablet 10 mg	(cetirizine)	OTC	LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ZYRTEC ORAL TABLET 10 MG (cetirizine)	OTC	LA; QL (1 per 1 day)
Antiinfecciosos Urinarios		
Antiinfecciosos Urinarios		
fosfomycin tromethamine oral packet 3 gram	1	QL (9 per 90 days)
methenamine hippurate oral tablet 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	1	
trimethoprim oral tablet 100 mg	1	
Antipsicóticos		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	LA; ST: (FAILURE OF ARIPIPRAZOLE TABLET); QL (1 per 28 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	LA; ST: (FAILURE OF ARIPIPRAZOLE TABLET); QL (1 per 28 days); AGE (Min 18 Years)
aripiprazole oral solution 1 mg/ml	2	LA; AGE (Min 6 Years)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	AGE (Min 6 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (3.9 per 56 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (1.6 per 28 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (2.4 per 28 days); AGE (Min 18 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (3.2 per 28 days); AGE (Min 18 Years)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	2	LA; QL (2 per 1 day); AGE (Min 10 Years)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	1	AGE (Min 18 Years)
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.75 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (1 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (1.5 per 28 days); AGE (Min 18 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.25 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.5 per 28 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (0.88 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (1.32 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (1.75 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (2.63 per 84 days); AGE (Min 18 Years)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	2	LA; QL (1 per 1 day); AGE (Min 10 Years)
lurasidone oral tablet 80 mg (Latuda)	2	LA; QL (2 per 1 day); AGE (Min 10 Years)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg	1	AGE (Min 13 Years)
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg (Zyprexa)	1	AGE (Min 13 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		1	AGE (Min 13 Years)
paliperidone oral tablet extended release 24hr 1.5 mg		1	QL (1 per 1 day); AGE (Min 12 Years)
paliperidone oral tablet extended release 24hr 3 mg, 6 mg, 9 mg	(Invega)	1	QL (1 per 1 day); AGE (Min 12 Years)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	AGE (Min 10 Years)
quetiapine oral tablet 150 mg		1	AGE (Min 10 Years)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	1	QL (2 per 1 day); AGE (Min 10 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIPRAZOLE, ASENAPINE, CLOZAPINE, LURASIDONE, OLANZAPINE, PALIPERIDONE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day); AGE (Min 13 Years)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	(Risperdal Consta)	2	LA; ST: (FAILURE OF RISPERIDONE TABLET); QL (2 per 28 days); AGE (Min 18 Years)
risperidone oral solution 1 mg/ml	(Risperdal)	1	AGE (Min 5 Years)
risperidone oral syringe 1 mg/ml		1	AGE (Min 5 Years)
risperidone oral tablet 0.25 mg		1	AGE (Min 5 Years)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	AGE (Min 5 Years)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		1	AGE (Min 5 Years)
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIPRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day); AGE (Min 18 Years)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIPRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day); AGE (Min 18 Years)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	AGE (Min 18 Years)
Fenotiazinas		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	LA
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	LA
Antirretrovirales			
abacavir oral solution 20 mg/ml	(Ziagen)	2	LA
abacavir oral tablet 300 mg		2	LA
abacavir-lamivudine oral tablet 600-300 mg		2	LA
COMPLERA ORAL TABLET 200-25-300 MG	(emtricita-rilpivirine-tenof df)	3	LA
DELSTRIGO ORAL TABLET 100-300-300 MG		3	LA; QL (1 per 1 day)
DESCOVY ORAL TABLET 120-15 MG		2	LA
DESCOVY ORAL TABLET 200-25 MG		2	($0 copay when used for HIV pre-exposure prophylaxis [PrEP])
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		2	LA
efavirenz oral capsule 200 mg, 50 mg		2	LA
efavirenz oral tablet 600 mg		2	LA
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		2	LA
emtricitabine oral capsule 200 mg	(Emtriva)	2	LA
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	2	LA
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	1	($0 copay when used for HIV pre-exposure prophylaxis [PrEP])
EMTRIVA ORAL SOLUTION 10 MG/ML		3	LA
etravirine oral tablet 100 mg, 200 mg	(Intelence)	2	LA
GENVOYA ORAL TABLET 150-150-200-10 MG		2	LA
INTELENCE ORAL TABLET 25 MG		3	LA
