Programa de Farmacia de Triple-S Salud, Inc.
TRIPLE-S SALUD, INC.

Pharmacy Program from Triple-S Salud, Inc.
TRIPLE-S SALUD, INC.

LISTA DE MEDICAMENTOS
PLAN FEDERAL 2018

Federal Plan 2018
Drug List

TSS-FAR-0098-2017-A
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Español

Introducción

Tu beneficio de farmacia con Triple-S usa una Lista de Medicamentos. La Lista de Medicamentos es una guía de los medicamentos seleccionados por el Comité de Farmacia y Terapéutica de Triple-S Salud, la cual representa los medicamentos vitales para un cuidado de alta calidad. Nuestro Comité de Farmacia y Terapéutica está formado por doctores, farmacéuticos clínicos y otros expertos de la salud, quienes se reúnen periódicamente para evaluar y escoger aquellos medicamentos que serán añadidos en esta Lista de Medicamentos. Esta selección se hace a base de la seguridad, efectividad y costo de los medicamentos.

La Lista de Medicamentos se divide en tres partes.

La primera parte es un resumen que te ofrece información sobre la forma en que se diseñó la Lista. También se incluye una descripción de los éditos de análisis de utilización para validar dosis e identificar terapias duplicadas. Estos éditos están a través del sistema de MC-21 Corporation.

La segunda parte tiene los medicamentos por clase terapéutica.

La tercera parte contiene los Apéndices y una lista por orden alfabético (Índice) de los medicamentos de marca y genéricos en la Lista.

Para más información de cómo obtener tus medicamentos, busca la Sección 5(f) de tu Guía del Programa FEHB.

Esta es una lista parcial e incluye sólo algunos medicamentos cubiertos por Triple-S Salud. Si deseas mayor información visita nuestro portal en la Internet www.ssspr.com o llama a nuestro Departamento de Servicio al Cliente:

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)
USVI: 800-716-6081 (TTY:866-215-1999)

Parte I – Diseño y Manejo de la Lista de Medicamentos

Presentación de la Lista de Medicamentos

A continuación, presentamos la información que ofrecemos para los medicamentos en la Lista.

Nombre del Medicamento	Referencia	Nivel	Instrucciones
Antigota			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		3	PA; QL (1 TAB per 1 day)

Para todos los medicamentos en la Lista de Medicamentos aparece el nombre del medicamento, nombre de referencia (si aplica), el nivel y si tiene alguna instrucción especial.

En la Lista, los medicamentos genéricos se encuentran escritos en letras **negrillas** minúsculas (como **allopurinol**) y los medicamentos de marca en letras mayúsculas (como ULORIC).

¿Cómo puedo usar mi Lista de Medicamentos?

La forma más fácil en que puedes conseguir tus medicamentos en la Lista es buscando tu medicamento en el Índice que comienza en la página 149. El Índice provee una lista por orden alfabético de todos los medicamentos en este documento. Ambos, medicamentos de marca y genéricos, están en el Índice. Busca el Índice y encuentra tu medicamento. Al lado de tu medicamento, encontrarás el número de la página dónde sale la información de la cubierta. Voltea a la página en el Índice y encuentra el nombre del medicamento en la primera columna de la lista.

¿Cuánto voy a pagar por los medicamentos cubiertos?

Los medicamentos en la lista se clasifican por niveles, menos aquellos que tienen $0 copago, si son recetados o provistos por proveedores de la red de Triple-S Salud. Estos niveles identifican el costo compartido, o sea lo que pagas, por los medicamentos en la receta. Estos niveles son los siguientes:

- Nivel 1 – Medicamentos Genéricos
- Nivel 2 – Medicamentos de Marca Preferidos
- Nivel 3 – Medicamentos de Marca No Preferidos
- Nivel 4 – Medicamentos Especializados o Biotecnológicos Preferidos
- Nivel 5 – Medicamentos Especializados o Biotecnológicos No Preferidos

Debes verificar en la Guía de Beneficios (Sección 5(f)) cuánto es el copago o coaseguro que pagarás por el medicamento, dependiendo del nivel en que se encuentra. No pagarás nada ($0) por los siguientes medicamentos si son recetados o provistos por proveedores de la red de Triple-S Salud:

- Anticonceptivos aprobados por la FDA (OTC y con receta médica[1])
- Fluoruro (hasta los 6 años)
- Aspirina (con límite de una 1 tableta/ diaria; desde los 18 años)
- Hierro (hasta los 12 meses)
- Ácido fólico (sólo para mujeres)
- Evista y Nolvadex (para prevenir cáncer de seno)
- Medicamentos para dejar de fumar aprobados por la FDA (se cubre el despacho de medicamentos por 90 días seguidos en un intento y hasta dos intentos por año)

Tu cubierta de farmacia te ofrece algunos medicamentos OTC con $0.00 copago si son recetados o provistos por proveedores de la red de Triple-S Salud.

¿Qué son Medicamentos Genéricos (Nivel 1)?

Un medicamento genérico tiene el mismo ingrediente activo en su fórmula que un medicamento de marca. Los genéricos son aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) y usualmente cuestan menos que el de marca.

Tu cubierta de farmacia requiere que uses el genérico como primera opción, si el genérico existe en el mercado. Si tú o tu doctor eligen un medicamento de marca en lugar de la versión genérica existente, pagarás el copago del medicamento genérico más la diferencia entre el costo del medicamento de marca y el genérico; aun cuando tu doctor escriba “original” o “no sustituir”. Tienes derecho a solicitar, con una justificación médica, para que te cubramos un medicamento de marca que tiene un medicamento genérico. Si aprobamos el medicamento, pagarás el copago del Nivel 3.

Cuando la versión genérica de un medicamento de marca está disponible, automáticamente se incluye en la Lista y el medicamento de marca cambia de Nivel a uno mayor, lo cual puede causar un cambio en el copago o coaseguro que pagas.

Los medicamentos genéricos de las siguientes categorías tienen $0.00 copago si son recetados por proovedores de la red de Triple-S:

- Antihipertensivos genéricos: inhibidores de la enzima convertidora de angiotensina (ACEIs, por sus siglas en inglés), antagonistas de los receptores de la angiotensina II (ARBs, por sus siglas en inglés), inhibidor directo de la renina;
- Antidiabéticos genéricos (excluye insulinas);
- Estatinas genéricas.

Te sugerimos que uses los medicamentos genéricos. Estos son iguales en potencia y dosis y también son aprobados por la FDA.

[1] Aplica a ciertos anticonceptivos de las siguientes categorías: cápsula cervical, condón femenino, algunos contraceptivos orales, dispositivo intrauterino (IUD, por sus siglas en inglés) de cobre, dispositivo intrauterino (IUD) con progestina, diafragma, anticonceptivos de emergencia orales, espermicida, parche, anillo vaginal, inyección, esponja con espermicida, implante subdermal.

¿Qué son Medicamentos de Marca Preferidos (Nivel 2)?

Hay ciertos medicamentos de marca que han sido escogidos por el Comité como agentes preferidos luego de ser evaluados por seguridad, eficacia y costo. Los mismos están identificados a la derecha como Nivel 2. En aquellas clases terapéuticas donde no hay genéricos, te sugerimos que uses como primera alternativa aquellos medicamentos preferidos.

¿Qué son Medicamentos de Marca No Preferidos (Nivel 3)?

Un medicamento es clasificado como "no preferido" porque existen opciones en los niveles anteriores que son más costo-efectivos o con menos efectos secundarios. Si obtienes un medicamento de marca del Nivel 3, tendrás que pagar un costo mayor por el medicamento.

¿Qué son Medicamentos Especializados o Biotecnológicos Preferidos (Nivel 4)?

Los medicamentos especializados requieren una administración y/o un manejo especial, por su composición compleja. Estos se usan para el tratamiento de condiciones crónicas y de alto riesgo.

El Nivel 4 identifica los medicamentos o productos en la Lista que se ofrecen bajo el Programa de Medicamentos para Condiciones Especiales. Los medicamentos en este nivel incluyen medicamentos genéricos, biosimilares (genéricos de productos biológicos) y de marca a un costo menor y un arreglo especial para su despacho.

¿Qué son los Medicamentos Especializados o Biotecnológicos No Preferidos (Nivel 5)?

El Nivel 5 incluye los Medicamentos Especializados No Preferidos. Los medicamentos en este nivel también tienen tiene un arreglo especial para su despacho con la diferencia de que tienen un costo mayor que los del Nivel 4. Estos se usan también para tratar condiciones crónicas y de alto riesgo que requieren una administración y manejo especial.

Programa para el Manejo de Medicamentos Especializados

Triple-S Salud te ofrece el Programa para el Manejo de Medicamentos Especializados para Condiciones Especiales. Este programa cuenta con una red de farmacias especializadas dedicadas a que estos medicamentos sean despachados y administrados correctamente. Las farmacias en el programa son: CVS Caremark Specialty Pharmacy, Axium Healthcare PR Pharmacy, Special Care Pharmacy Service, SPS Specialty Pharmacy Services y Walgreens Specialty Pharmacy. Estas farmacias son proveedores altamente reconocidos en sus comunidades y en toda la Isla.

¿Qué pasa si mi medicamento no está incluido en la Lista?

Si tu medicamento no está en Lista, debes llamar a nuestro Departamento de Servicio al Cliente y preguntar si éste está cubierto. Si te enteras de que tu medicamento no está cubierto, puedes solicitar a Servicio al Cliente una lista de los medicamentos similares que estén cubiertos. Cuando la recibas, enséñala a tu doctor y pídele que te recete un medicamento similar que esté cubierto.

¿Puede cambiar la Lista?

Podemos añadir o remover medicamentos por determinadas razones. También podemos mover un medicamento de un nivel a otro. Esta lista está actualizada a la fecha de octubre de 2017. Para obtener una lista actualizada, por favor visita nuestro portal en Internet www.ssspr.com o llámanos a

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)
USVI: 800-716-6081 (TTY:866-215-1999)

Si la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) dispone que un medicamento en nuestra Lista no es seguro o el manufacturero lo remueve del mercado, nosotros lo removeremos de nuestra Lista en el momento y notificaremos a los asegurados que están tomando el medicamento.

Guía de Referencia

Programa de Terapia Escalonada

En algunos casos, te solicitaremos que pruebes primero un medicamento para tratar tu condición antes de usar otros medicamentos para esa condición (terapia escalonada). Por ejemplo, si el medicamento A y B pueden tratar tu condición, puede que necesitemos que uses el medicamento A antes del B. Si el medicamento A no funciona para tratar tu condición, entonces vamos a cubrir el medicamento B.

En algunos casos necesitarás usar medicamentos OTC o medicamentos genéricos antes de usar otros medicamentos para tratar tu condición. Debes usar el medicamento OTC como primera opción para tratar las úlceras y reflujo, alergias de la nariz y alergias de los ojos. Debes usar los genéricos como primera opción para el colesterol, la osteoporosis, alergias de la nariz, insomnio, alta presión sanguínea, el control del dolor, el alto nivel de azúcar en la sangre, depresión e hiperactividad.

El Apéndice I contiene la lista de los medicamentos que tienen terapia escalonada. La misma es efectiva al momento de imprimirse esta Lista y está sujeta a cambios.

Medicamentos que Necesitan Pre-autorización (PA)

Los medicamentos que necesitan una pre-autorización usualmente son aquellos que presentan un posible nivel de toxicidad, son candidatos al uso inapropiado o están relacionados con un alto costo.

Aquellos medicamentos que han sido identificados que necesitan una pre-autorización deben cumplir unas guías clínicas según lo haya establecido el Comité. Estas guías clínicas se crearon de acuerdo a la literatura médica actual.

Medicamentos cuyo costo excedan $500.00 necesitan una pre-autorización para su despacho. La farmacia enviará copia de la receta a MC-21 Corporation a través del facsímil 1-866-387-3487 o 1-866-277-6556 para la autorización de la misma.

Límites de Cantidad (QL)

Ciertos medicamentos tienen un límite en la dosis a despacharse. Estos límites se establecen de acuerdo a lo sugerido por el manufacturero como la cantidad máxima apta que no está asociada a reacciones adversas y la cual es efectiva para tratar una condición. En el área de Instrucciones de la Lista se identificaron los límites en la dosis a despacharse, en aquellos medicamentos que aplique. Estos límites son efectivos al momento de imprimirse esta Lista y está sujeta a cambios.

Límites de Especialidad Médica (SL)

Algunos medicamentos tienen un límite en la especialidad médica. Estos límites se establecen de acuerdo a la literatura médica actual.

El Apéndice II contiene la lista de los medicamentos que tienen límite de especialidad médica. La misma es efectiva al momento de imprimirse esta Lista y está sujeta a cambios.

Límites de Edad (AL)

Algunos medicamentos tienen un límite de edad. Estos límites son efectivos al momento de imprimirse esta Lista y están sujetos a cambios.

Uso de medicamentos en investigación o experimentales

Los medicamentos recetados para uso investigacional, experimental o no aprobados por la FDA, no se cubren en ningún plan de salud o cubierta de farmacia.

Las indicaciones no aprobadas por la FDA, no se cubren en ningún plan de salud o cubierta de farmacia.

Recetas de Compuestos

Las recetas de compuestos están cubiertas si contienen por lo menos un medicamento de la Lista, si no son para uso cosmético.

Éditos de Análisis de Utilización (DUR)

A través del Programa de Beneficio de Farmacia de Triple-S Salud se han implantado los siguientes éditos de análisis de utilización (DUR, por sus siglas en inglés) con el propósito de evitarte complicaciones, ofreciendo un mejor cuidado.

- Édito de Validación de Dosis - coteja las dosis máximas diarias usando como referencia las dosis pediátricas, de adultos y geriátricas de acuerdo a la información suministrada por Medi-Span®. En la mayoría de los casos, la dosis máxima es aquella aprobada por la FDA.

  Medi-Span®, parte de la compañía Wolters Kluwer Health, es el proveedor líder de información sobre medicamentos con recetas que provee soluciones para interacciones de medicamentos por medio de una base de datos disponible a miles de profesionales de cuidado de salud a través del mundo entero. Los datos en la base de datos de MediSpan® ayudan eficientemente a la seguridad del paciente, reestructurar y unificar todo el sistema de comunicaciones y procesamiento de reclamaciones entre las farmacias y los administradores de beneficios de farmacia y el cumplimiento con diversas regulaciones.

- Édito de Terapia Duplicada - verifica tu historial de medicamentos para recetas duplicadas, de dos formas:

  1. Si recibes el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes).

  2. Si recibes dos medicamentos de la misma clase terapéutica, como, por ejemplo, dos antidepresivos o dos analgésicos, entre otros.

Hay ciertas excepciones a estos éditos. Para evitar que el sistema rechace el servicio, nosotros solicitamos a los doctores y dentistas que incluyan la siguiente información en la receta:

- Cambio en dosis

  Si aumentó la dosis y necesitas más medicamentos antes de tiempo, en este caso se necesitará una carta de justificación de parte de tu doctor indicando el cambio en dosis. La farmacia necesitará una preautorización a MC-21 Corporation, luego de que se reciba la información necesaria en la receta.

  1. Si la dosis se determina por tu peso, el médico debe indicar tu peso y estatura en la receta.

  2. Cuando la dosis del medicamento se ajusta de acuerdo a los niveles en la sangre, el doctor debe indicarlo así en la receta (Ej. ajuste de niveles para tiroides, teofilina, anticonvulsivos y warfarina).

  3. Cuando para la dosis indicada en la receta no existe su presentación farmacéutica. Por ejemplo, la tableta viene de 25 mg y 50 mg, pero necesitas 75 mg (dosis indicada y aceptada). La farmacia necesitará una precertificación a MC-21 Corporation, luego de que se reciba la información necesaria en la receta (se requiere copia de la receta y hoja de preautorizaciones de MC-21 Corporation).