lamivudine oral solution 10 mg/ml	(Epivir)	2	LA
lamivudine oral tablet 100 mg		2	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	2	LA
lamivudine-zidovudine oral tablet 150-300 mg		2	LA
nevirapine oral suspension 50 mg/5 ml		2	LA
nevirapine oral tablet 200 mg		2	LA
ODEFSEY ORAL TABLET 200-25-25 MG		2	LA
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg		2	LA
STRIBILD ORAL TABLET 150-150-200-300 MG		3	LA
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	2	LA
TRIUMEQ ORAL TABLET 600-50-300 MG		3	LA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		2	LA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		2	LA
zidovudine oral capsule 100 mg	(Retrovir)	2	LA
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	LA
zidovudine oral tablet 300 mg		2	LA
Inhibidores De Integrasa Vih			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	2	($0 copay when used for HIV pre-exposure prophylaxis [PrEP])
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		3	LA; QL (1 per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML		3	LA; QL (42 per 365 days)
DOVATO ORAL TABLET 50-300 MG		3	LA; QL (1 per 1 day)
ISENTRESS HD ORAL TABLET 600 MG		3	LA
ISENTRESS ORAL TABLET 400 MG		3	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
JULUCA ORAL TABLET 50-25 MG		3	LA; QL (1 per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG		3	LA; QL (1 per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		3	LA
Inhibidores De Proteasa Vih			
atazanavir oral capsule 150 mg		2	LA
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	2	LA
darunavir oral tablet 600 mg, 800 mg	(Prezista)	2	LA
fosamprenavir oral tablet 700 mg		2	LA
LEXIVA ORAL SUSPENSION 50 MG/ML		3	LA
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	2	LA; QL (10 per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	2	LA; QL (2 per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	2	LA; QL (4 per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG		2	LA
PREZCOBIX ORAL TABLET 800-150 MG-MG		3	LA
PREZISTA ORAL SUSPENSION 100 MG/ML		2	LA
PREZISTA ORAL TABLET 150 MG, 75 MG		2	LA
ritonavir oral tablet 100 mg	(Norvir)	2	LA
SYMTUZA ORAL TABLET 800-150-200-10 MG		3	LA; QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		3	LA
Antivirales			
Antivirales			
acyclovir topical ointment 5 %	(Zovirax)	1	
trifluridine ophthalmic (eye) drops 1 %		2	LA
Antivirales Hcv			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Inhibidores De Complejo De Replicación De Hcv			
ZEPATIER ORAL TABLET 50-100 MG		3	PA; LA; QL (1 per 1 day)
Inhibidores De Polimerasa Hcv			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		3	LA; QL (1 per 1 day)
EPCLUSA ORAL TABLET 200-50 MG		3	LA; QL (1 per 1 day)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		3	LA; QL (1 per 1 day)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		3	LA; QL (2 per 1 day)
HARVONI ORAL TABLET 45-200 MG		3	LA; QL (2 per 1 day)
ledipasvir-sofosbuvir oral tablet 90-400 mg	(Harvoni)	3	LA; QL (1 per 1 day)
sofosbuvir-velpatasvir oral tablet 400-100 mg	(Epclusa)	3	LA; QL (1 per 1 day)
Inhibidores De Proteasa Hcv			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		3	LA; QL (6 per 1 day)
MAVYRET ORAL TABLET 100-40 MG		3	LA; QL (3 per 1 day)
Catárticos Y Laxantes			
Catárticos Y Laxantes			
alophen (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	(bisacodyl)	OTC	LA
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	(C-Lax Laxative (bisacodyl))	OTC	LA
c-lax laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	(bisacodyl)	OTC	LA
clearlax oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
clearlax oral powder in packet 17 gram	(polyethylene glycol 3350)	OTC	LA
COLACE CLEAR ORAL CAPSULE 50 MG		OTC	LA
COLACE ORAL CAPSULE 100 MG	(docusate sodium)	OTC	LA
col-rite oral capsule 100 mg, 250 mg	(docusate sodium)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
docuprene oral tablet 100 mg	(docusate sodium)	OTC	LA
docusate calcium oral capsule 240 mg	(Stool Softener (docusate cal))	OTC	LA
docusate sodium oral capsule 100 mg	(Colace)	OTC	LA
docusate sodium oral capsule 250 mg	(DSS)	OTC	LA
docusate sodium oral liquid 50 mg/5 ml	(OneLAX Docusate Sodium)	OTC	LA
docusate sodium oral syrup 60 mg/15 ml	(Stool Softener)	OTC	LA
docusate sodium oral tablet 100 mg	(DOK)	OTC	LA
dok oral tablet 100 mg	(docusate sodium)	OTC	LA
dss oral capsule 250 mg	(docusate sodium)	OTC	LA
dulcolax stool softener (dss) oral capsule 100 mg	(docusate sodium)	OTC	LA
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	1	
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	(bisacodyl)	OTC	LA
gentlelax oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
healthylax oral powder in packet 17 gram	(polyethylene glycol 3350)	OTC	LA
laxa basic oral capsule 100 mg	(docusate sodium)	OTC	LA
laxaclear oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