Leyenda - Símbolos y Abreviaturas

Símbolos y Abreviaturas	Descripción
AL	Identifica aquellos medicamentos para los cuales existe algún límite de edad
Cap	Cápsula
Conc	Concentrado
Cr	Crema
ER, SR, CR	Acción prolongada, acción sostenida, acción controlada
Inh	Inhalador
Inj	Inyectable
QL	Identifica aquellos medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar
SL	Identifica aquellos medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos
Lot	Loción
Negrilla (*Bold*)	Identifica que el medicamento tiene genérico disponible en todas las presentaciones
Nivel 1	Identifica los medicamentos genéricos
Nivel 2	Identifica los medicamentos de marca preferidos
Nivel 3	Identifica los medicamentos de marca no preferidos
Nivel 4	Identifica los medicamentos especializados o biotecnológicos preferidos
Nivel 5	Identifica los medicamentos especializados o biotecnológicos no preferidos
Oint	Ungüento
Oph	Oftálmico
PA	Pre-autorización. La farmacia es responsable de solicitar y obtener una pre-autorización con *MC-21 Corporation* o *Triple-S Salud, Inc.*, antes de despacharse el medicamento
SHA	Champú
Sl	Sublingual
SNC	Sistema Nervioso Central
Soln	Solución
ST	Terapia Escalonada
Supp	Supositorio
Susp	Suspensión
Tab	Tableta
Td	Transdermal

Política para el Mantenimiento de la Lista de Medicamentos

El Comité de Farmacia y Terapéutica se reúne cada mes para revisar los nuevos medicamentos y nueva información de los medicamentos que ya están en el mercado y en nuestra Lista. En el Comité participan médicos, dentistas, farmacéuticos y administradores de Triple-S Salud. Ellos revisan la información sobre la seguridad, la eficacia, el uso actual de la terapia y pruebas científicas, tales como las conclusiones pertinentes de organismos del gobierno federal, empresas farmacéuticas, asociaciones profesionales de médicos, comisiones nacionales y revistas revisadas por colegas. Doctores que no tienen intereses empresariales y financieros en Triple-S Salud, Inc. o MC-21 Corporation son los únicos que pueden votar. Los doctores, farmacéuticos y otros profesionales que son empleados de Triple-S Salud y MC-21 Corporation participan en el Comité, pero no pueden votar. Ellos van a las reuniones del Comité como coordinadores y administradores. Una vez que el Comité termina su evaluación, también miramos el valor en general (costos y descuentos del fabricante) y otros elementos antes de añadir o remover un medicamento del formulario.

El Comité establece las prioridades para la revisión basado en:

- Análisis de la utilización de medicamentos no preferidos que a menudo son recetados. Estos medicamentos se evalúan para colocarlos en otros niveles. Medicamentos aprobados por la FDA.

- Si un doctor o un dentista de la red de Triple-S Salud solicita evaluación del medicamento. (Por favor vea los pasos para que doctores y dentistas deben seguir para pedir que se añada o retire un medicamento de la Lista).

Cuando un medicamento se añade a una clase, revisamos los medicamentos que podrían retirarse de esa clase, si los hubiese.

Los medicamentos que están designados como no preferidos, luego de ser evaluados por el Comité, es que no ofrecen ningún valor clínico ni económico en comparación con otros medicamentos.

En otros casos podría ser que no haya suficientes pruebas en la literatura médica que justifique su uso clínico, al momento de hacer la evaluación. También puede ser que algunas presentaciones de los productos no están disponibles para su uso ambulatorio y sólo se usen en el hospital.

Política para Solicitud de Evaluación de Inclusión o Exclusión de Medicamentos de la Lista

Todo doctor y dentista de la red de Triple-S Salud, Inc. puede pedir que se evalúe añadir y/o eliminar medicamentos a la Lista de la siguiente forma:

- El doctor o dentista debe llenar la hoja de petición de evaluación de medicamentos (Drug List Review Request) en todas sus partes.
- Para obtener la hoja de petición de evaluación de medicamentos (*Drug List Review Request*), él/ella debe comunicarse con el Departamento de Servicios Clínicos de *MC-21 Corporation*, al **787-286-6032 ext. 3289 ó 1-877-741-7470.**
- Debe enviarla por correo, luego de que sea completada en todas sus partes, a la siguiente dirección:

MC-21 Corporation
Attn: *Clinical Services Department / Drug List Review Request*
***Call Box* 4908, Caguas, PR 00726**

El Departamento de Servicios Clínicos de MC-21 Corporation procederá a hacer la evaluación del producto en la petición, para ser presentada al Comité de Farmacia y Terapéutica en la fecha designada por los miembros del Comité. La solicitud de evaluación para añadir/eliminar tiene que estar completa en todas sus partes, ya que la misma formará parte de la evaluación formal que preparará el Departamento Clínico de MC-21 Corporation para dicho producto.

Política para Revisión de la Lista

Los cambios a esta Lista serán notificados a doctores y dentistas a través de comunicaciones emitidas por la División de Asuntos Clínicos de Triple-S Salud Inc. y/o a través del Pharma News, un boletín para profesionales de la salud que es distribuido seis veces al año, a todos los doctores y dentistas de la red de Triple-S Salud, Inc. Los cambios a la Lista les serán notificados a los asegurados por medio de comunicaciones escritas. La Lista se imprime cada año.

Todas las pautas para las terapias son actuales al momento de imprimirse la edición y están sujetas a cambios. Estas pautas son generales y tal vez no cubran todas las situaciones clínicas. Estas pautas no deben tomarse como remplaza el juicio clínico.

Editor

Sus comentarios y recomendaciones, con el propósito de mejorar y poner al día esta Lista, son bienvenidas. Puede enviar sus comentarios a la siguiente dirección:

Comité de Farmacia y Terapéutica
EDITOR
MC-21 Corporation
***Call Box* 4908, Caguas, PR 00726**

Comentarios

La información contenida en esta Lista no sustituye el conocimiento, la experiencia y el juicio clínico de doctores. **Doctores deben seguir usando su juicio clínico al escoger los medicamentos más adecuados para el cuidado individual de cada paciente.** *MC-21 Corporation* y *Triple-S Salud, Inc*. no se hacen responsables por las acciones u omisiones de doctores a base de la información contenida en esta Lista.

Para información más precisa, el doctor debe revisar la literatura provista por el manufacturero del producto en el inserto del producto (PI) o en libros de referencia. **También puede obtener más información llamando al Centro de Información de Medicamentos, un servicio exclusivo para doctores y dentistas de la red de Triple-S Salud, Inc. ofrecido a través de *MC-21 Corporation*.**

Derechos Reservados

English

Introduction

Your prescription drug benefit uses a Drug List. The List is a guide of drugs chosen by Triple-S Salud's Pharmacy and Therapeutics Committee, which stands for the prescription therapies needed for a high-quality treatment program. Our Committee, formed of doctors, clinical pharmacists and other health experts, meet from time to time to review and decide which drugs should be added in the List. This process is based on the safety, efficacy and cost.

The Drug List has three parts.

The first part is an outline on how the List was designed. It also outlines the utilization analysis edits used to verify dose and find when two or more drugs of the same type are prescribed at the same time. These edits are used through the system of MC-21 Corporation.

The second part has the drugs by drug classes.

The third part has the Appendixes and a list in alphabetical order (Index) of brand and generic drugs in the List.

To know more on how to get your drugs, please see Section 5(f) of your FEHB Program Brochure.

This document has only some drugs covered by Triple-S Salud. If you need support or have questions visit our Website www.ssspr.com or call us at:

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)
USVI: 800-716-6081 (TTY:866-215-1999)

Part I - Drug List Design

Presentation

These examples show the information given for those drugs in the List.

Drug Name	Reference	Level	Instructions
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		3	PA; QL (1 TAB per 1 day)

For all the drugs in the List the drug name, reference name (if applicable), level and any special instructions will appear.

Generic drugs in the List are listed in lowercase **bold** letters (e.g., **allopurinol**). Brand drugs are listed in uppercase letter (e.g., ULORIC).

How do I use the Drug List?

The easiest way that you can find your drugs is seeking them in the Index that starts on page 149. The Index gives an alphabetical list of all the drugs. Both brand and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find the coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

How much will I pay for covered drugs?

The drugs in the List are classified by levels, except for those with $0 copay, if prescribed or supplied by participating providers.

What you pay falls into one of these tiers or levels:

- Level 1 – Generic Drugs
- Level 2 – Preferred Brand Drugs
- Level 3 – Non-Preferred Brand Drugs
- Level 4 – Preferred Specialty or Biotech Drugs
- Level 5 – Non-Preferred Specialty o Biotech Drugs

You must check your Brochure (Section 5(f)) to see how much you will pay for each one of these drugs. You will pay nothing ($0) for these drugs, if prescribed or supplied by participating providers, as required by Federal Law:

- FDA approved birth control methods and pills (OTC and prescription)[1]
- Fluoride (up to 6 years)
- Aspirin (with a limit of 1 tablet / day; over 18 years)
- Iron (up to 12 months)
- Folic acid (females only)
- EVISTA Y NOLVADEX (TO PREVENT BREAST CANCER)
- FDA approved drugs for quitting smoking (covered for 90 days in one try and up to two tries per year).

Your coverage offers you certain over the counter drugs at no cost to you if prescribed or supplied by participating providers.

What are Generic Drugs (Level 1)?

A generic has the same active ingredients in the same amounts as the brand-name drugs. They cost less and are approved by the FDA.

The generic drugs must be dispensed as the first choice always, except for those brand drugs covered in the List for which the generic choices do not exist. If you or your doctor chooses a brand drug instead of the generic version, you will pay the generic drug copay, plus the difference in cost between the brand and the generic drug; even though your doctor has written "Dispense as Written". You have the right to send a medical justification seeking coverage of a brand product with a generic equivalent. If we approve the drug you will pay the Level 3 copay.

When a generic comes in the market, it is added to the List and the brand drug is moved to a higher level, resulting in a change in your cost sharing.

The generic medications from the following therapeutic categories have $0 copay, if prescribed by participating providers:

- Generic antihypertensives: Angiotensin converting enzime inhibitors (ACEIs), Angiotensin II receptor blockers (ARBs), Direct renin inhibitor;
- Generic Antidiabetics (excludes insulins);
- Generic statins.

We suggest that you use generic drugs. They are identical in strength and dose, as well as approved by the FDA.

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[1] *Applies to certain contraceptives of the following categories: cervical cap, copper intrauterine device (IUD), diaphragm, female condom, some oral contraceptives, intrauterine device (IUD) with progestine, oral emergency contraceptives, patch, spermicide, injectable, sponge with spermicide, subdermal implant, vaginal ring.*

What are Preferred Brand Drugs (Level 2)?

There are some brand drugs pointed out as preferred agents after an in-depth review in terms of safety, outcomes and cost. You will find these with a Level 2 placed to the right of the name of the drug. In those drug classes where there are no generic drugs, we suggest you use drugs that are designated as preferred as a first choice.

What are Non-Preferred Brand Drugs (Level 3)?

A drug is designated as non-preferred because there are other choices in prior levels that have lesser reactions or are more cost effective. If you get a brand drug from Level 3, you will have to pay more for the drug.

What are Preferred Specialty Drugs (Level 4)?

Specialty Drugs need special handling and storage due to their complex composition. These are used for treating high risk and life-long health problems.

The Level 4 has the drugs or products in the List that are offered under the Drug Program for Special Conditions. The drugs in this tier have generics, biosimilar (generic biologics) and brand at a lower cost and a special handling for supply.

What are Non-Preferred Specialty or Biotech Drugs (Level 5)?

The Level 5 has Non-Preferred Specialty Drugs. The drugs in this level also have a special storage and handling, but have a higher cost sharing when compared to drugs from Level 4. These are used to treat life-long and high-risk health problems.

Specialty Drug Program

We offer you the Specialty Drug Management Program through our Exclusive Pharmacy Network. This program is coordinated through a network of specialized pharmacies committed to ensure that these drugs are dispensed and administered correctly. The pharmacies that participate in the program are CVS Caremark Specialty Pharmacy, Axium Healthcare PR Pharmacy, Special Care Pharmacy Service, SPS Specialty Pharmacy Services, and Walgreens Specialty Pharmacy. These pharmacies are highly recognized throughout the island.

What if my drug is not on the List?

If your drug is not in this List, you should first call our Customer Service Department and ask if your drug is covered. If you learn that your drug is not covered, you can ask about similar drugs that are covered to treat your health problem. Show the list to your doctor and ask him or her to prescribe a drug that is covered.

Can the Drug List change?

Yes. We may add or remove drugs for certain reasons. We might also move a drug from one tier to another. This List is up to date as of October 2017.To get an up to date List, please visit our Website at www.ssspr.com or call us at

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)
USVI: 800-716-6081 (TTY: 866-215-1999)

If the Food and Drug Administration (FDA) determines that a drug on our List is not safe or the drug's manufacturer removes the drug from the market, we will remove the drug right away from our List and issue a notice to members who take the drug.

Reference Guide

Step Therapy Program

In some cases, we require you to first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

You will need to use Over-The-Counter (OTC) or Generic Drugs before using other drugs to treat your health problem. You must use the OTC as first choice for treating ulcers, reflux, allergies, nasal allergies and eye allergies. You must use generics as a first choice for cholesterol, osteoporosis, nasal allergies, insomnia, high blood pressure, pain management, high blood sugar, depression and hyperactivity drugs.

Appendix I has the list of drugs that have a Step Therapy. The Step Therapy List is subject to changes.

Drugs that Need a Pre-authorization (PA)

Drugs that need an authorization before use are likely to have higher potential for toxicity, inappropriate use or higher cost. Those drugs that need a pre-authorization should fulfill specific clinical criteria as determined by the Committee. These criteria have been developed as stated by current medical literature.

Drugs whose cost goes beyond $500.00 will need a prior authorization to be dispensed. The pharmacy will send MC-21 Corporation a copy of the prescription via fax at 1-866-387-3487 or 1-866-277-6556 for authorization.

Quantity Limits (QL) on the amount to be dispensed

Certain drugs have a limit on the amount to be dispensed. These amounts are as stated by the manufacturer's indications as to the adequate amount that will not cause adverse effects and which is effective for treating health problems. The area of Instructions in the List points out the limits for those drugs that apply. Quantity limits are effective when they are published in the List and are subject to changes.

Medical Specialty Limits

Some drugs have a limit in the medical specialty; these limits are established based on current medical literature.

Appendix II has the list of drugs that has a medical specialty limit. The Step Therapy List is subject to changes.

Age Limits (AL)

Some drugs have a limit due to age. These limits are effective when they are published in the List and are subject to changes.

Investigational or experimental drugs

Uses of investigational or experimental drugs, or those not approved by the FDA, are not covered by all health plans or prescription drug coverage.

Indications not approved by the FDA, are not covered by all health plans or prescription drug coverage.

Compounded Prescriptions

Compounded prescriptions are covered drugs if they have at least one of the drugs on this List, if they are not for cosmetic purposes.

Edits for Drug Utilization Analysis (DUR)

Through the Pharmacy Program, we have implemented the edits below for drug use review (DUR) to avoid other health problems while offering you a better care.

- Dose check edits confirm for daily maximum doses using as reference the child, adult and aged adult doses as stated by Medi Span. In the most of cases, the maximum dose is the one approved by the FDA.

- Duplicate Therapy edits confirm your drug history for two or more drugs of the same type are prescribed at the same time in two ways:

    1. If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. Prescription number is different; but could be through the same pharmacy or different ones).

    2. If you get two drugs of the same drug class, such as: two anti-depressants or two analgesics.

There are exceptions to these edits. To prevent the system from denying the service, we suggest that your doctor includes in the prescription:

- Change in Dose

  If the dose increases and you need your drug right away, a letter from the doctor justifying the dose change will be needed. The pharmacy will need a pre-authorization after receipt of the necessary information on that prescription.

- If the dose is determined by your weight, the doctor must write your weight and height in the prescription.

- When the dose of the drug is changed as a result to your blood levels, the doctor must write it in the prescription (e.g.: changes for thyroid, theophylline, anti-convulsiveness, and warfarin).

- When the dose written in the prescription does not exists in the pharmaceutical dose form of the drug. For example, the tablet exists in 25 mg and 50 mg, but you need a 75 mg dose (dose needed and accepted). The pharmacy will need a pre-authorization after the receipt of the necessary information for the prescription (a copy of the prescription will be needed and copy of the pre-authorization form.

Legend - Abbreviations and symbols

Abbreviations and symbols	Description
AL	Drugs for which an age limit exists
Cap	Capsule
Conc	Concentrated
Cr	Cream
ER, SR, CR	Extended release, sustained release, controlled release
Inh	Inhaler
Inj	Injectable
QL	Drugs for which a dispensing limit exists
SL	Drugs for which a limit in the medical specialty exists
Lot	Lotion
Bold	If the drug has a generic available in all its dose forms
TIER 1	Generic drugs
TIER 2	Preferred brand drugs
TIER 3	Non-preffered brand drugs.
TIER 4	Preferred specialty or biotech drugs
TIER 5	Non-preferred specialty or biotech drugs
Oint	Ointment
Oph	Ophthalmic
PA	Pre-authorization. The pharmacy is responsible to get a prior authorization from MC-21 Corporation or Triple S, Inc. before dispensing the drug.
SHA	Shampoo
Sl	Sublingual
SNC	Central Nervous System
Soln	Solution
ST	Step Therapy
Supp	Suppository
Susp	Suspension
Tab	Tablet
Td	Transdermal

Policy for the Review and Maintenance of the Drug List

The Pharmacy and Therapeutics Committee meets every month to review new drugs and new information about drugs that are already on the market and in our List. The Committee is formed of Triple-S Salud' participating doctors, dentists, pharmacists and administrators. They review available information concerning safety, effectiveness, current use in therapy and scientific evidence, such as relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals. Doctors not working in or having business and financial interests in Triple-S Salud, Inc. or MC-21 Corporation are the only ones with the right to vote. Doctors, pharmacists and other professionals who are Triple-S Salud's and MC-21 Corporation's employees who are part of the Committee do not have the right to vote. They go to Committee meetings as coordinators and health plan administrators. Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the formulary such as:

The Committee sets up the priorities for the review of drugs based on these criteria:

- Analysis of the use of Non-Preferred drugs that are often prescribed. These drugs will be evaluated to add them in other levels.
- Drugs recently approved by the FDA.
- A request made by a participating doctor or dentist in Triple-S Salud' network. (Please see the steps for plan doctors and dentists to ask that we add or remove drugs from the List).

When a drug is added to a drug class, we will review those drugs that could be removed from that class, if any.

Drugs that are Not Included in the Drug List (Non-Formulary) are those that after review, do not offer clinical and economic advantages when compared with other choices. For example; (i) at the time of the review there is no proof in the medical literature that justifies their use. Or, (ii) the drug is used exclusively on an inpatient basis.

Plan doctors and dentists will be notified of the decisions made by the Committee through communications issued by Triple-S Salud's Medical Affairs Division and the Pharma News, which is a bi-monthly newsletter for health care professionals and participating providers in Triple-S Salud's providers' network.

Policy for Requesting Us to Evaluate Drugs to be Added or Removal of Drugs from the List

Any plan doctor and/or dentist can request us to review the drugs to be added or removed from the List with these instructions:

- The doctor or dentist should complete in all parts the form for the review of drugs, known as Drug List Review Request.
- To get the form you should communicate with the Clinical Services Department in MC-21 Corporation by calling **787-286-6032 ext. 3289 or 1-877-741-7470**.
- After completing all parts, you should mail the form to the following address:

MC-21 Corporation
Attn: Clinical Services Department / Drug List Review Request
Call Box 4908, Caguas, PR 00726

MC-21's Clinical Service Department will review the product in the Review Request Form and will send it to the Pharmacy and Therapeutics Committee on the designated date. It is important that all parts of the form are completed because it will become part of the formal documentation that MC-21's Clinical Services Department will prepare for each product.

Policy for the Drug List Reviews

We will issue notices to plan doctors and dentists of the changes to the List and/or through the Pharma News, a bi-monthly newsletter for health care professionals and participating providers in the provider's network. Notices with the changes to the List will be also sent to members. The List is printed each year.

All guidelines for the therapies are updated at the time of printing of this edition and are subject to changes. These guidelines are general and do not have all clinical situations. These guidelines shall not be construed as a substitute for a clinical judgment.

Editor

Your comments and suggestions to this List are welcome. You can send your comments to:

Comité de Farmacia y Terapéutica
EDITOR
MC-21 Corporation
Call Box 4908, Caguas, PR 00726

Comments

The information in this Drug List shall not be a substitute for knowledge, experience and clinical judgment of the doctors. **The doctors shall continue using their clinical judgment in his/her choice of drugs when treating a patient.** MC-21 Corporation and Triple-S Salud, Inc. are not responsible for the actions and omissions of the doctors based on the information in this List.

For detailed information, the doctor must refer to the literature available by the product's manufacturer in the product insert (PI) or in reference books**. Also, more information will be available through the Drug Information Center, an exclusive service offered by MC-21 Corporation to the participating doctors and dentists in Triple-S Salud' Provider Network.**

Reserved Rights

Parte II – Lista de Medicamentos por Clasificación Terapéutica / *Part II – Drugs List by Therapeutic Class*