laxative (bisacodyl) oral tablet 5 mg		OTC	LA
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	(bisacodyl)	OTC	LA
laxative peg 3350 oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
move it along oral tablet 100 mg	(docusate sodium)	OTC	LA
natura-lax oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
onelax docusate sodium oral liquid 50 mg/5 ml	(docusate sodium)	OTC	LA
pedia-lax stool softener oral syrup 50 mg/15 ml		OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	1	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	
phillips' liqui-gels oral capsule 100 mg	(docusate sodium)	OTC	LA
polyethylene glycol 3350 oral powder 17 gram/dose	(ClearLax)	OTC	LA
polyethylene glycol 3350 oral powder in packet 17 gram	(ClearLax)	OTC	LA
polyethylene glycol 3350 oral powder in packet 4 gram		OTC	LA
polyethylene glycol 3350 oral powder in packet 4.25 gram, 8.5 gram	(Gavilax)	OTC	LA
powderlax oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
powderlax oral powder in packet 17 gram	(polyethylene glycol 3350)	OTC	LA
promolaxin oral tablet 100 mg	(docusate sodium)	OTC	LA
purelax oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
purelax oral powder in packet 17 gram	(polyethylene glycol 3350)	OTC	LA
smoothlax oral powder 17 gram/dose	(polyethylene glycol 3350)	OTC	LA
smoothlax oral powder in packet 17 gram	(polyethylene glycol 3350)	OTC	LA
stool softener (docusate cal) oral capsule 240 mg	(docusate calcium)	OTC	LA
stool softener oral capsule 100 mg, 250 mg	(docusate sodium)	OTC	LA
stool softener oral capsule 50 mg		OTC	LA
stool softener oral liquid 50 mg/5 ml	(docusate sodium)	OTC	LA
stool softener oral syrup 60 mg/15 ml	(docusate sodium)	OTC	LA
stool softener oral tablet 100 mg	(docusate sodium)	OTC	LA
woman's laxative (bisacodyl) oral tablet 5 mg		OTC	LA
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	(bisacodyl)	OTC	LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
Cefalosporinas		
Cefalosporinas De Primera Generación		
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
Cefalosporinas De Segunda Generación		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
Cefalosporinas De Tercera Generación		
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefixime oral capsule 400 mg	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
SUPRAX ORAL TABLET,CHEWABLE 200 MG	1	
Desintoxicantes De Amoníaco		
Desintoxicantes De Amoníaco		
constulose oral solution 10 gram/15 ml (lactulose)	1	
enulose oral solution 10 gram/15 ml (lactulose)	1	
generlac oral solution 10 gram/15 ml (lactulose)	1	
lactulose oral solution 10 gram/15 ml (Constulose)	1	
Diabetes Mellitus		
Diabetes Mellitus		

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	1	QL (200 per 90 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	1	QL (10 per 1 day)
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	1	QL (10 per 1 day)
Dispositivos			
Dispositivos			
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE SYRINGES SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROCHAMBER MV SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	(lancets)	1	
AQINJECT PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
ASSURE ID DUO-SHIELD NEEDLE 30 GAUGE X 3/16"		1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 31 GAUGE X 15/64"		1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	1	QL (2 per 1 day)
BD INTEGRA SYRINGE SYRINGE 3 ML 25 GAUGE X 1"		1	QL (2 per 1 day)
BD LUER-LOK SYRINGE SYRINGE 3 ML 25 GAUGE X 1"		1	QL (2 per 1 day)
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"		1	
BD SAFETYGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"		1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8"		1	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"		1	QL (2 per 1 day)
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8"		1	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 27 X 1/2"		1	QL (2 per 1 day)
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %		1	
CAREFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1"		1	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"		1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16"		1	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1"		1	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
CLICKFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"		1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
DEXCOM G6 RECEIVER		2	PA; Only covered for CHP+ members; LA; QL (1 per 365 days)
DEXCOM G6 SENSOR DEVICE		2	PA; Only covered for CHP+ members; LA; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER DEVICE		2	PA; Only covered for CHP+ members; LA; QL (1 per 90 days)
DEXCOM G7 RECEIVER		2	PA; Only covered for CHP+ members; LA; QL (1 per 365 days)
DEXCOM G7 SENSOR DEVICE		2	PA; Only covered for CHP+ members; LA; QL (3 per 30 days)