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Analgesics [Analgésicos]			
Nonsteroidal Anti-Inflammatory Drugs [Anti-Inflamatorios No Esteroidales]			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	CeleBREX	1	ST
diclofenac potassium oral tablet 50 mg		1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg		1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		1	
diclofenac sodium transdermal gel 1 %	Voltaren	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Arthrotec	1	
diflunisal oral tablet 500 mg		1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg		1	
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	Lodine	1	
etodolac oral tablet 500 mg		1	
FLECTOR TRANSDERMAL PATCH 1.3 %		3	
flurbiprofen oral tablet 100 mg, 50 mg		1	
ibuprofen oral suspension 100 mg/5ml		1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		1	
INDOCIN ORAL SUSPENSION 25 MG/5ML		3	
INDOCIN RECTAL SUPPOSITORY 50 MG		3	
indomethacin er oral capsule extended release 75 mg		1	
indomethacin oral capsule 25 mg, 50 mg		1	
ketoprofen er oral capsule extended release 24 hour 200 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ketoprofen oral capsule 50 mg, 75 mg		1	
ketorolac tromethamine injection solution 15 mg/ml		1	QL (40 ML per 5 days)
ketorolac tromethamine injection solution 30 mg/ml, 60 mg/2ml		1	QL (20 ML per 5 days)
ketorolac tromethamine intramuscular solution 60 mg/2ml		1	QL (20 ML per 5 days)
ketorolac tromethamine oral tablet 10 mg		1	QL (20 TAB per 5 days)
meclofenamate sodium oral capsule 100 mg, 50 mg		1	
mefenamic acid oral capsule 250 mg	Ponstel	1	
meloxicam oral tablet 15 mg, 7.5 mg	Mobic	1	
nabumetone oral tablet 500 mg, 750 mg		1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG		3	
naproxen dr oral tablet delayed release 375 mg, 500 mg	EC-Naprosyn	1	
naproxen oral suspension 125 mg/5ml	Naprosyn	1	
naproxen oral tablet 250 mg, 500 mg	Naprosyn	1	
naproxen oral tablet 375 mg		1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	Naprelan	1	
naproxen sodium oral tablet 275 mg		1	
naproxen sodium oral tablet 550 mg	Anaprox DS	1	
oxaprozin oral tablet 600 mg	Daypro	1	
piroxicam oral capsule 10 mg, 20 mg	Feldene	1	
salsalate oral tablet 500 mg, 750 mg		1	
sulindac oral tablet 150 mg, 200 mg		1	
tolmetin sodium oral capsule 400 mg		1	
tolmetin sodium oral tablet 200 mg, 600 mg		1	
Opioid Analgesics, Long-Acting [Analgésicos Opiodes, Larga Duración]			
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcgg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Butrans	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Duragesic	1	ST; QL (10 PATCH per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	MS Contin	1	QL (2 TAB per 1 day)
oxycodone hcl er oral tablet er 12-hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	OxyCONTIN	1	QL (2 TAB per 1 day)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg		1	QL (1 TAB per 1 day)
tramadol hcl er oral tablet extended release 24 hour 100 mg		1	QL (3 TAB per 1 day)
tramadol hcl er oral tablet extended release 24 hour 200 mg		1	QL (1 TAB per 1 day)
tramadol hcl er oral tablet extended release 24 hour 300 mg	Ultram ER	1	QL (1 TAB per 1 day)
Opioid Analgesics, Short-Acting [Analgésicos Opiodes, Corta Duración]			
acetaminophen-codeine #2 oral tablet 300-15 mg		1	QL (12 TAB per 1 day)
acetaminophen-codeine #3 oral tablet 300-30 mg	Tylenol with Codeine #3	1	QL (12 TAB per 1 day)
acetaminophen-codeine #4 oral tablet 300-60 mg	Tylenol with Codeine #4	1	QL (6 TAB per 1 day)
acetaminophen-codeine oral solution 120-12 mg/5ml		1	QL (90 ML per 1 day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	Fioricet/Codeine	1	QL (6 CAP per 1 day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		1	QL (6 CAP per 1 day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Fiorinal/Codeine #3	1	QL (6 CAP per 1 day)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml		1	
butorphanol tartrate nasal solution 10 mg/ml		1	QL (5 ML per 1 day)
CAPITAL/CODEINE ORAL SUSPENSION 120-12 MG/5ML		3	QL (90 ML per 1 day)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
codeine sulfate oral tablet 15 mg		1	QL (24 TAB per 1 day)
codeine sulfate oral tablet 30 mg		1	QL (12 TAB per 1 day)
codeine sulfate oral tablet 60 mg		1	QL (6 TAB per 1 day)
DEMEROL INJECTION SOLUTION 100 MG/2ML, 25 MG/0.5ML		3	
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml		1	
hydrocodone-acetaminophen oral tablet 10-300 mg	Vicodin HP	1	QL (6 TAB per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Norco	1	QL (6 TAB per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Verdrocet	1	QL (12 TAB per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	Vicodin	1	QL (8 TAB per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg	Lorcet	1	QL (8 TAB per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg	Vicodin ES	1	QL (6 TAB per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	Xylon	1	QL (5 TAB per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	Ibudone	1	QL (5 TAB per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		1	QL (5 TAB per 1 day)
hydromorphone hcl oral tablet 2 mg	Dilaudid	1	QL (18 TAB per 1 day)
hydromorphone hcl oral tablet 4 mg	Dilaudid	1	QL (6 TAB per 1 day)
hydromorphone hcl oral tablet 8 mg	Dilaudid	1	QL (3 TAB per 1 day)
meperidine hcl injection solution 10 mg/ml		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	Demerol	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml		1	QL (6 ML per 1 day)
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml		1	
morphine sulfate injection solution 2 mg/ml		1	
morphine sulfate oral solution 10 mg/5ml		1	QL (60 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml		1	QL (30 ML per 1 day)
morphine sulfate oral tablet 15 mg		1	QL (4 TAB per 1 day)
morphine sulfate oral tablet 30 mg		1	QL (2 TAB per 1 day)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml		1	
OPANA INJECTION SOLUTION 1 MG/ML		3	
oxycodone hcl oral capsule 5 mg		1	QL (18 CAP per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml		1	QL (5 ML per 1 day)
oxycodone hcl oral solution 5 mg/5ml		1	QL (180 ML per 1 day)
oxycodone hcl oral tablet 10 mg, 20 mg		1	QL (6 TAB per 1 day)
oxycodone hcl oral tablet 15 mg, 30 mg	Roxicodone	1	QL (6 TAB per 1 day)
oxycodone hcl oral tablet 5 mg	Roxicodone	1	QL (12 TAB per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	Percocet	1	QL (6 TAB per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	Percocet	1	QL (12 TAB per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	Endocet	1	QL (12 TAB per 1 day)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
oxycodone-acetaminophen oral tablet 7.5-325 mg	Endocet	1	QL (8 TAB per 1 day)
oxymorphone hcl oral tablet 10 mg	Opana	1	QL (3 TAB per 1 day)
tramadol hcl oral tablet 50 mg	Ultram	1	QL (12 TAB per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	Ultracet	1	QL (8 TAB per 1 day)
Others [Otros]			
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	Fioricet	1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	Zebutal	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	Esgic	1	
butalbital-asa-caffeine oral capsule 50-325-40 mg	Fiorinal	1	
Anesthetics [Anestésicos]			
Local Anesthetics [Anestésico Local]			
ethyl chloride external aerosol		1	
lidocaine external ointment 5 %		1	
lidocaine external patch 5 %	Lidoderm	1	PA
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 2 %	Xylocaine-MPF	1	
lidocaine hcl external cream 3 %	CidalEaze	1	
lidocaine hcl external gel 2 %	Regenecare HA	1	
lidocaine hcl external lotion 3 %		1	
lidocaine hcl external solution 4 %	Xylocaine	1	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	Xylocaine	1	
lidocaine viscous mouth/throat solution 2 %		1	
lidocaine-prilocaine external cream 2.5-2.5 %		1	
lidocaine-prilocaine external kit 2.5-2.5 %	Priloxx LP	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Anti-Addiction/Substance Abuse Treatment Agents [Tratamiento De Abuso De Sustancias/Contra La Addición]			
Alcohol Deterrents/Anti-Craving [Disuasivos De Alcohol/Anti-Ansiedad]			
acamprosate calcium oral tablet delayed release 333 mg		1	
disulfiram oral tablet 250 mg, 500 mg	Antabuse	1	
Benzodiazepine Reversal Agents [Antagonista De Benzodiacepinas]			
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml		1	
Opioid Dependence Treatments [Tratamiento Dependiente De Opiode]			
buprenorphine hcl sublingual tablet sublingual 2 mg		1	PA; QL (2 TAB per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		1	PA; QL (8 TAB per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		1	PA; QL (12 TAB per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		1	PA; QL (3 TAB per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG		3	PA; QL (2 FILM per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG		3	PA; QL (12 FILM per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG		3	PA; QL (6 FILM per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG		3	PA; QL (3 FILM per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG		3	PA; QL (24 TAB per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG		3	PA; QL (12 TAB per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG		3	PA; QL (1 TAB per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG		3	PA; QL (5 TAB per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG		3	PA; QL (3 TAB per 1 day)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG		3	PA; QL (2 TAB per 1 day)
Opioid Reversal Agents [Antagonista De Opioides]			
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		1	
naloxone hcl injection solution cartridge 0.4 mg/ml		1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml		1	
naltrexone hcl oral tablet 50 mg		1	
Antibacterials [Antibacterianos]			
Aminoglycosides [Aminoglicósidos]			
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml		1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		1	
gentamicin sulfate intravenous solution 10 mg/ml		1	
neomycin sulfate oral tablet 500 mg		1	
paromomycin sulfate oral capsule 250 mg		1	
streptomycin sulfate intramuscular solution reconstituted 1 gm		1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml		1	
tobramycin sulfate injection solution reconstituted 1.2 gm		1	
Antibacterials, Other [Antibacterianos, Otros]			
bacitracin intramuscular solution reconstituted 50000 unit		1	
CLEOCIN PHOSPHATE INTRAVENOUS SOLUTION 600 MG/4ML		3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG		3	
clindamycin hcl oral capsule 150 mg, 300 mg	Cleocin	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Cleocin	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	Cleocin Phosphate	1	
clindamycin phosphate intravenous solution 150 mg/ml, 900 mg/6ml	Cleocin Phosphate	1	
clindamycin phosphate vaginal cream 2 %	Cleocin	1	
colistimethate sodium injection solution reconstituted 150 mg	Coly-Mycin M	1	
lincomycin hcl injection solution 300 mg/ml	Lincocin	1	
linezolid intravenous solution 600 mg/300ml	Zyvox	1	PA
linezolid oral suspension reconstituted 100 mg/5ml	Zyvox	1	PA
linezolid oral tablet 600 mg	Zyvox	1	PA
methenamine hippurate oral tablet 1 gm	Hiprex	1	
metronidazole oral tablet 250 mg, 500 mg	Flagyl	1	
metronidazole vaginal gel 0.75 %	Vandazole	1	
MONUROL ORAL PACKET 3 GM		3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Macrodantin	1	
nitrofurantoin monohyd macro oral capsule 100 mg	Macrobid	1	
nitrofurantoin oral suspension 25 mg/5ml	Furadantin	1	
phosphasal oral tablet 81.6 mg		1	
SIVEXTRO ORAL TABLET 200 MG		3	PA
SULFAMYLON EXTERNAL CREAM 85 MG/GM		3	
SULFAMYLON EXTERNAL PACKET 5 %		3	
trimethoprim oral tablet 100 mg		1	
uretron d/s oral tablet		1	
uro-mp oral capsule 118 mg	Uribel	1	
vancomycin hcl intravenous solution reconstituted 1000 mg, 500 mg, 750 mg		1	
vancomycin hcl oral capsule 125 mg, 250 mg	Vancocin HCl	1	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML		3	PA
Beta-Lactam, Cephalosporins [Cefalosporinas, Beta-Lactámicas]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
cefaclor er oral tablet extended release 12 hour 500 mg		1	
cefaclor oral capsule 250 mg, 500 mg		1	
cefadroxil oral capsule 500 mg		1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		1	
cefadroxil oral tablet 1 gm		1	
cefazolin sodium injection solution reconstituted 1 gm, 500 mg		1	
cefazolin sodium intravenous solution reconstituted 1 gm		1	
cefdinir oral capsule 300 mg		1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
cefditoren pivoxil oral tablet 200 mg		1	
cefditoren pivoxil oral tablet 400 mg	Spectracef	1	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	Maxipime	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg		1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
cefprozil oral tablet 250 mg, 500 mg		1	
ceftazidime injection solution reconstituted 1 gm, 2 gm	Fortaz	1	
ceftibuten oral capsule 400 mg	Cedax	1	
ceftibuten oral suspension reconstituted 180 mg/5ml	Cedax	1	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		3	
ceftriaxone sodium injection solution reconstituted 1 gm	Rocephin	1	
ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg, 500 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Ceftin	1	
cefuroxime sodium injection solution reconstituted 1.5 gm, 750 mg	Zinacef	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Keflex	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
cephalexin oral tablet 250 mg, 500 mg		1	
FORTAZ INJECTION SOLUTION RECONSTITUTED 500 MG		3	
ZINACEF INTRAVENOUS SOLUTION RECONSTITUTED 750 MG		3	
Beta-Lactam, Other [Beta-Lactámicos, Otros]			
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	Primaxin IV	1	
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM		3	
Beta-Lactam, Penicillins [Penicilinas, Beta-Lactámicas]			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Augmentin XR	1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml		1	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	Augmentin	1	
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml	Augmentin ES-600	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg		1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	Augmentin	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 250 mg, 500 mg		1	
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg		1	
ampicillin sodium intravenous solution reconstituted 1 gm, 2 gm		1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML		3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML		3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML		3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		3	
dicloxacillin sodium oral capsule 250 mg, 500 mg		1	
nafcillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm		1	
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm		1	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm		1	
penicillin g procaine intramuscular suspension 600000 unit/ml		1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml		1	
penicillin v potassium oral tablet 250 mg, 500 mg		1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	Zosyn	1	
Macrolides [Macrólidos]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Zithromax	1	
azithromycin oral tablet 250 mg	Zithromax Z-Pak	1	
azithromycin oral tablet 500 mg, 600 mg	Zithromax	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	Biaxin XL Pac	1	
clarithromycin oral suspension reconstituted 125 mg/5ml		1	
clarithromycin oral suspension reconstituted 250 mg/5ml	Biaxin	1	
clarithromycin oral tablet 250 mg, 500 mg	Biaxin	1	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML		3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Erythromycin Stearate	3	
erythromycin base oral capsule delayed release particles 250 mg		1	
erythromycin base oral tablet 250 mg, 500 mg		1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	EryPed 200	1	
erythromycin ethylsuccinate oral tablet 400 mg	E.E.S. 400	1	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG		3	
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM		3	
Quinolones [Quinolonas]			
ciprofloxacin hcl oral tablet 250 mg, 500 mg	Cipro	1	
ciprofloxacin hcl oral tablet 750 mg		1	
ciprofloxacin intravenous solution 200 mg/20ml, 400 mg/40ml		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	Cipro	1	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg	Cipro XR	1	QL (14 TAB per 30 days)
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 500 mg	Cipro XR	1	QL (3 TAB per 30 days)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Levaquin	1	
moxifloxacin hcl oral tablet 400 mg	Avelox	1	
Sulfonamides [Sulfonamidas]			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	Bactrim	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	Bactrim DS	1	
Tetracyclines [Tetraciclinas]			
doxycycline hyclate intravenous solution reconstituted 100 mg	Doxy 100	1	
doxycycline hyclate oral capsule 100 mg	Vibramycin	1	
doxycycline hyclate oral capsule 50 mg	Morgidox	1	
doxycycline hyclate oral tablet 100 mg, 20 mg		1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg		1	
doxycycline monohydrate oral capsule 100 mg, 75 mg	Monodox	1	
doxycycline monohydrate oral capsule 50 mg	Mondoxyne NL	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Vibramycin	1	
doxycycline oral capsule delayed release 40 mg	Oracea	1	
minocycline hcl er oral tablet extended release 24 hour 90 mg		1	
minocycline hcl oral capsule 100 mg, 50 mg	Minocin	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
minocycline hcl oral capsule 75 mg		1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg		1	
tetracycline hcl oral capsule 250 mg, 500 mg		1	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML		3	
Anticonvulsants [Anticonvulsivantes]			
Anticonvulsants, Other [Anticonvulsivantes, Otros]			
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Keppra XR	1	ST
levetiracetam intravenous solution 500 mg/5ml	Keppra	1	
levetiracetam oral solution 100 mg/ml	Keppra	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Keppra	1	
Calcium Channel Modifying Agents [Modificadores De Canales De Calcio]			
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		3	ST
LYRICA ORAL SOLUTION 20 MG/ML		3	ST
Gamma-Aminobutyric Acid (GABA) Augmenting Agents [Agentes Amplificadores Del Acido Gama-Aminobutirato]			
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	KlonoPIN	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	
diazepam rectal gel 10 mg, 20 mg	Diastat AcuDial	1	
diazepam rectal gel 2.5 mg	Diastat Pediatric	1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Depakote ER	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Depakote Sprinkles	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Depakote	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Neurontin	1	
gabapentin oral solution 300 mg/6ml	Neurontin	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
gabapentin oral tablet 600 mg, 800 mg	Neurontin	1	
phenobarbital oral solution 20 mg/5ml		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
primidone oral tablet 250 mg, 50 mg	Mysoline	1	
SABRIL ORAL TABLET 500 MG		5	PA
valproate sodium oral solution 250 mg/5ml	Depakene	1	
valproic acid oral capsule 250 mg	Depakene	1	
vigabatrin oral packet 500 mg	Sabril	5	PA
Glutamate Reducing Agents [Reductores De Glutamato]			
lamotrigine er oral tablet extended release 24 hour 200 mg, 300 mg, 50 mg	LaMICtal XR	1	
lamotrigine oral kit 25 & 50 & 100 mg, 25 (21)-50 (7) mg, 50 (42)-100(14) mg	LaMICtal ODT	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	LaMICtal	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	LaMICtal	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LaMICtal ODT	1	
topiramate oral capsule sprinkle 15 mg, 25 mg	Topamax Sprinkle	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Topamax	1	
Sodium Channel Agents [Canales De Sodio]			
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Carbatrol	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	TEGretol-XR	1	
carbamazepine oral suspension 100 mg/5ml	TEGretol	1	
carbamazepine oral tablet 200 mg	Epitol	1	
carbamazepine oral tablet chewable 100 mg		1	
DILANTIN ORAL CAPSULE 30 MG		3	
oxcarbazepine oral suspension 300 mg/5ml	Trileptal	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Trileptal	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
phenytoin oral suspension 125 mg/5ml	Dilantin	1	
phenytoin oral tablet chewable 50 mg	Dilantin Infatabs	1	
phenytoin sodium extended oral capsule 100 mg	Dilantin	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	Phenytek	1	
phenytoin sodium injection solution 50 mg/ml		1	
VIMPAT ORAL SOLUTION 10 MG/ML		3	AL (greater than or equal to 17 years)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		3	AL (greater than or equal to 17 years)
Antidementia Agents [Antidemencia]			
Antidementia Agents, Other [Antidemencia, Otros]			
ergoloid mesylates oral tablet 1 mg		1	
Cholinesterase Inhibitors [Inhibidores De Colinesterasa]			
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	Aricept	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg		1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Razadyne ER	1	
galantamine hydrobromide oral solution 4 mg/ml		1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Razadyne	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Exelon	1	QL (1 PATCH per 1 day)
Combinations, Other [Combinación, Otros]			
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG		2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		2	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
N-Methyl-D-Aspartate (NMDA) Receptor Antagonist [Antagonista Del Receptor NMDA]			
memantine hcl oral solution 2 mg/ml		1	
memantine hcl oral tablet 10 mg, 5 mg	Namenda	1	
memantine hcl oral tablet 5 (28)-10 (21) mg	Namenda Titration Pak	1	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG		2	ST
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG		2	ST
Antidepressants [Antidepresivos]			
Antidepressants, Other [Antidepresivos, Otros]			
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Wellbutrin SR	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Remeron	1	
mirtazapine oral tablet 7.5 mg		1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Remeron SolTab	1	
Monoamine Oxidase B (MAO-B) Inhibitors [Inhibidores De Monoamina Oxidasa B]			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		3	PA
MARPLAN ORAL TABLET 10 MG		3	
phenelzine sulfate oral tablet 15 mg	Nardil	1	
tranylcypromine sulfate oral tablet 10 mg	Parnate	1	
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors) [Inhibidores De La Recaptación De Serotonina/ Norepinefrina (SSRIS/SNRIS)]			
citalopram hydrobromide oral solution 10 mg/5ml		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	CeleXA	1	
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	Khedezla	1	ST
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Pristiq	1	ST
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	1	
escitalopram oxalate oral solution 5 mg/5ml		1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Lexapro	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	PROzac	1	
fluoxetine hcl oral capsule delayed release 90 mg		1	ST
fluoxetine hcl oral solution 20 mg/5ml		1	
fluoxetine hcl oral tablet 10 mg, 20 mg		1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg		1	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg		1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Paxil CR	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Paxil	1	
PAXIL ORAL SUSPENSION 10 MG/5ML		3	
sertraline hcl oral concentrate 20 mg/ml	Zoloft	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Zoloft	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Effexor XR	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg		1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Tricyclics [Tricíclicos]			
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 50 mg, 75 mg		1	
amitriptyline hcl oral tablet 25 mg	Elavil	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Anafranil	1	
desipramine hcl oral tablet 10 mg, 25 mg	Norpramin	1	
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin hcl oral concentrate 10 mg/ml		1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tofranil	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Pamelor	1	
nortriptyline hcl oral solution 10 mg/5ml		1	
protriptyline hcl oral tablet 10 mg, 5 mg		1	
Antiemetics [Antieméticos]			
Antiemetics, Other [Antieméticos, Otros]			
diphenhydramine hcl injection solution 50 mg/ml		1	
meclizine hcl oral tablet 12.5 mg		1	
meclizine hcl oral tablet 25 mg	Dramamine	1	
metoclopramide hcl oral solution 5 mg/5ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Reglan	1	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	Phenergan	1	
promethazine hcl oral solution 6.25 mg/5ml		1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine hcl rectal suppository 12.5 mg	Phenadoz	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
promethazine hcl rectal suppository 25 mg	Promethegan	1	
promethazine hcl rectal suppository 50 mg	Phenergan	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML		3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	Scopolamine	3	
trimethobenzamide hcl oral capsule 300 mg	Tigan	1	
Emetogenic Therapy Adjuncts [Adjuvantes Para Terapia Emetogénica]			
AKYNZEO ORAL CAPSULE 300-0.5 MG		3	PA; QL (1 CAP per 7 days)
ANZEMET ORAL TABLET 100 MG, 50 MG		3	
aprepitant oral capsule 125 mg	Emend	1	PA; QL (1 CAP per 7 days)
aprepitant oral capsule 80 & 125 mg	Emend Tri-Pack	1	PA; QL (3 PACK per 7 days)
aprepitant oral capsule 80 mg	Emend	1	PA; QL (2 CAP per 7 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Marinol	1	
granisetron hcl oral tablet 1 mg		1	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml		4	
ondansetron hcl oral solution 4 mg/5ml	Zofran	1	
ondansetron hcl oral tablet 4 mg, 8 mg	Zofran	1	
ondansetron oral tablet dispersible 4 mg, 8 mg	Zofran ODT	1	
Antifungals [Antifungales]			
Antifungals [Antifungales]			
BIO-STATIN ORAL CAPSULE 500000 UNIT		3	
bio-statin oral powder		1	
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	Cancidas	5	
clotrimazole mouth/throat lozenge 10 mg		1	
CRESEMBA ORAL CAPSULE 186 MG		3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		5	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Diflucan	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Diflucan	1	
flucytosine oral capsule 250 mg, 500 mg	Ancobon	1	
griseofulvin microsize oral suspension 125 mg/5ml		1	
griseofulvin microsize oral tablet 500 mg		1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Gris-PEG	1	
itraconazole oral capsule 100 mg	Sporanox	1	
ketoconazole oral tablet 200 mg		1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		5	
NOXAFIL ORAL SUSPENSION 40 MG/ML		3	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG		3	
nystatin mouth/throat suspension 100000 unit/ml		1	
nystatin oral tablet 500000 unit		1	
SPORANOX ORAL SOLUTION 10 MG/ML		3	
terbinafine hcl oral tablet 250 mg	LamISIL	1	QL (84 TAB per 365 days)
terconazole vaginal cream 0.4 %	Terazol 7	1	
terconazole vaginal cream 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
voriconazole intravenous solution reconstituted 200 mg	Vfend IV	4	
voriconazole oral suspension reconstituted 40 mg/ml	Vfend	1	
voriconazole oral tablet 200 mg, 50 mg	Vfend	1	
Antigout Agents [Antigota]			
Antigout Agents [Antigota]			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		3	PA; QL (1 TAB per 1 day)
Anti-Inflammatory Agents [Anti-Inflamatorios]			
Glucocorticoids [Glucocorticoides]			
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	Celestone Soluspan	1	
cortisone acetate oral tablet 25 mg		1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML		3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		3	
dexamethasone oral elixir 0.5 mg/5ml		1	
dexamethasone oral solution 0.5 mg/5ml		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 injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Cortef	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML		3	
MEDROL ORAL TABLET 2 MG		3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	Depo-Medrol	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Medrol	1	
methylprednisolone oral tablet therapy pack 4 mg	Medrol	1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mcg, 40 mg	Solu-MEDROL	1	
MILLIPRED ORAL TABLET 5 MG		3	
prednisolone oral syrup 15 mg/5ml		1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	Pediapred	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		3	
prednisone oral solution 5 mg/5ml		1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg		1	
prednisone oral tablet 20 mg	Deltasone	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG		3	
Antimigraine Agents [Antimigraña]			
Antimigraine Agents, Other [Antimigraña, Otros]			
CAMBIA ORAL PACKET 50 MG		3	QL (9 PACKET per 30 days)
isometheptene-dichloral-apap oral capsule 65-100-325 mg	Nodolor	1	
Ergot Alkaloids [Alcaloides De Ergotamina]			
dihydroergotamine mesylate nasal solution 4 mg/ml	Migranal	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG		3	
ergotamine-caffeine oral tablet 1-100 mg	Cafergot	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		3	
Serotonin (5-HT) 1B/1D Receptor Agonists [Agonistas Del Receptor De Serotonina]			
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Axert	1	QL (6 TAB per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Relpax	1	ST; QL (6 TAB per 30 days)
frovatriptan succinate oral tablet 2.5 mg	Frova	1	QL (9 TAB per 30 days)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Amerge	1	QL (9 TAB per 30 days)
rizatriptan benzoate oral tablet 10 mg	Maxalt	1	QL (12 TAB per 30 days)
rizatriptan benzoate oral tablet 5 mg	Maxalt	1	QL (24 TAB per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg	Maxalt-MLT	1	QL (12 TAB per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg	Maxalt-MLT	1	QL (24 TAB per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	Imitrex	1	QL (6 EA per 30 days)
sumatriptan succinate oral tablet 100 mg	Imitrex	1	QL (9 TAB per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Imitrex	1	QL (18 TAB per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	Imitrex STATdose Refill	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Imitrex	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Imitrex STATdose System	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml		1	QL (5 ML per 30 days)
TREXIMET ORAL TABLET 85-500 MG		3	QL (10 TAB per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Zomig	1	QL (6 TAB per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Zomig ZMT	1	QL (6 TAB per 30 days)
ZOMIG NASAL SOLUTION 5 MG		3	QL (6 EA per 30 days)
Antimyasthenic Agents [Antimiasténicos]			
Parasympathomimetics [Parasimpatomiméticos]			
guanidine hcl oral tablet 125 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
MESTINON ORAL SYRUP 60 MG/5ML		3	
pyridostigmine bromide er oral tablet extended release 180 mg	Mestinon	1	
pyridostigmine bromide oral tablet 60 mg	Mestinon	1	
Antimycobacterials [Antimicobacterianos]			
Antimycobacterials, Other [Antimicobacterianos, Otros]			
dapsone oral tablet 100 mg, 25 mg		1	
rifabutin oral capsule 150 mg	Mycobutin	1	
Antituberculars [Antituberculosos]			
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM		3	
cycloserine oral capsule 250 mg	Seromycin	1	
ethambutol hcl oral tablet 100 mg, 400 mg	Myambutol	1	
isoniazid oral syrup 50 mg/5ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PASER ORAL PACKET 4 GM		3	
PRIFTIN ORAL TABLET 150 MG		3	
pyrazinamide oral tablet 500 mg		1	
RIFAMATE ORAL CAPSULE 150-300 MG		3	
rifampin intravenous solution reconstituted 600 mg	Rifadin	1	
rifampin oral capsule 150 mg, 300 mg	Rifadin	1	
RIFATER ORAL TABLET 50-120-300 MG		3	
SIRTURO ORAL TABLET 100 MG		5	PA
TRECATOR ORAL TABLET 250 MG		3	
Antineoplastics [Antineoplásicos]			
Alkylating Agents [Agentes Alquilantes]			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG		4	
HEXALEN ORAL CAPSULE 50 MG		5	
LEUKERAN ORAL TABLET 2 MG		5	
MATULANE ORAL CAPSULE 50 MG		5	
melphalan oral tablet 2 mg	Alkeran	5	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Antiandrogens [Antiandrogenos]			
bicalutamide oral tablet 50 mg	Casodex	1	
flutamide oral capsule 125 mg		1	
nilutamide oral tablet 150 mg	Nilandron	5	PA
XTANDI ORAL CAPSULE 40 MG		5	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG		5	PA
Antiangiogenic Agents [Antiangiogénicos]			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA
Antiestrogens/Modifiers [Antiestrógenos/Modificadores]			
EMCYT ORAL CAPSULE 140 MG		3	
FARESTON ORAL TABLET 60 MG		3	
tamoxifen citrate oral tablet 10 mg, 20 mg		1	PA
Antimetabolites [Antimetabolitos]			
capecitabine oral tablet 150 mg, 500 mg	Xeloda	4	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		3	
fluorouracil intravenous solution 1 gm/20ml		4	PA
fluorouracil intravenous solution 500 mg/10ml	Adrucil	4	PA
hydroxyurea oral capsule 500 mg	Hydrea	1	
mercaptopurine oral tablet 50 mg		1	
Antineoplastics, Others [Antineoplásicos, Otros]			
bleomycin sulfate injection solution reconstituted 15 unit		4	PA
dacarbazine intravenous solution reconstituted 200 mg		4	PA
docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml	Taxotere	4	PA
doxorubicin hcl intravenous solution 2 mg/ml	Adriamycin	4	PA
ERIVEDGE ORAL CAPSULE 150 MG		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	
levoleucovorin calcium intravenous solution 175 mg/17.5ml		4	
levoleucovorin calcium pf intravenous solution 250 mg/25ml		4	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		5	PA
MESNEX ORAL TABLET 400 MG		5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg		4	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		5	PA
TABLOID ORAL TABLET 40 MG		5	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Temodar	4	PA
vinblastine sulfate intravenous solution 1 mg/ml		4	PA
ZOLINZA ORAL CAPSULE 100 MG		5	PA
Aromatase Inhibitors, 3rd Generation [Inhibidores de Aromatasa, 3ra Generación]			
anastrozole oral tablet 1 mg	Arimidex	1	
exemestane oral tablet 25 mg	Aromasin	1	
letrozole oral tablet 2.5 mg	Femara	1	
Enzyme Inhibitors [Inhibidores Enzimáticos]			
etoposide oral capsule 50 mg		4	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA
Molecular Target Inhibitors [Inhibidores Del Blanco Molecular]			
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		5	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG		5	PA
ALECENSA ORAL CAPSULE 150 MG		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
BOSULIF ORAL TABLET 100 MG, 500 MG		5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		5	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG		5	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG		5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG		5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG		5	PA
imatinib mesylate oral tablet 100 mg, 400 mg	Gleevec	5	PA
IMBRUVICA ORAL CAPSULE 140 MG		5	PA
INLYTA ORAL TABLET 1 MG, 5 MG		5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA
LYNPARZA ORAL CAPSULE 50 MG		5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		5	PA
NEXAVAR ORAL TABLET 200 MG		5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		4	PA
STIVARGA ORAL TABLET 40 MG		5	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG		4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG		4	PA
TYKERB ORAL TABLET 250 MG		5	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
VOTRIENT ORAL TABLET 200 MG		5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA
ZELBORAF ORAL TABLET 240 MG		5	PA
Monoclonal Antibodies [Anticuerpos Monoclonales]			
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG		5	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML		5	PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML		5	PA
Retinoids [Retinoides]			
bexarotene oral capsule 75 mg	Targretin	4	
PANRETIN EXTERNAL GEL 0.1 %		5	
TARGRETIN EXTERNAL GEL 1 %		5	
tretinoin oral capsule 10 mg		4	
Antiparasitics [Antiparasitarios]			
Anthelmintics [Antihelmínticos]			
ALBENZA ORAL TABLET 200 MG		3	
BILTRICIDE ORAL TABLET 600 MG		3	
EMVERM ORAL TABLET CHEWABLE 100 MG		3	QL (18 TAB per 365 days)
ivermectin oral tablet 3 mg	Stromectol	1	
Antiprotozoals [Antiprotozoarios]			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		3	QL (60 ML per 30 days)
ALINIA ORAL TABLET 500 MG		3	QL (6 TAB per 30 days)
atovaquone oral suspension 750 mg/5ml	Mepron	1	
atovaquone-proguanil hcl oral tablet 250-100 mg	Malarone	1	QL (12 TAB per 365 days)
atovaquone-proguanil hcl oral tablet 62.5-25 mg	Malarone	1	QL (48 TAB per 365 days)
chloroquine phosphate oral tablet 250 mg, 500 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
COARTEM ORAL TABLET 20-120 MG		3	QL (24 TAB per 365 days)
DARAPRIM ORAL TABLET 25 MG		5	PA
hydroxychloroquine sulfate oral tablet 200 mg	Plaquenil	1	
mefloquine hcl oral tablet 250 mg		1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG		3	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG		3	
primaquine phosphate oral tablet 26.3 mg		1	
quinine sulfate oral capsule 324 mg	Qualaquin	1	QL (42 CAP per 365 days)
Pediculicides/Scabicides [Pediculicidas/Escabicidas]			
lindane external shampoo 1 %		1	
permethrin external cream 5 %	Elimite	1	
SKLICE EXTERNAL LOTION 0.5 %		3	
Antiparkinson Agents [Antiparkinson]			
Anticholinergics [Anticolinérgicos]			
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		1	
trihexyphenidyl hcl oral elixir 0.4 mg/ml		1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg		1	
Antiparkinson Agents, Others [Antiparkinson, Otros]			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral syrup 50 mg/5ml		1	
amantadine hcl oral tablet 100 mg		1	
bromocriptine mesylate oral capsule 5 mg	Parlodel	1	
bromocriptine mesylate oral tablet 2.5 mg	Parlodel	1	
entacapone oral tablet 200 mg	Comtan	1	
tolcapone oral tablet 100 mg	Tasmar	1	
Dopamine Agonist [Agonistas De Dopamine]			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		5	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		3	ST
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Mirapex ER	1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Mirapex	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Requip XL	1	ST
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Requip	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors [Precursores De Dopamina/Inhibidores Del L-Amino Acid Decarboxylase]			
carbidopa oral tablet 25 mg	Lodosyn	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Sinemet CR	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Sinemet	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Stalevo	1	
Monoamine Oxidase B (MAO-B) Inhibitors [Inhibidores De Monoamina Oxidasa B]			
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Azilect	1	ST
selegiline hcl oral capsule 5 mg	Eldepryl	1	
selegiline hcl oral tablet 5 mg		1	
Antipsychotics [Antipsicóticos]			
1st Generation/Typical [1ra Generación/Típicos]			
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml		1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		1	
fluphenazine decanoate injection solution 25 mg/ml		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
fluphenazine hcl injection solution 2.5 mg/ml		1	
fluphenazine hcl oral concentrate 5 mg/ml		1	
fluphenazine hcl oral elixir 2.5 mg/5ml		1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Haldol Decanoate	1	
haloperidol lactate injection solution 5 mg/ml	Haldol	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	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
pimozide oral tablet 1 mg, 2 mg	Orap	1	
prochlorperazine edisylate injection solution 5 mg/ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg		1	
prochlorperazine rectal suppository 25 mg	Compro	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		1	
2nd Generation/Atypical [2da Generación/Atípicos]			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG		3	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Abilify	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML		4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML		4	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		3	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZyPREXA	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	ZyPREXA Zydis	1	
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg, 6-50 mg	Symbyax	1	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Invega	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	SEROquel XR	1	ST
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROquel	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG		4	
risperidone oral solution 1 mg/ml	RisperDAL	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RisperDAL	1	
risperidone oral tablet dispersible 0.25 mg		1	
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RisperDAL M-TAB	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Geodon	1	
Treatment-Resistant [Resistentes A Tratamiento]			
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Clozaril	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Antispasticity [Antiespasticidad]			
Antispasticity [Antiespasticidad]			
baclofen oral tablet 10 mg, 20 mg		1	
dantrolene sodium oral capsule 100 mg		1	
dantrolene sodium oral capsule 25 mg, 50 mg	Dantrium	1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Zanaflex	1	
tizanidine hcl oral tablet 2 mg		1	
tizanidine hcl oral tablet 4 mg	Zanaflex	1	
Antivirals [Antivirales]			
Anti-Cytomegalovirus (CMV) [Anti-Citomegalovirus]			
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML		4	
ganciclovir sodium intravenous solution reconstituted 500 mg	Cytovene	5	
valganciclovir hcl oral tablet 450 mg	Valcyte	5	
Antihepatitis Agents [Antihepatitis]			
MODERIBA ORAL TABLET 200 & 400 MG		5	PA
RIBASPHERE ORAL TABLET 600 MG		5	PA
RIBASPHERE RIBAPAK ORAL TABLET 400 & 600 MG, 400 MG		5	PA
ribavirin oral capsule 200 mg	Rebetol	4	PA
ribavirin oral tablet 200 mg	Moderiba	4	PA
Antihepatitis B (HBV) Agents [Anti-Hepatitis B (HBV)]			
BARACLUDE ORAL SOLUTION 0.05 MG/ML		4	PA
entecavir oral tablet 0.5 mg, 1 mg	Baraclude	4	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML		5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		5	PA
VEMLIDY ORAL TABLET 25 MG		4	PA
Antihepatitis C (HCV) Agents [Anti-Hepatitis C (HCV)]			
EPCLUSA ORAL TABLET 400-100 MG		4	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
HARVONI ORAL TABLET 90-400 MG		4	PA
SOVALDI ORAL TABLET 400 MG		4	PA
ZEPATIER ORAL TABLET 50-100 MG		4	PA
Antiherpetic Agents [Antiherpéticos]			
acyclovir external ointment 5 %	Zovirax	1	QL (30 GM per 15 days)
acyclovir oral capsule 200 mg	Zovirax	1	
acyclovir oral suspension 200 mg/5ml	Zovirax	1	
acyclovir oral tablet 400 mg, 800 mg	Zovirax	1	
acyclovir sodium intravenous solution reconstituted 500 mg		1	
DENAVIR EXTERNAL CREAM 1 %		3	
famciclovir oral tablet 125 mg, 250 mg		1	
famciclovir oral tablet 500 mg	Famvir	1	
valacyclovir hcl oral tablet 1 gm, 500 mg	Valtrex	1	
ZOVIRAX EXTERNAL CREAM 5 %		3	
Anti-HIV Adjuvants [Anti-VIH, Adjuvantes]			
TYBOST ORAL TABLET 150 MG		3	
Anti-HIV Agents, Integrase Inhibitors (INSTI) [Anti-VIH, Inhibidores De La Integrasa (INSTI)]			
ISENTRESS HD ORAL TABLET 600 MG		3	
ISENTRESS ORAL PACKET 100 MG		3	
ISENTRESS ORAL TABLET 400 MG		3	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		3	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG		3	
VITEKTA ORAL TABLET 150 MG, 85 MG		3	
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors [Anti-VIH, Inhibidores No Nucleósidos De La Transciptasa Reversa]			
EDURANT ORAL TABLET 25 MG		3	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG		3	PA
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	Viramune XR	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
nevirapine oral suspension 50 mg/5ml	Viramune	1	
nevirapine oral tablet 200 mg	Viramune	1	
RESCRIPTOR ORAL TABLET 100 MG, 200 MG		3	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG		3	
SUSTIVA ORAL TABLET 600 MG		3	
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors [Anti-VIH, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa]			
abacavir sulfate oral tablet 300 mg	Ziagen	1	
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	Videx EC	1	
EMTRIVA ORAL CAPSULE 200 MG		3	
EMTRIVA ORAL SOLUTION 10 MG/ML		3	
lamivudine oral solution 10 mg/ml	Epivir	1	
lamivudine oral tablet 150 mg, 300 mg	Epivir	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Zerit	1	
stavudine oral solution reconstited 1 mg/ml	Zerit	1	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM		3	
VIREAD ORAL POWDER 40 MG/GM		3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		3	
VIREAD ORAL TABLET 300 MG		3	PA
ZIAGEN ORAL SOLUTION 20 MG/ML		3	
zidovudine oral capsule 100 mg	Retrovir	1	
zidovudine oral syrup 50 mg/5ml	Retrovir	1	
zidovudine oral tablet 300 mg	Retrovir	1	
Anti-HIV Agents, Others [Anti-VIH, Otros]			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		5	PA
SELZENTRY ORAL SOLUTION 20 MG/ML		3	PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG		3	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Anti-HIV Agents, Protease Inhibitors [Anti-VIH, Inhibidores De La Proteasa]			
APTIVUS ORAL CAPSULE 250 MG		3	PA
APTIVUS ORAL SOLUTION 100 MG/ML		3	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		3	
INVIRASE ORAL CAPSULE 200 MG		3	
INVIRASE ORAL TABLET 500 MG		3	
LEXIVA ORAL SUSPENSION 50 MG/ML		3	
LEXIVA ORAL TABLET 700 MG		3	
NORVIR ORAL CAPSULE 100 MG		3	
NORVIR ORAL SOLUTION 80 MG/ML		3	
NORVIR ORAL TABLET 100 MG		3	
PREZISTA ORAL SUSPENSION 100 MG/ML		3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG		3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG		3	
REYATAZ ORAL PACKET 50 MG		3	
VIRACEPT ORAL TABLET 250 MG, 625 MG		3	
Anti-Influenza Agents [Antiinfluenza]			
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tamiflu	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER		3	
rimantadine hcl oral tablet 100 mg	Flumadine	1	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML		3	
Antiretroviral Combinations [Combinaciones Antiretrovirales]			
abacavir sulfate-lamivudine oral tablet 600-300 mg	Epzicom	1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Trizivir	1	
ATRIPLA ORAL TABLET 600-200-300 MG		3	
COMPLERA ORAL TABLET 200-25-300 MG		3	
DESCOVY ORAL TABLET 200-25 MG		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
EVOTAZ ORAL TABLET 300-150 MG		3	
GENVOYA ORAL TABLET 150-150-200-10 MG		3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG		3	
lamivudine-zidovudine oral tablet 150-300 mg	Combivir	1	
lopinavir-ritonavir oral solution 400-100 mg/5ml	Kaletra	1	
ODEFSEY ORAL TABLET 200-25-25 MG		3	
PREZCOBIX ORAL TABLET 800-150 MG		3	
STRIBILD ORAL TABLET 150-150-200-300 MG		3	
TRIUMEQ ORAL TABLET 600-50-300 MG		3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		3	
Antivirals, Other [Antivirales, Otros]			
ribavirin inhalation solution reconstituted 6 gm	Virazole	5	
Anxiolytics [Ansiolíticos]			
Anxiolytics, Other [Ansiolíticos, Otros]			
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	
hydroxyzine hcl oral syrup 10 mg/5ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
hydroxyzine pamoate oral capsule 100 mg		1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Vistaril	1	
Benzodiazepines [Benzodiazepinas]			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Xanax XR	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Xanax	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg		1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
clorazepate dipotassium oral tablet 7.5 mg	Tranxene-T	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Valium	1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	Ativan	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Ativan	1	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml		1	
midazolam hcl oral syrup 2 mg/ml		1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	
Bipolar Agents [Bipolaridad]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
lithium carbonate er oral tablet extended release 300 mg	Lithobid	1	
lithium carbonate er oral tablet extended release 450 mg		1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium oral solution 8 meq/5ml		1	
Blood Glucose Regulators [Reguladores De Glucosa En Sangre]			
Antidiabetic Agents [Antidiabéticos]			
acarbose oral tablet 100 mg, 25 mg, 50 mg	Precose	1	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG		3	ST
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Nesina	1	ST
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Kazano	1	ST
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG		2	ST
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG		2	ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML		2	ST