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"		1	
DROPLET PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"		1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4"		1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"		1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2"		1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"		1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2"		1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	(insulin syringe needleless)	1	
EASY TOUCH NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"		1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"		1	
EASY TOUCH SYRINGE 3 ML 25 X 5/8"		1	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	(insulin syringe needleless)	1	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"		1	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2"	(BD Filter Needle 5-Micron Noko)	1	QL (2 per 1 day)
FREESTYLE LANCETS 28 GAUGE	(lancets)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
FREESTYLE LIBRE 14 DAY READER		1	PA; Only covered for CHP+ members; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT		1	PA; Only covered for CHP+ members; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE		1	PA; Only covered for CHP+ members; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER		1	PA; Only covered for CHP+ members; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT		1	PA; Only covered for CHP+ members; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE		1	PA; Only covered for CHP+ members; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER		1	PA; Only covered for CHP+ members; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE		1	PA; Only covered for CHP+ members; QL (2 per 28 days)
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
FREESTYLE UNISTIK 2	(lancets)	1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"		1	
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Ultra-Thin II Insulin Syringe)	1	
INSUPEN PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
LANCETS 30 GAUGE	(2-In-1 Lancet Device)	1	
LANCETS,THIN 28 GAUGE	(lancets)	1	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2"		1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16"		1	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"		1	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	1	
MICROCHAMBER SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
MICRODOT INSULIN PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
MICROSPACER SPACER	(inhalational spacing device)	1	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2"		1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML	(syringe (disposable))	1	QL (2 per 1 day)
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	1	QL (2 per 1 day)
MONOJECT SYRINGE CATHETER SYRINGE 60 ML	(syringe (disposable))	1	QL (2 per 1 day)
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	
MONOJECT SYRINGE SYRINGE 140 ML		1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"		1	QL (2 per 1 day)
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"		1	QL (2 per 1 day)
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"		1	QL (2 per 1 day)
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"		1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"		1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		2	PA; LA; QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		2	PA; LA; QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		2	PA; LA; QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		2	LA; QL (1 per 365 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		2	PA; LA; QL (10 per 30 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE		1	QL (2 per 365 days)
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(CareTouch Pen Needle)	1	
PEN NEEDLE, DIABETIC NEEDLE 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	1	
PEN NEEDLE, DIABETIC NEEDLE 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	
PENTIPS PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
PIP PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4"		1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
PROCHAMBER SPACER	(inhalational spacing device)	1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PROXIVOL TOPICAL GEL 2 %		1	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"		1	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"		1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		1	
SPACE CHAMBER SPACER	(inhalational spacing device)	1	
SPACE CHAMBER WITH LARGE MASK SPACER		1	
SPACE CHAMBER WITH MEDIUM MASK SPACER		1	
SPACE CHAMBER WITH SMALL MASK SPACER		1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE COMFORT PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	
SURE-FINE PEN NEEDLES NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SYRINGE WITH NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	(Easy Touch)	1	
SYRINGE WITH NEEDLE SYRINGE 3 ML 22 X 1 1/2"	(UltiCare Low Dead Space Syring)	1	
SYRINGE WITH NEEDLE, SAFETY SYRINGE 0.5 ML 30 GAUGE X 1/2"		1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"		1	
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8"		1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2"		1	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"		1	
TRUE METRIX AIR GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX GO GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX LEVEL 1 SOLUTION	(blood glucose control, low)	1	QL (2 per 365 days)
TRUEDRAW LANCING DEVICE	(lancing device)	1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUEPLUS LANCETS 28 GAUGE, 33 GAUGE	(lancets)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"		1	QL (2 per 1 day)
TUBERCULIN-ALLERGY SYRINGES SYRINGE 1 ML 26 GAUGE X 3/8"	(Allergist Tray Intradermal Bev)	1	QL (2 per 1 day)
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	(syringe with needle)	1	
ULTICARE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"		1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2"		1	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE		1	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE		1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA FLO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA THIN LANCETS 31 GAUGE		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRACARE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
UNIFINE OTC PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	(pen needle, diabetic)	1	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PROTECT NEEDLE 30 GAUGE X 5/16"		1	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		1	
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
UNISTIK 2 NORMAL LANCET 21 GAUGE	(lancets)	1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1"		1	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
VERIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"		1	
Estimulantes Y Proliferantes De Células			
Estimulantes Y Proliferantes De Células			
avita topical cream 0.025 %	(tretinoin)	2	LA
avita topical gel 0.025 %	(tretinoin)	2	LA
tretinoin (emollient) topical cream 0.05 %	(Refissa)	2	LA
tretinoin topical cream 0.025 %	(Avita)	2	LA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	2	LA
tretinoin topical gel 0.01 %	(Retin-A)	2	LA
tretinoin topical gel 0.025 %	(Avita)	2	LA
tretinoin topical gel 0.05 %	(Atralin)	2	LA
Gonadotropinas			
Gonadotropinas			
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG		3	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		3	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		3	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG		3	PA; LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		3	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)		3	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		3	PA; LA
Macrólidos			
Eritromicinas			
e.e.s. 400 oral tablet 400 mg	(erythromycin ethylsuccinate)	1	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg	(erythromycin)	1	
erythrocin (as stearate) oral tablet 250 mg	(erythromycin stearate)	1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	1	
erythromycin oral tablet 250 mg, 500 mg		1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	1	
Otros Macrólidos			
azithromycin oral packet 1 gram		1	
azithromycin oral suspension for reconstitution 100 mg/5 ml		1	
azithromycin oral suspension for reconstitution 200 mg/5 ml	(Zithromax)	1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
azithromycin oral tablet 600 mg		1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		2	LA; QL (10 per 1 day)
fidaxomicin oral tablet 200 mg	(Dificid)	2	LA; QL (2 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
Medicamentos Eent, Misceláneos			
Medicamentos Eent, Misceláneos			
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		1	
Midriáticos			
Midriáticos			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		1	
cyclopentolate ophthalmic (eye) drops 1 %	(Cyclogyl)	1	
Ocitócicos			
Ocitócicos			
methylergonovine oral tablet 0.2 mg		2	LA
Penicilinas			
Aminopenicilinas			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		1	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 500 mg		1	
Penicilinas Naturales			
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		1	
penicillin v potassium oral tablet 250 mg, 500 mg		1	
Penicilinas Resistentes A Penicilinasa			
dicloxacillin oral capsule 250 mg, 500 mg		1	
Pituitario			
Pituitario			
desmopressin injection solution 4 mcg/ml	(DDAVP)	2	LA; QL (10 per 30 days)
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		2	LA; QL (10 per 30 days)
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	1	QL (360 per 365 days)