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML		2	ST
chlorpropamide oral tablet 100 mg, 250 mg		1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Amaryl	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Glucotrol XL	1	
glipizide oral tablet 10 mg, 5 mg	Glucotrol	1	
glipizide-metformin hcl 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	Glynase	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg		1	
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Glucovance	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	ST
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		2	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		2	ST
INVOKANA ORAL TABLET 100 MG, 300 MG		2	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		2	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG		2	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		2	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG		2	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG		3	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG		2	ST

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
KORLYM ORAL TABLET 300 MG		5	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	Fortamet	1	ST
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Glucophage XR	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Glucophage	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Glyset	1	ST
nateglinide oral tablet 120 mg, 60 mg	Starlix	1	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG		2	ST
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Actos	1	ST
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Duetact	1	ST
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Actoplus Met	1	ST
repaglinide oral tablet 0.5 mg		1	ST
repaglinide oral tablet 1 mg, 2 mg	Prandin	1	ST
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		2	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG		2	ST
TRADJENTA ORAL TABLET 5 MG		3	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML		3	ST
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		2	ST
Glycemic Agents [Glicémicos]			
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		3	
GLUCAGON EMERGENCY INJECTION KIT 1 MG		3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Insulins [Insulinas]			
APIDRA INJECTION SOLUTION 100 UNIT/ML		3	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML		2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		2	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION 100 UNIT /ML		2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT /ML		2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION 100 UNIT /ML		2	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT /ML		2	
HUMULIN R U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		2	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		2	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		2	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	
Blood Products/Modifiers/Volume Expanders [Productos Para La Sangre/Modificadores/Expansores De Volumen]			
Anticoagulants [Anticoagulantes]			
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		2	PA
enoxaparin sodium injection solution 300 mg/3ml	Lovenox	1	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	Lovenox	1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Arixtra	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		1	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml		1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		3	PA
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Coumadin	1	
XARELTO ORAL TABLET 10 MG		2	
XARELTO ORAL TABLET 15 MG, 20 MG		2	PA
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		2	PA
Antihemophilics [Antihemofílicos]			
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		4	PA, SL
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT		4	PA, SL
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		5	PA, SL
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT		5	PA, SL
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		5	PA, SL
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT		5	PA, SL
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT		5	PA, SL

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT		5	PA, SL
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED		4	PA, SL
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED		5	PA, SL
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT		4	PA, SL
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT		5	PA, SL
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		5	PA, SL
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT		5	PA, SL
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT		5	PA, SL
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT		5	PA, SL