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		3	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)		3	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)		3	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG		3	PA; LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		3	PA; LA
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)		3	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		3	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG		3	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG		3	PA; LA
Preparaciones De Reemplazo			
Preparaciones De Reemplazo			
CALPHRON ORAL TABLET 667 MG	(calcium acetate)	2	LA
effer-k oral tablet, effervescent 25 meq	(potassium bicarb-citric acid)	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq		1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		1	
potassium chloride oral packet 20 meq	(Klor-Con)	1	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	1	
potassium chloride oral tablet extended release 20 meq		1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	
Preparados Multivitamínicos			
Preparados Multivitamínicos			
AZESCO ORAL TABLET 13 MG IRON- 1 MG		1	
bal-care dha essential oral combo pack,tablet and cap,dr 27 mg iron-1 mg -374 mg		1	
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg		1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG		1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG		1	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG		1	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG		1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG		1	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG		1	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG		1	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG		1	
c-nate dha oral capsule 28 mg iron-1 mg -200 mg		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	
completenate oral tablet,chewable 29 mg iron- 1 mg	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	1	
CONCEPT OB ORAL CAPSULE 85-1 MG	1	
DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE	OTC	LA; AGE (Max 6 Years)
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	1	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON	OTC	LA
FLORAFOL FE PEDIATRIC ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML	OTC	LA; AGE (Max 6 Years)
FLORAFOL PEDIATRIC MULTIVITAMI ORAL DROPS 0.25 MG FLUORIDE/ML	OTC	LA; AGE (Max 6 Years)
FLORAFOL PEDIATRIC ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE, 1 MG FLUORIDE	OTC	LA; AGE (Max 6 Years)
FLORIVA ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	OTC	LA; AGE (Max 6 Years)
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	1	
folivane-ob oral capsule 85-1 mg	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
infant-toddler multivit-iron oral drops 11 mg iron/ml		OTC	LA
kosher prenatal plus iron oral tablet 30 mg iron- 1 mg		1	
liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)	(multivit-min-ferrous gluconate)	1	
marnatal-f oral capsule 60 mg iron-1 mg		1	
m-natal plus oral tablet 27 mg iron-1 mg	(pnv,calcium 72-iron-folic acid)	1	
multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml		OTC	LA; AGE (Max 6 Years)
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml		OTC	LA; AGE (Max 6 Years)
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg		OTC	LA; AGE (Max 6 Years)
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	(pedi multivit no.12 w-fluoride)	OTC	LA; AGE (Max 6 Years)
mynatal advance oral tablet 90-1-50 mg		1	
mynatal oral capsule 65 mg iron- 1 mg		1	
mynatal oral tablet 90-1-50 mg		1	
mynatal plus oral tablet 65 mg iron-1 mg		1	
mynatal-z oral tablet 65 mg iron- 1 mg		1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG		1	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG		1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	1	
NESTABS ORAL TABLET 32-1,000 MG-MCG	1	
newgen oral tablet 32-1,000 mg-mcg	1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	1	
niva-plus oral tablet 27 mg iron- 1 mg	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	1	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	1	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	1	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1	
obstetrix dha prenatal duo oral comb pack,tablet dr,capsule dr 29 mg iron-1,700 mcg dfe	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	1	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG, 38 MG-1,700 MCG DFE-225 MG	1	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	1	
pedi multivit no.194-iron sulf oral drops 10 mg iron/ml	OTC	LA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	OTC	LA
PEDIA POLY-VITE WITH IRON ORAL SYRINGE 5.5 MG IRON/0.5 ML	OTC	LA
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1	
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML	OTC	LA; AGE (Max 6 Years)