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT		5	PA, SL
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT		5	PA, SL
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG		5	PA, SL
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 500 UNIT, 3000 UNIT, 4000 UNIT		5	PA, SL
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 500 UNIT, 3000 UNIT, 4000 UNIT		5	PA, SL
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		5	PA, SL
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT		5	PA, SL
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT		4	PA, SL
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		4	PA, SL
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT		5	PA, SL
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT		5	PA, SL
XYNTHA INTRAVENOUS KIT 250 UNIT		5	PA, SL
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
Blood Formation Modifiers [Modificadores De La Formación De Sangre]			
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		5	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG		5	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML		5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		5	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	
Coagulants [Coagulantes]			
AMICAR ORAL TABLET 1000 MG, 500 MG		3	
tranexamic acid intravenous solution 1000 mg/10ml	Cyklokapron	5	
Hematopoietic Agents [Hematopoieticos]			
cyanocobalamin injection solution 1000 mcg/ml		1	
ferocon oral capsule		1	
ferrocite plus oral tablet 106-1 mg		1	
FERRO-PLEX HEMATINIC ORAL TABLET 115-1 MG		3	
folic acid injection solution 5 mg/ml		1	
folic acid oral tablet 1 mg		1	
FUSION PLUS ORAL CAPSULE		3	
hematinic/folic acid oral tablet 324-1 mg	Hemocyte-F	1	
HEMETAB ORAL TABLET 22-6-1-0.025 MG	BiferaRx	3	
hydroxocobalamin intramuscular solution 1000 mcg/ml		1	
iferex 150 forte oral capsule 150-25-1 mg-mcg-mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
INTEGRA F ORAL CAPSULE 125-1 MG		3	
INTEGRA PLUS ORAL CAPSULE		3	
k-tan plus oral capsule 162-115.2-1 mg		1	
MULTIGEN ORAL TABLET 70 MG		3	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG		3	
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	Ferrlecit	1	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Abaneu-SL	3	
PRE-FOLIC ORAL TABLET 1-100 MG		3	
PROFERRIN-FORTE ORAL TABLET 12-1 MG		3	
PROTECTIRON ORAL TABLET 60-1 MG		3	
PUREFE PLUS ORAL CAPSULE 106-1 MG	Hemocyte Plus	3	
TANDEM F ORAL CAPSULE 162-115.2-1 MG		3	
tl-hem 150 oral tablet 150-1 mg	Hemax	1	
virt-vite oral tablet 2.5-25-1 mg	NuFol	1	
Platelet Modifying Agents [Modificadores De Plaquetas]			
anagrelide hcl oral capsule 0.5 mg	Agrylin	1	
anagrelide hcl oral capsule 1 mg		1	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Aggrenox	1	
BRILINTA ORAL TABLET 60 MG, 90 MG		3	PA
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel bisulfate oral tablet 75 mg	Plavix	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		1	
EFFIENT ORAL TABLET 10 MG, 5 MG	Prasugrel HCl	3	PA
Cardiovascular Agents [Cardiovasculares]			
Alpha-Adrenergic Agonists [Agonistas Alfa Adrenérgicos]			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Catapres	1	
clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Catapres-TTS	1	
guanfacine hcl oral tablet 1 mg, 2 mg		1	
methyldopa oral tablet 250 mg, 500 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		1	
Alpha-Adrenergic Blocking Agents [Bloqueadores Alfa Adrenérgicos]			
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Cardura	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Minipress	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
Angiotensin II Receptor Antagonists [Antagonistas Del Receptor Angiotensina II]			
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Atacand	1	ST
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Atacand HCT	1	ST
EDARBI ORAL TABLET 40 MG, 80 MG		3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		3	ST
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Avapro	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Avalide	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Cozaar	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Hyzaar	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Benicar	1	ST
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Benicar HCT	1	ST
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Micardis	1	ST
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Micardis HCT	1	ST
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	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Angiotensin-Converting Enzyme (ACE) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensin]			
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Lotensin	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Lotensin HCT	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Vasotec	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Vaseretic	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		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	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Accupril	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Accuretic	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Altace	1	
trandolapril oral tablet 1 mg, 2 mg, 4mg	Mavik	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tarka	1	
Antiarrhythmics [Antiarrítmicos]			
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Pacerone	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	Norpace	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tikosyn	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg		1	
MULTAQ ORAL TABLET 400 MG		3	ST
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG		3	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Rythmol SR	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine gluconate er oral tablet extended release 324 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Betapace AF	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Sorine	1	
Beta-Adrenergic Blocking Agents [Bloqueadores Beta Adrenérgicos]			
acebutolol hcl oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tenormin	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tenoretic	1	
betaxolol hcl oral tablet 10 mg, 20 mg		1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Ziac	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		3	ST
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Coreg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG		3	ST
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Toprol XL	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Lopressor	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Lopressor HCT	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	Corgard	1	
pindolol oral tablet 10 mg, 5 mg		1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Inderal LA	1	
propranolol hcl intravenous solution 1 mg/ml		1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml		1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg		1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium Channel Blocking Agents [Bloqueadores De Canales De Calcio]			
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Lotrel	1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Norvasc	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Exforge	1	ST
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-20 mg, 5-40 mg, 5-80 mg	Caduet	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Azor	1	ST
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Exforge HCT	1	ST
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Taztia XT	1	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	Tiazac	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg	Cartia XT	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 360 mg	Cardizem CD	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Cardizem	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		1	
isradipine oral capsule 2.5 mg, 5 mg		1	
nicardipine hcl oral capsule 20 mg, 30 mg		1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Adalat CC	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Procardia XL	1	
nifedipine oral capsule 10 mg, 20 mg	Procardia	1	
nimodipine oral capsule 30 mg		1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 8.5 mg	Sular	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg	Verelan PM	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	Verelan	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Calan SR / Isoptin SR	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Calan	1	
Cardiovascular Agents, Other [Cardiovasculares, Otros]			
DEMSER ORAL CAPSULE 250 MG		3	
digoxin oral solution 0.05 mg/ml		1	
digoxin oral tablet 125 mcg, 250 mcg	Lanoxin	1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
pentoxifylline er oral tablet extended release 400 mg		1	
phenoxybenzamine hcl oral capsule 10 mg	Dibenzyline	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		3	PA
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		3	
TEKTURNA ORAL TABLET 150 MG, 300 MG		3	
Combinations, Other [Combinación, Otros]			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		2	PA
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos Inhibidores De Anhidrasa Carbónica]			
acetazolamide oral tablet 125 mg, 250 mg		1	
methazolamide oral tablet 25 mg, 50 mg	Neptazane	1	
Diuretics, Loop [Diuréticos Del Asa]			
bumetanide injection solution 0.25 mg/ml		1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Bumex	1	
furosemide injection solution 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 8 mg/ml		1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Lasix	1	
torsemide oral tablet 10 mg, 20 mg	Demadex	1	
torsemide oral tablet 100 mg, 5 mg		1	
Diuretics, Potassium-Sparing [Diuréticos Conservadores De Potasio]			
ALDACTAZIDE ORAL TABLET 50-50 MG		3	
amiloride hcl oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
eplerenone oral tablet 25 mg, 50 mg	Inspra	1	ST
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Aldactone	1	
spironolactone-hctz oral tablet 25-25 mg	Aldactazide	1	
triamterene-hctz oral capsule 37.5-25 mg	Dyazide	1	
triamterene-hctz oral capsule 50-25 mg		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
triamterene-hctz oral tablet 37.5-25 mg	Maxzide-25	1	
triamterene-hctz oral tablet 75-50 mg	Maxzide	1	
Diuretics, Thiazide [Diuréticos Tiazidas]			
chlorothiazide oral tablet 250 mg, 500 mg		1	
chlorthalidone oral tablet 100 mg, 25 mg, 50 mg		1	
DIURIL ORAL SUSPENSION 250 MG/5ML		3	
hydrochlorothiazide oral capsule 12.5 mg	Microzide	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados De Ácido Fíbrico]			
ANTARA ORAL CAPSULE 30 MG, 90 MG		3	
fenofibrate micronized oral capsule 130 mg, 43 mg		1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Lofibra	1	
fenofibrate oral capsule 150 mg, 50 mg	Lipofen	1	
fenofibrate oral tablet 145 mg, 48 mg	Tricor	1	
fenofibrate oral tablet 160 mg	Triglide	1	
fenofibrate oral tablet 54 mg	Lofibra	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Trilipix	1	
gemfibrozil oral tablet 600 mg	Lopid	1	
Dyslipidemics, HMG CoA Reductase Inhibitors [Dislipidémicos, Inhibidores De La Reductasa De HMG CoA]			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG		3	ST
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Lipitor	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Vytorin	1	ST

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Lescol XL	1	ST
fluvastatin sodium oral capsule 20 mg	Lescol	1	ST
fluvastatin sodium oral capsule 40 mg	Lescol	1	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		3	ST
lovastatin oral tablet 10 mg, 20 mg		1	
lovastatin oral tablet 40 mg	Mevacor	1	
pravastatin sodium oral tablet 10 mg		1	
pravastatin sodium oral tablet 20 mg, 40 mg, 80 mg	Pravachol	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Crestor	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Zocor	1	
simvastatin oral tablet 80 mg	Zocor	1	ST
Dyslipidemics, Other [Dislipidémicos, Otros]			
cholestyramine light oral packet 4 gm	Prevalite	1	
cholestyramine light oral powder 4 gm/dose	Prevalite	1	
cholestyramine oral packet 4 gm	Questran	1	
cholestyramine oral powder 4 gm/dose	Questran	1	
colestipol hcl oral granules 5 gm	Colestid Flavored	1	
colestipol hcl oral packet 5 gm	Colestid	1	
colestipol hcl oral tablet 1 gm	Colestid	1	
ezetimibe oral tablet 10 mg	Zetia	1	ST
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Niaspan	1	
NIACOR ORAL TABLET 500 MG		3	
omega-3-acid ethyl esters oral capsule 1 gm	Lovaza	1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM		3	
WELCHOL ORAL PACKET 3.75 GM		3	
WELCHOL ORAL TABLET 625 MG		3	
Vasodilators, Direct-Acting Arterial [Vasodilatadores, Arteriales]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
Vasodilators, Direct-Acting Arterial/Venous [Vasodilatadores, Arteriales/Venosos]			
ISORDIL TITRADOSE ORAL TABLET 40 MG		3	
isosorbide dinitrate er oral tablet extended release 40 mg		1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Isordil	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
NITRO-BID TRANSDERMAL OINTMENT 2 %		3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		3	
nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg	Nitro-Time	1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Nitrostat	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr	Minitran	1	
nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Nitro-Dur	1	
nitroglycerin translingual solution 0.4 mg/spray	Nitrolingual	1	
Central Nervous System Agents [Sistema Nervioso Central]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Anfetaminas, ADHD]			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	Adderall XR	1	ST; QL (1 CAP per 1 day)
amphetamine-dextroamphet er oral capsule extended release 24 hour 30 mg	Adderall XR	1	ST; QL (3 CAP per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Adderall	1	QL (3 TAB per 1 day)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
amphetamine-dextroamphetamine oral tablet 30 mg	Adderall	1	QL (1 TAB per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Dexedrine	1	QL (4 CAP per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Dexedrine	1	QL (3 CAP per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	Zenzedi	1	QL (4 TAB per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Zenzedi	1	QL (3 TAB per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		2	ST; QL (1 CAP per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		2	ST; QL (1 TAB per 1 day)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines [No-Anfetaminas, ADHD]			
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Strattera	1	PA; ST; AL (Less than 5 years is non-covered; greater than or equal to 6 years up to 18 years manage with ST; if greater than or equal to 19 manage with PA); QL (3 CAP per 1 day)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	Strattera	1	PA; ST; AL (Less than 5 years is non-covered; greater than or equal to 6 years up to 18 years manage with ST; if greater than or equal to 19 manage with PA); QL (1 CAP per 1 day)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Kapvay	1	QL (4 TAB per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Focalin XR	1	QL (1 CAP per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Focalin	1	QL (2 TAB per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 3 mg	Intuniv	1	QL (3 TAB per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 2 mg	Intuniv	1	QL (4 TAB per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 4 mg	Intuniv	1	QL (2 TAB per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg		1	QL (1 CAP per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg	Ritalin LA	1	QL (1 CAP per 1 day)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg	Concerta	1	QL (1 TAB per 1 day)
methylphenidate hcl er oral tablet extended release 36 mg	Concerta	1	QL (2 TABS per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Metadate ER	1	QL (1 TAB per 1 day)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg		1	QL (1 TABS per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	Methylin	1	QL (3 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Ritalin	1	QL (3 TAB per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG		2	QL (3 TAB per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG		2	QL (2 TAB per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG		2	QL (1 TAB per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		2	QL (12 ML per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG		3	QL (1 CAP per 1 day)
Central Nervous System Agents, Others [Sistema Nervioso Central, Otros]			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT		5	PA
riluzole oral tablet 50 mg	Rilutek	4	PA
Fibromyalgia [Fibromialgia]			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		3	
Multiple Sclerosis Agents [Esclerosis Múltiple]			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		5	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG		4	
AVONEX INTRAMUSCULAR KIT 30 MCG		4	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		4	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		4	
BETASERON SUBCUTANEOUS KIT 0.3 MG		4	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML		4	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		5	
GILENYA ORAL CAPSULE 0.5 MG		5	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML		5	PA
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml		4	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML		4	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML		4	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML		4	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		4	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		5	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		5	
TECFIDERA ORAL 120 & 240 MG		4	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		4	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML		4	PA
Weight Management [Manejo Del Peso]			
BELVIQ ORAL TABLET 10 MG		3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG		3	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG		3	PA
Dental And Oral Agents [Dentales Y Orales]			
Dental And Oral Agents [Dentales Y Orales]			
BUCALSEP EXTERNAL LIQUID		3	
BUCALSEP EXTERNAL SOLUTION		3	
cevimeline hcl oral capsule 30 mg	Evoxac	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	Peridex	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Salagen	1	
triamcinolone acetonide mouth/throat paste 0.1 %	Oralone	1	
Dermatological Agents [Dermatológicos]			
Acne Agents [Acné]			
ABSORICA ORAL CAPSULE 25 MG, 35 MG		3	
ACZONE EXTERNAL GEL 5 %, 7.5 %		3	
adapalene external cream 0.1 %	Differin	1	AL (less than or equal to 23 years)
adapalene external gel 0.1 %, 0.3 %	Differin	1	AL (less than or equal to 23 years)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	1	AL (less than or equal to 23 years)
AZELEX EXTERNAL CREAM 20 %		3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %		3	AL (less than or equal to 23 years)
FINACEA EXTERNAL FOAM 15 %		3	
tazarotene external cream 0.1 %	Tazorac	1	PA
TAZORAC EXTERNAL CREAM 0.05 %		3	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %		3	PA
tretinoin external cream 0.05 %, 0.025 %, 0.1 %	Retin-A	1	AL (less than or equal to 23 years)
tretinoin external gel 0.01 %, 0.025 %	Retin-A	1	AL (less than or equal to 23 years)
tretinoin external gel 0.05 %	Atralin	1	AL (less than or equal to 23 years)
tretinoin microsphere external gel 0.04 %, 0.1 %	Retin-A Micro	1	AL (less than or equal to 23 years)
Antibacterials [Antibacterianos]			
ACANYA EXTERNAL GEL 1.2-2.5 %		3	
benzoyl peroxide-erythromycin external gel 5-3 %	Benzamycin	1	
bp 10-1 external emulsion 10-1 %	Cerisa Wash	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	Neuac	1	
clindamycin phos-benzoyl perox external gel 1-5 %	BenzaClin with Pump	1	
clindamycin phosphate external gel 1 %	Cleocin-T	1	
clindamycin phosphate external lotion 1 %	Cleocin-T	1	
clindamycin phosphate external solution 1 %	Cleocin-T	1	
clindamycin phosphate external swab 1 %	Clindacin-P	1	
clindamycin-tretinoin external gel 1.2-0.025 %	Ziana	1	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5		3	
CORTISPORIN EXTERNAL OINTMENT 1 %		3	
erythromycin external gel 2 %	Erygel	1	
erythromycin external pad 2 %		1	
erythromycin external solution 2 %		1	
gentamicin sulfate external cream 0.1 %		1	
gentamicin sulfate external ointment 0.1 %		1	
metronidazole external cream 0.75 %	MetroCream	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
metronidazole external gel 0.75 %	MetroGel	1	
metronidazole external gel 1 %	Metrogel	1	
metronidazole external lotion 0.75 %	MetroLotion	1	
MIRVASO EXTERNAL GEL 0.33 %		3	
mupirocin calcium external cream 2 %	Bactroban	1	
mupirocin external ointment 2 %	Bactroban	1	
silver sulfadiazine external cream 1 %	Thermazene	1	
sulfacetamide sodium external suspension 10 %	Klaron	1	
sulfacetamide sodium-sulfur external cream 10-5 %	Avar-e Emollient	1	
sulfacetamide sodium-sulfur external emulsion 10-5 %	Avar Cleanser	1	
sulfacetamide sodium-sulfur external liquid 10-2 %	Avar LS Cleanser	1	
sulfacetamide sodium-sulfur external lotion 10-5 %		1	
sulfacetamide sodium-sulfur external suspension 10-5 %		1	
sulfacetamide sodium-sulfur external suspension 8-4 %	SulfaCleanse 8/4	1	
Antifungals [Antifungales]			
ALCORTIN A EXTERNAL GEL 1-2-1 %		3	
ciclopirox external gel 0.77 %		1	
ciclopirox external shampoo 1 %	Loprox	1	
ciclopirox external solution 8 %	Penlac	1	QL (6.6 ML per 90 days)
ciclopirox olamine external cream 0.77 %	Loprox	1	
ciclopirox olamine external suspension 0.77 %	Loprox	1	
clotrimazole external cream 1 %	Lotrimin	1	
clotrimazole external solution 1 %	Lotrimin	1	
clotrimazole-betamethasone external cream 1-0.05 %	Lotrisone	1	AL (greater than or equal to 18 years)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
clotrimazole-betamethasone external lotion 1-0.05 %	Lotrisone	1	AL (greater than or equal to 18 years)
econazole nitrate external cream 1 %		1	
EXELDERM EXTERNAL CREAM 1 %		3	
EXELDERM EXTERNAL SOLUTION 1 %		3	
EXODERM EXTERNAL LOTION 25-1 %		3	
ketoconazole external cream 2 %	Nizoral	1	
ketoconazole external shampoo 2 %	Nizoral	1	
MENTAX EXTERNAL CREAM 1 %		3	
naftifine hcl external cream 1 %	Naftin	1	
naftifine hcl external cream 2 %	Naftin	1	
NAFTIN EXTERNAL GEL 1 %		3	
NAFTIN EXTERNAL GEL 2 %		3	
nystatin external cream 100000 unit/gm		1	
nystatin external ointment 100000 unit/gm		1	
nystatin external powder 100000 unit/gm	Nystop	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		1	
oxiconazole nitrate external cream 1 %	Oxistat	1	
OXISTAT EXTERNAL LOTION 1 %		3	
Caustic Agents [Caústicos]			
CONDYLOX EXTERNAL GEL 0.5 %		3	
podofilox external solution 0.5 %		1	
Dermatological Calcineurin Inhibitor Immunosuppresants [Inhibidores De Calcineurina]			
ELIDEL EXTERNAL CREAM 1 %		3	ST
tacrolimus external ointment 0.03 %, 0.1 %	Protopic	1	ST
Dermatological Emollients [Emolientes]			
ammonium lactate external cream 12 %	Lac-Hydrin	1	
ammonium lactate external lotion 12 %	Lac-Hydrin	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
CEM-UREA EXTERNAL SOLUTION 45 %		3	
NEOSALUS EXTERNAL LOTION		3	
urea external cream 39 %	Rea Lo 39	1	
urea external cream 40 %	Rea Lo 40	1	
urea external lotion 40 %	Cerovel	1	
urea nail external gel 45 %	Uramaxin	1	
Mitotic Inhibitors [Inhibidores De La Mitosis]			
selenium sulfide external lotion 2.5 %		1	
Non-Melanoma Skin Cancer Agents [Cáncer De La Piel No-Meloma]			
diclofenac sodium transdermal gel 3 %	Solaraze	1	
fluorouracil external cream 0.5 %	Carac	1	
fluorouracil external cream 5 %	Efudex	1	
fluorouracil external solution 2 %		1	
Photochemotherapy Agents [Fotoquimioterapia]			
methoxsalen oral capsule 10 mg		1	
methoxsalen rapid oral capsule 10 mg	Oxsoralen Ultra	1	
Psoriasis Agents [Psoriasis]			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Soriatane	1	
calcipotriene external cream 0.005 %	Dovonex	1	
calcipotriene external solution 0.005 %		1	
calcitriol external ointment 3 mcg/gm	Vectical	1	
SOOLANTRA EXTERNAL CREAM 1 %		2	
Wart Agents [Verrugas]			
imiquimod external cream 5 %	Aldara	1	
Wound-Care Agents [Cuidado De Heridas]			
REGRANEX EXTERNAL GEL 0.01 %		5	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		3	
Enzyme Replacements/Modifiers [Reemplazo De Enzimas/Modificadores]			
Anti-Cystine Agents [Anti-Cistina]			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		5	PA
Fabry Disease [Enfermedad De Fabry]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG		5	PA
Gaucher's Disease Treatment [Enfermedad De Gaucher]			
CERDELGA ORAL CAPSULE 84 MG		5	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		5	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT		5	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		5	PA
Glucosylceramide Synthase Inhibitors [Inhibidores De La Sintetasa De Glucosilceramida]			
ZAVESCA ORAL CAPSULE 100 MG		5	PA
Homocystinuria Treatment [Homocistinuria]			
CYSTADANE ORAL POWDER		5	PA
Hunter Syndrome Treatment [Sindrome De Hunter]			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML		5	PA
Mucopolysaccharidosis Disease Treatment [Mucopolisacaridosis]			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML		5	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML		5	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML		5	PA
Phenylketonuria Treatment [Fenilcetonuria]			
KUVAN ORAL PACKET 100 MG, 500 MG		5	PA
KUVAN ORAL TABLET SOLUBLE 100 MG		5	PA
Severe Combined Immunodeficiency Disease (Scid) Treatment [Inmunodeficiencia Combinada Severa]			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML		5	PA
Tyrosinemia Treatment [Tirosinemia]			
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA
Urea Cycle Disorder Treatment [Desorden Del Ciclo De Urea]			
BUPHENYL ORAL TABLET 500 MG		5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	Buphenyl	4	PA
Gastrointestinal Agents [Gastrointestinales]			
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
atropine sulfate (pf) injection solution 0.4 mg/0.5ml		1	
atropine sulfate injection solution 0.4 mg/ml, 1 mg/ml, 8 mg/20ml		1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml		1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Librax	1	
dicyclomine hcl oral capsule 10 mg	Bentyl	1	
dicyclomine hcl oral solution 10 mg/5ml	Bentyl	1	
dicyclomine hcl oral tablet 20 mg	Bentyl	1	
glycopyrrolate oral tablet 1 mg	Robinul	1	
glycopyrrolate oral tablet 2 mg	Robinul-Forte	1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Symax-SR	1	
hyoscyamine sulfate oral tablet 0.125 mg	Levsin	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Levsin/SL	1	
methscopolamine bromide oral tablet 2.5 mg	Pamine	1	
methscopolamine bromide oral tablet 5 mg	Pamine Forte	1	
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG		3	
Enzyme Replacement [Remplazo Enzimático]			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT		2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 8000 UNIT		3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 20000 UNIT		3	
Gastrointestinal Agents, Others [Gastrointestinales, Otros]			
ANALPRAM-HC RECTAL LOTION 2.5-1 %		3	
CORTIFOAM RECTAL FOAM 10 %		3	
cromolyn sodium oral concentrate 100 mg/5ml	Gastrocrom	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Lomotil	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Lomotil	1	
hydrocortisone ace-pramoxine rectal cream 1-1 %	Analpram-HC	1	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	Analpram HC	1	
hydrocortisone acetate rectal suppository 25 mg	Anusol-HC	1	
hydrocortisone acetate rectal suppository 30 mg	Hemmorex-HC	1	
hydrocortisone rectal cream 2.5 %	Anusol-HC	1	
hydrocortisone rectal enema 100 mg/60ml	Colocort	1	
lidocaine-hydrocortisone ace rectal cream 3-0.5 %		1	
lidocaine-hydrocortisone ace rectal kit 2-2 %		1	
lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %, 3-2.5 %		1	
loperamide hcl oral capsule 2 mg	Imodium	1	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG		5	PA
PROCORT RECTAL CREAM 1.85-1.15 %		3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		3	
PYLERA ORAL CAPSULE 140-125-125 MG		3	
RECTIV RECTAL OINTMENT 0.4 %		3	
UCERIS RECTAL FOAM 2 MG/ACT		3	
ursodiol oral capsule 300 mg	Actigall	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ursodiol oral tablet 250 mg	Urso 250	1	
ursodiol oral tablet 500 mg	Urso Forte	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG		3	PA
Histamine2 (H2) Receptor Antagonists [Antagonistas Del Receptor De Histamina2 (H2)]			
cimetidine hcl oral solution 300 mg/5ml	Tagamet	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tagamet	1	
famotidine intravenous solution 20 mg/2ml	Pepcid	1	
famotidine oral suspension reconstituted 40 mg/5ml	Pepcid	1	
famotidine oral tablet 20 mg, 40 mg	Pepcid	1	
nizatidine oral capsule 150 mg, 300 mg	Axid	1	
ranitidine hcl injection solution 150 mg/6ml, 50 mg/2ml	Zantac	1	
ranitidine hcl oral capsule 150 mg, 300 mg	Zantac	1	
ranitidine hcl oral syrup 15 mg/ml	Zantac	1	
ranitidine hcl oral tablet 150 mg, 300 mg	Zantac	1	
ZANTAC INJECTION SOLUTION 1000 MG/40ML		3	
Irritable Bowel Syndrome Agents [Sídrome De Colon Irritado]			
alosetron hcl oral tablet 0.5 mg, 1 mg	Lotronex	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		3	QL (2 CAP per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		2	QL (1 CAP per 1 day)
Laxatives [Laxantes]			
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM		3	QL (1EA per 15 days)
lactulose encephalopathy oral solution 10 gm/15ml		1	
lactulose oral solution 10 gm/15ml		1	
peg 3350/electrolytes oral solution reconstituted 240 gm	Colyte with Flavor Packs	1	QL (4000 ML per 15 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Nulytely with Flavor Packs	1	QL (4000 ML per 15 days)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
peg-3350/electrolytes oral solution reconstituted 236 gm	Golytely	1	QL (4000 ML per 15 days)
pegylax oral powder		1	
polyethylene glycol 3350 oral packet	ClearLax	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML		3	
Miscellaneous [Misceláneos]			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		5	PA
Protectants [Protectores]			
CARAFATE ORAL SUSPENSION 1 GM/10ML	Sucralfate	3	
misoprostol oral tablet 100 mcg, 200 mcg	Cytotec	1	
sucralfate oral tablet 1 gm	Carafate	1	
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG		3	ST
esomeprazole magnesium oral capsule delayed release 20 mg	NexIUM	OTC	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	NexIUM	1	ST
lansoprazole oral capsule delayed release 15 mg	Prevacid	OTC	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Prevacid	1	
NEXIUM 24HR CAPSULE DELAYED RELEASE 20 MG ORAL		OTC	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG		3	ST
omeprazole oral capsule delayed release 20.6 mg	PriLOSEC	OTC	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	PriLOSEC	1	
omeprazole oral tablet delayed release 20 mg	PriLOSEC	OTC	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	Zegerid	OTC	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	Zegerid	1	
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	Zegerid	1	ST
pantoprazole sodium intravenous solution reconstituted 40 mg	Protonix	1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Protonix	1	
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG		3	ST
PREVACID 24HR CAPSULE DELAYED RELEASE 15 MG ORAL		OTC	
PRILOSEC OTC TABLET DELAYED RELEASE 20 MG ORAL		OTC	
PROTONIX ORAL PACKET 40 MG		3	ST
rabeprazole sodium oral tablet delayed release 20 mg	Aciphex	1	ST
ZEGERID OTC CAPSULE 20-1100 MG ORAL		OTC	
Genitourinary Agents [Genitourinarios]			
Acidifiers [Acidificadores]			
K-PHOS NO 2 ORAL TABLET 305-700 MG		3	
Alkalinizers [Alcalinizadores]			
ORACIT ORAL SOLUTION 490-640 MG/5ML		3	
potassium citrate er oral tablet extended release 10 meq (1080 mg)	Urocit-K 10	1	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	Urocit-K 15	1	
potassium citrate er oral tablet extended release 5 meq (540 mg)	Urocit-K 5	1	
potassium citrate-citric acid oral packet 3300-1002 mg	Taron-Crystals	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml		1	
sod citrate-citric acid oral solution 500-334 mg/5ml	Shohls Modified	1	
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Urecholine	1	
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	Enablex	1	
flavoxate hcl oral tablet 100 mg		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		3	ST
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Ditropan XL	1	
oxybutynin chloride oral syrup 5 mg/5ml		1	
oxybutynin chloride oral tablet 5 mg		1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Detrol LA	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	Detrol	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG		3	
VESICARE ORAL TABLET 10 MG, 5 MG		3	
Benign Prostatic Hypertrophy Agents [Hipertrofia Prostática Benigna]			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Uroxatral	1	
dutasteride oral capsule 0.5 mg	Avodart	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Jalyn	1	
finasteride oral tablet 5 mg	Proscar	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG		3	
tamsulosin hcl oral capsule 0.4 mg	Flomax	1	
Genitourinary Agents, Others [Genitourinarios, Otros]			
DEPEN TITRATABS ORAL TABLET 250 MG		3	
ELMIRON ORAL CAPSULE 100 MG		3	
phenazopyridine hcl oral tablet 100 mg, 200 mg	Pyridium	1	
RIMSO-50 INTRAVESICAL SOLUTION 50 %		3	
Miscellaneous [Misceláneos]			
METHERGINE ORAL TABLET 0.2 MG		3	
RELAGARD VAGINAL GEL 0.9-0.025 %		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Phosphate Binders [Enlazadores De Fosfato]			
calcium acetate (phos binder) oral capsule 667 mg	PhosLo	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG		3	PA
lanthanum carbonate oral tablet chewable 1000 mg, 50 mg, 750 mg	Fosrenol	1	PA
RENAGEL ORAL TABLET 400 MG, 800 MG		3	PA
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Renvela	1	PA
sevelamer carbonate oral tablet 800 mg	Renvela	1	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG		2	PA
Phosphodiesterase Type 5 Inhibitors [Inhibidores De PDE-5]			
CIALIS ORAL TABLET 10 MG, 20 MG		3	AL (greater than or equal to 18 years); QL (6 TAB per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG		3	PA; AL (greater than or equal to 18 years); QL (1 TAB per 1 day)
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		3	AL (greater than or equal to 18 years); QL (6 TAB per 30 days)
STAXYN ORAL TABLET DISPERSIBLE 10 MG		3	AL (greater than or equal to 18 years); QL (4 TAB per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG		3	AL (greater than or equal to 18 years); QL (6 TAB per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) [Hormonales, Estimulante/Reemplazo/Modificador (Adrenal)]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
Glucocorticoids / Mineralocorticoids [Glucocorticoides/Mineralocorticoides]			
alclometasone dipropionate external cream 0.05 %		1	
alclometasone dipropionate external ointment 0.05 %		1	
APEXICON E EXTERNAL CREAM 0.05 %		3	AL (greater than or equal to 12 years)
betamethasone dipropionate aug external cream 0.05 %	Diprolene AF	1	AL (greater than or equal to 12 years)
betamethasone dipropionate aug external gel 0.05 %		1	AL (greater than or equal to 12 years)
betamethasone dipropionate aug external lotion 0.05 %	Diprolene	1	AL (greater than or equal to 12 years)
betamethasone dipropionate aug external ointment 0.05 %	Diprolene	1	AL (greater than or equal to 12 years)
betamethasone dipropionate external cream 0.05 %		1	AL (greater than or equal to 12 years);
betamethasone dipropionate external lotion 0.05 %		1	AL (greater than or equal to 12 years)
betamethasone dipropionate external ointment 0.05 %		1	AL (greater than or equal to 12 years)
betamethasone valerate external cream 0.1 %		1	
betamethasone valerate external foam 0.12 %	Luxiq	1	AL (greater than or equal to 12 years)
betamethasone valerate external lotion 0.1 %		1	
betamethasone valerate external ointment 0.1 %		1	AL (greater than or equal to 12 years)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
CAPEX EXTERNAL SHAMPOO 0.01 %		3	
clobetasol propionate e external cream 0.05 %		1	AL (greater than or equal to 12 years)
clobetasol propionate external cream 0.05 %	Temovate	1	AL (greater than or equal to 12 years)
clobetasol propionate external foam 0.05 %	Olux	1	AL (greater than or equal to 12 years)
clobetasol propionate external gel 0.05 %	Temovate	1	AL (greater than or equal to 12 years)
clobetasol propionate external liquid 0.05 %	Clobex Spray	1	AL (greater than or equal to 12 years)
clobetasol propionate external lotion 0.05 %	Clobex	1	AL (greater than or equal to 12 years)
clobetasol propionate external ointment 0.05 %	Temovate	1	AL (greater than or equal to 12 years)
clobetasol propionate external shampoo 0.05 %	Clobex	1	AL (greater than or equal to 12 years)
clobetasol propionate external solution 0.05 %	Temovate	1	AL (greater than or equal to 12 years)
clocortolone pivalate external cream 0.1 %	Cloderm	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM		3	
desonide external cream 0.05 %	DesOwen	1	
desonide external lotion 0.05 %	DesOwen	1	
desonide external ointment 0.05 %	DesOwen	1	
desoximetasone external cream 0.05 %	Topicort	1	AL (greater than or equal to 12 years)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
desoximetasone external cream 0.25 %	Topicort	1	AL (greater than or equal to 12 years)
desoximetasone external gel 0.05 %	Topicort	1	AL (greater than or equal to 12 years)
desoximetasone external ointment 0.05 %, 0.25 %	Topicort	1	AL (greater than or equal to 12 years)
diflorasone diacetate external cream 0.05 %		1	AL (greater than or equal to 12 years)
diflorasone diacetate external ointment 0.05 %		1	AL (greater than or equal to 12 years)
fludrocortisone acetate oral tablet 0.1 mg		1	
fluocinolone acetonide body external oil 0.01 %	Derma-Smoothe/FS Body	1	
fluocinolone acetonide external cream 0.01 %		1	
fluocinolone acetonide external cream 0.025 %	Synalar	1	AL (greater than or equal to 12 years)
fluocinolone acetonide external ointment 0.025 %	Synalar	1	AL (greater than or equal to 12 years)
fluocinolone acetonide external solution 0.01 %	Synalar	1	
fluocinolone acetonide scalp external oil 0.01 %	Derma-Smoothe/FS Scalp	1	
fluocinonide external cream 0.05 %		1	AL (greater than or equal to 12 years)
fluocinonide external cream 0.1 %	Vanos	1	AL (greater than or equal to 12 years)