POLY-VI-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	OTC	LA; AGE (Max 6 Years)
POLY-VI-FLOR WITH IRON DROPS ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML	OTC	LA; AGE (Max 6 Years)
POLY-VI-FLOR WITH IRON ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON	OTC	LA; AGE (Max 6 Years)
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	OTC	LA
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	OTC	LA
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1	
prena1 chew oral tablet,chew,ir -dr,biphase 1.4 mg	1	
prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg	1	
prenaissance oral capsule 29-1.25-55-325 mg	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
prenaissance plus oral capsule 28-1-50-250 mg		1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		1	
prenatabs fa oral tablet 29-1 mg		1	
prenatabs rx oral tablet 29 mg iron-1 mg		1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG		1	
prenatal 19 oral tablet,chewable 29 mg iron- 1 mg		1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG		1	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		1	
prenatal plus oral tablet 29 mg iron-1 mg	(pnv,calcium 72-iron,carb-folic)	1	
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg		1	
prenatal vitamin oral tablet 27 mg iron- 0.8 mg		1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
prenatal-u oral capsule 106.5-1 mg		1	
PRENATE AM ORAL TABLET 1-500 MG		1	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG		1	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG		1	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG		1	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	1	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	1	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG	1	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	1	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	1	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	1	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	1	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	1	
PRIMACARE ORAL CAPSULE 30-1-300 MG	1	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	1	
quflora fe (ferrous sulfate) oral drops 9.5-0.25 mg/ml	OTC	LA; AGE (Max 6 Years)
quflora fe oral tablet,chewable 9-0.25 mg	OTC	LA; AGE (Max 6 Years)
quflora pediatric drops oral drops 0.25mg fluoride (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	OTC	LA; AGE (Max 6 Years)
quflora pediatric oral tablet,chewable 0.25mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)	OTC	LA; AGE (Max 6 Years)
r-natal ob oral capsule 20 mg iron- 1 mg-320 mg	1	
select-ob (folic acid) oral tablet,chewable 29 mg iron- 1 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	1	
select-ob oral tablet,chewable 29 mg iron- 1 mg	1	
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	1	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	1	
taron-c dha oral capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	1	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG	1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
trinate oral tablet 28 mg iron- 1 mg	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	1	
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.25 MG/ML FLUORIDE, 0.5 MG/ML FLUORIDE	OTC	LA; AGE (Max 6 Years)
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	OTC	LA; AGE (Max 6 Years)
virt-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
virt-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	1	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml		OTC	LA; AGE (Max 6 Years)
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG		1	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG		1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg		1	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg		1	
zatean-pn plus oral capsule 28-1-300 mg		1	
zingiber oral tablet 1.2 mg-40 mg-124.1 mg-100 mg		1	
Progestinas			
Progestinas			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		1	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml), 800 mg/20 ml (20 ml)		1	
megestrol oral tablet 20 mg, 40 mg		1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	QL (4 per 1 day)
Relajantes Musculares Suaves Respiratorio			
Relajantes Musculares Suaves Respiratorio			
elixophyllin oral elixir 80 mg/15 ml	(theophylline)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	1	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
Soluciones Irrigantes		
Soluciones Irrigantes		
nebusal inhalation solution for nebulization 3 % (sodium chloride)	1	
sodium chloride inhalation solution for nebulization 3 % (NebuSal)	1	
Suprarrenales		
Suprarrenales		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	LA; QL (12.2 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	2	LA; QL (4 per 1 day)
budesonide oral capsule,delayed,extend.release 3 mg	1	QL (3 per 1 day)
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
fludrocortisone oral tablet 0.1 mg	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation		1	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		1	QL (21.2 per 30 days)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone oral tablet 16 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablet 32 mg		1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone oral solution 15 mg/5 ml		1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)		1	
prednisone oral solution 5 mg/5 ml		1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	
prednisone oral tablets,dose pack 10 mg, 5 mg		1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION		2	LA; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION		2	LA; QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		2	LA; QL (21.2 per 30 days)
Tetraciclinas			
Tetraciclinas			
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	2	LA; QL (12 per 1 day)
doxycycline hyclate oral capsule 100 mg		1	QL (2 per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
doxycycline hyclate oral capsule 50 mg	(Morgidox)	1	QL (2 per 1 day)
doxycycline hyclate oral tablet 100 mg		1	QL (2 per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	QL (2 per 1 day)
doxycycline monohydrate oral capsule 50 mg		1	QL (2 per 1 day)
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	QL (2 per 1 day)
doxycycline monohydrate oral tablet 50 mg		1	QL (2 per 1 day)
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	QL (2 per 1 day)
Toxoides			
Toxoides			
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		1	(for tetanus, diphtheria and pertussis)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		1	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML		1	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML		1	(for tetanus, diphtheria and pertussis)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML		1	(for tetanus, diphtheria and pertussis)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML		1	(for tetanus, diphtheria and pertussis)
Vacunas			
Vacunas			
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML		1	AGE (Min 75 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	AGE (Min 75 Years)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	1	AGE (Min 75 Years)
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	1	
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	1	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	1	
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	for meningitis; minimum 2 years of age; AGE (Min 2 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	1	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML		1	(for pneumonia)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML		1	(for pneumonia)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML		1	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG		1	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML		1	
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML		1	
Vitamina D			
Vitamina D			
baby ddrops oral drops 10 mcg/drop (400 unit/drop)	(cholecalciferol (vitamin d3))	OTC	LA
baby's super daily d3 oral drops 10 mcg/drop (400 unit/drop)	(cholecalciferol (vitamin d3))	OTC	LA
bio-d-mulsion forte oral drops 50 mcg/drop (2, 000 unit/drop)		OTC	LA
bio-d-mulsion oral drops 10 mcg/drop (400 unit/drop)	(cholecalciferol (vitamin d3))	OTC	LA
calcitriol oral capsule 0.25 mcg, 0.5 mcg		1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	
cholecalciferol (vitamin d3) oral drops 10 mcg/0.25 ml, 125 mcg/0.5 ml (5k unit/0.5ml)		OTC	LA
cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop)	(Baby Ddrops)	OTC	LA
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	(D-Vi-Sol)	OTC	LA
cholecalciferol (vitamin d3) oral drops 25 mcg/drop (1000 unit/drop)	(Ddrops)	OTC	LA
cholecalciferol (vitamin d3) oral syringe 10 mcg/ml (400 unit/ml)	(Pedia D-Vite)	OTC	LA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/Límites
ddrops oral drops 25 mcg/drop (1000 unit/drop)	(cholecalciferol (vitamin d3))	OTC	LA
ddrops oral drops 50 mcg/drop (2, 000 unit/drop)		OTC	LA
d-vi-sol oral drops 10 mcg/ml (400 unit/ml)	(cholecalciferol (vitamin d3))	OTC	LA
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	(Vitamin D2)	1	QL (1 per 1 day)
pedia d-vite oral drops 10 mcg/ml (400 unit/ml)	(cholecalciferol (vitamin d3))	OTC	LA
pediatric d-vite oral drops 10 mcg/ml (400 unit/ml)	(cholecalciferol (vitamin d3))	OTC	LA
purevita vitamin d3 oral drops 10 mcg/2 ml (400 unit/2 ml)		OTC	LA
SUPER DAILY D3 ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP)	(cholecalciferol (vitamin d3))	OTC	LA
super daily d3 oral drops 50 mcg/drop (2, 000 unit/drop)		OTC	LA

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