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
fluocinonide external gel 0.05 %		1	AL (greater than or equal to 12 years)
fluocinonide external ointment 0.05 %		1	AL (greater than or equal to 12 years)
fluocinonide external solution 0.05 %		1	AL (greater than or equal to 12 years)
fluocinonide-e external cream 0.05 %		1	AL (greater than or equal to 12 years); QL (60 GM per 15 days)
flurandrenolide external cream 0.05 %	Cordran	1	
flurandrenolide external lotion 0.05 %	Nolix	1	
fluticasone propionate external cream 0.05 %	Cutivate	1	
fluticasone propionate external lotion 0.05 %	Cutivate	1	
fluticasone propionate external ointment 0.005 %	Cutivate	1	
halobetasol propionate external cream 0.05 %	Ultravate	1	AL (greater than or equal to 12 years)
halobetasol propionate external ointment 0.05 %	Ultravate	1	AL (greater than or equal to 12 years)
HALOG EXTERNAL CREAM 0.1 %		3	AL (greater than or equal to 12 years)
HALOG EXTERNAL OINTMENT 0.1 %		3	AL (greater than or equal to 12 years)
hydrocortisone ace-pramoxine external cream 2.5-1 %	Pramosone	1	
hydrocortisone butyr lipo base external cream 0.1 %	Locoid Lipocream	1	
hydrocortisone butyrate external cream 0.1 %	Locoid	1	
hydrocortisone butyrate external ointment 0.1 %	Locoid	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
hydrocortisone butyrate external solution 0.1 %	Locoid	1	
hydrocortisone external cream 1 %	KeriCort 10	1	
hydrocortisone external cream 2.5 %		1	
hydrocortisone external lotion 2.5 %		1	
hydrocortisone external ointment 1 %		1	
hydrocortisone external ointment 2.5 %		1	
hydrocortisone valerate external cream 0.2 %	Westcort	1	
hydrocortisone valerate external ointment 0.2 %	Westcort	1	
LOCOID EXTERNAL LOTION 0.1 %		3	
mometasone furoate external cream 0.1 %	Elocon	1	
mometasone furoate external ointment 0.1 %	Elocon	1	
mometasone furoate external solution 0.1 %	Elocon	1	
PANDEL EXTERNAL CREAM 0.1 %		3	AL (greater than or equal to 18 years)
PRAMOSONE E EXTERNAL CREAM 1-2.5 %		3	
PRAMOSONE EXTERNAL CREAM 1-1 %		3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %		3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %		3	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %		3	
prednicarbate external cream 0.1 %	Dermatop	1	
prednicarbate external ointment 0.1 %	Dermatop	1	
scalacort external lotion 2 %	Ala Scalp	1	
TEXACORT EXTERNAL SOLUTION 2.5 %		3	
triamcinolone acetonide external cream 0.025 %		1	
triamcinolone acetonide external cream 0.1 %	Triderm	1	
triamcinolone acetonide external cream 0.5 %		1	AL (greater than or equal to 12 years)
triamcinolone acetonide external lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
triamcinolone acetonide external ointment 0.5 %		1	AL (greater than or equal to 12 years)
TRIANEX EXTERNAL OINTMENT 0.05 %		3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) [Hormonales, Estimulante/Reemplazo/Modificador (Pituitaria)]			
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) (Hormonales, Estimulante/Reemplazo/Modificador (Pituitaria))			
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG		4	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG		4	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG		5	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML		4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML		5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML		5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML		5	PA
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML		4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		5	PA
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG		5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG		5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG		5	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG		5	PA
Vasopressin Analogs [Análogos De Vasopresina]			
desmopressin ace rhinal tube nasal solution 0.01 %	DDAVP Rhinal Tube	1	
desmopressin ace spray refrig nasal solution 0.01 %		1	
desmopressin acetate injection solution 4 mcg/ml	DDAVP	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	1	
desmopressin acetate spray nasal solution 0.01 %	DDAVP	1	
STIMATE NASAL SOLUTION 1.5 MG/ML		5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) [Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores)]			
Anabolic Steroid [Esteroide Anabólico]			
oxandrolone oral tablet 10 mg, 2.5 mg	Oxandrin	1	
Androgens [Andrógenos]			
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR		3	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)		3	QL (75 GM per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)		3	QL (37.5 GM per 30 days)
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)		3	QL (75 GM per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Depo-Testosterone	1	
testosterone enanthate intramuscular solution 200 mg/ml		1	
testosterone transdermal gel 10 mg/act (2%)	Fortesta	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	1	QL (150 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)	AndroGel	1	QL (2.5 GM per 1 day)
testosterone transdermal gel 50 mg/5gm (1%)	AndroGel	1	QL (5 GM per 1 day)
testosterone transdermal solution 30 mg/act	Axiron	1	
Estrogens [Estrógenos]			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY		3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY		3	
DUAVEE ORAL TABLET 0.45-20 MG		3	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	EEMT HS	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	EEMT	1	
ESTRACE VAGINAL CREAM 0.1 MG/GM		3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Estrace	1	
estradiol vaginal tablet 10 mcg	Vagifem	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr	Vivelle-Dot	1	
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.1 mg/24hr	Minivelle	1	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Climara	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	Mimvey Lo	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	Mimvey	1	
ESTRING VAGINAL RING 2 MG		3	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)		3	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg		1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		2	
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	
PREMPHASE ORAL TABLET 0.625-5 MG		2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		2	
Progestins [Progestinas]			
CRINONE VAGINAL GEL 4 %		3	QL (6.75 GM per 15 days)
CRINONE VAGINAL GEL 8 %		3	QL (16.86 GM per 15 days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Provera	1	
megestrol acetate oral suspension 40 mg/ml		1	
megestrol acetate oral suspension 625 mg/5ml	Megace ES	1	
megestrol acetate oral tablet 20 mg, 40 mg		1	
norethindrone acetate oral tablet 5 mg	Aygestin	1	
progesterone micronized oral capsule 100 mg, 200 mg	Prometrium	1	
Selective Estrogen Receptor Modifying Agents [Modificadores Selectivos Del Receptor De Estrógeno]			
OSPHENA ORAL TABLET 60 MG		3	
raloxifene hcl oral tablet 60 mg	Evista	1	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) [Hormonales, Estimulante/Reemplazo/Modificador (Tiroide)]			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) [Hormonales, Estimulante/Reemplazo/Modificador (Tiroide)]			
levothyroxine sodium 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	Synthroid	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Cytomel	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
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		2	
Hormonal Agents, Suppressant (Adrenal) [Hormonales, Supresores (Adrenal)]			
Hormonal Agents, Suppressant (Adrenal) [Hormonales, Supresores (Adrenal)]			
LYSODREN ORAL TABLET 500 MG		5	
Hormonal Agents, Suppressant (Parathyroid) [Hormonales, Supresores (Paratiroide)]			
Hormonal Agents, Suppressant (Parathyroid) [Hormonales, Supresores (Paratiroide)]			
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG		3	PA
Hormonal Agents, Suppressant (Pituitary) [Hormonales, Supresores (Pituitaria)]			
Hormonal Agents, Suppressant (Pituitary) [Hormonales, Supresores (Pituitaria)]			
cabergoline oral tablet 0.5 mg		1	
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	Pregnyl	5	PA
leuprolide acetate injection kit 1 mg/0.2ml		4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		3	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG		5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		3	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG		5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG		3	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)		3	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	SandoSTATIN	4	PA
octreotide acetate injection solution 1000 mcg/ml	SandoSTATIN	5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML		5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA
SYNAREL NASAL SOLUTION 2 MG/ML		5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG		5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG, 3.75 MG		5	PA
Hormonal Agents, Suppressant (Thyroid) [Hormonales, Supresores (Tiroide)]			
Antithyroid Agents [Antitiroide]			
methimazole oral tablet 10 mg, 5 mg	Tapazole	1	
propylthiouracil oral tablet 50 mg		1	
Immunological Agents [Inmunológicos]			
Angioedema Agents [Agentes Para El Tratamiento De Angioedema]			
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		5	PA
Immune Suppressants [Supresores Inmunológicos]			
azathioprine oral tablet 50 mg	Imuran	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		4	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		5	PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML		4	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		5	PA
methotrexate oral tablet 2.5 mg		1	
mycophenolate mofetil oral capsule 250 mg	CellCept	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CellCept	1	
mycophenolate mofetil oral tablet 500 mg	CellCept	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Myfortic	1	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		5	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML		5	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML		5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML		5	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML		5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		5	PA
XELJANZ ORAL TABLET 5 MG		5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG		5	PA
Immunizing Agents, Passive [Inmunizadores Pasivos]			
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED		5	
antivenin latrodectus mactans injection kit		4	
antivenin micrurus fulvius intravenous solution reconstituted		4	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM		5	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED		5	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML		5	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML		5	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 2.5 GM/50ML		5	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML		4	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE		5	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
GAMMAGARD INJECTION SOLUTION 20 GM/200ML, 30 GM/300ML		5	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		4	
GAMMAKED INJECTION SOLUTION 2.5 GM/25ML		5	
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 20 GM/400ML, 5 GM/100ML		5	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 40 GM/400ML, 5 GM/50ML		5	
HEPAGAM B INJECTION SOLUTION		5	
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 4 GM/20ML		5	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION		5	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		3	
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML		5	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		5	
IMOGAM RABIES-HT INTRAMUSCULAR INJECTABLE 150 UNIT/ML		5	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML, 25 GM/500ML		5	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML		4	
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML		5	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		3	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		3	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML		5	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML		3	
Immunomodulators [Inmunomoduladores]			
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		5	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG		5	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA
leflunomide oral tablet 10 mg, 20 mg	Arava	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml		1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml		1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML		5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	PA
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 150 MCG/0.5ML, 50 MCG/0.5ML		5	PA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 80 MCG/0.5ML		5	PA
RIDAURA ORAL CAPSULE 3 MG		3	
Inflammatory Bowel Disease Agents [Enfermedad Inflamatoria Intestinal]			
Aminosalicylates [Aminosalicilatos]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		3	
balsalazide disodium oral capsule 750 mg	Colazal	1	
CANASA RECTAL SUPPOSITORY 1000 MG		2	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG		2	
DIPENTUM ORAL CAPSULE 250 MG		3	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	Mesalamine	2	
mesalamine oral tablet delayed release 800 mg	Asacol HD	1	
mesalamine rectal enema 4 gm		1	
mesalamine-cleanser rectal kit 4 gm	Rowasa	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG		2	
SFROWASA RECTAL ENEMA 4 GM/60ML		3	
Glucocorticoids [Glucocorticoides]			
budesonide oral capsule delayed release particles 3 mg	Entocort EC	1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG		3	PA
Sulfonamides [Sulfonamidas]			
sulfasalazine oral tablet 500 mg	Azulfidine	1	
sulfasalazine oral tablet delayed release 500 mg	Azulfidine EN-tabs	1	
Metabolic Bone Disease Agents [Enfermedad Del Metabolismo Del Hueso]			
Metabolic Bone Disease Agents [Enfermedad Del Metabolismo Del Hueso]			
alendronate sodium oral solution 70 mg/75ml		1	ST
alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg	Fosamax	1	
calcitonin (salmon) nasal solution 200 unit/act	Miacalcin	1	QL (3.7 ML per 30 days)
calcitriol intravenous solution 1 mcg/ml		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	1	
calcitriol oral solution 1 mcg/ml	Rocaltrol	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Hectorol	1	PA
etidronate disodium oral tablet 200 mg, 400 mg		1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML		4	PA; QL (2.4 ML per 30 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT		3	ST
ibandronate sodium intravenous solution 3 mg/3ml	Boniva	4	PA
ibandronate sodium oral tablet 150 mg	Boniva	1	ST
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		3	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	Zemplar	1	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Zemplar	1	PA
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML		5	PA; QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Actonel	1	ST
risedronate sodium oral tablet delayed release 35 mg	Atelvia	1	ST
zoledronic acid intravenous solution 5 mg/100ml	Reclast	4	PA; QL (100 ML per 365 days)
Miscellaneous [Misceláneos]			
Miscellaneous [Misceláneos]			
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML		5	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML		5	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML		5	
Ophthalmic Agents [Oftálmicos]			
Anti-Allergy Agents [Antialérgicos]			
azelastine hcl ophthalmic solution 0.05 %		1	ST
cromolyn sodium ophthalmic solution 4 %		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
EMADINE OPHTHALMIC SOLUTION 0.05 %		3	ST
ketotifen fumarate ophth soln 0.025%	Zaditor	OTC	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %		3	ST
olopatadine hcl ophthalmic solution 0.1 %	Patanol	1	
olopatadine hcl ophthalmic solution 0.2 %	Pataday	1	ST
ZADITOR**Error! Bookmark not defined.** SOLUTION 0.025 % OPHTHALMIC		OTC	
Antibacterials [Antibacterianos]			
bacitracin ophthalmic ointment 500 unit/gm		1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Polycin	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Neo-Polycin HC	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		3	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %		3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		3	
ciprofloxacin hcl ophthalmic solution 0.3 %	Ciloxan	1	
erythromycin ophthalmic ointment 5 mg/gm		1	
gatifloxacin ophthalmic solution 0.5 %	Zymaxid	1	
gentamicin sulfate ophthalmic ointment 0.3 %	Gentak	1	
gentamicin sulfate ophthalmic solution 0.3 %		1	
levofloxacin ophthalmic solution 0.5 %		1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %		2	
moxifloxacin hcl ophthalmic solution 0.5 %	Vigamox	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Neo-Polycin	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Maxitrol	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Neosporin	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		1	
ofloxacin ophthalmic solution 0.3 %	Ocuflox	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Polytrim	1	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %		3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %		3	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %		3	
tobramycin ophthalmic solution 0.3 %	Tobrex	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	TobraDex	1	
TOBREX OPHTHALMIC OINTMENT 0.3 %		3	
Antiglaucoma Agents [Antiglaucoma]			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		2	
apraclonidine hcl ophthalmic solution 0.5 %	Iopidine	1	
AZOPT OPHTHALMIC SUSPENSION 1 %		2	ST
betaxolol hcl ophthalmic solution 0.5 %		1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %		3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %		3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	Alphagan P	1	
carteolol hcl ophthalmic solution 1 %		1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %		2	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML		3	
dorzolamide hcl ophthalmic solution 2 %	Trusopt	1	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	Cosopt	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
levobunolol hcl ophthalmic solution 0.5 %	Betagan	1	
metipranolol ophthalmic solution 0.3 %		1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Isopto Carpine	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		2	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Timoptic-XE	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Timoptic	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %		3	
Antiinflammatories [Antiinflamatorios]			
ACUVAIL OPHTHALMIC SOLUTION 0.45 %		3	
ALREX OPHTHALMIC SUSPENSION 0.2 %		3	
dexamethasone sodium phosphate ophthalmic solution 0.1 %		1	
diclofenac sodium ophthalmic solution 0.1 %		1	
DUREZOL OPHTHALMIC EMULSION 0.05 %		3	
FLAREX OPHTHALMIC SUSPENSION 0.1 %		3	
fluorometholone ophthalmic suspension 0.1 %	FML Liquifilm	1	
flurbiprofen sodium ophthalmic solution 0.03 %		1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %		3	
FML OPHTHALMIC OINTMENT 0.1 %		3	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		2	
ketorolac tromethamine ophthalmic solution 0.4 %	Acular LS	1	
ketorolac tromethamine ophthalmic solution 0.5 %	Acular	1	
LOTEMAX OPHTHALMIC GEL 0.5 %		3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %		3	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %		3	
prednisolone acetate ophthalmic suspension 1 %	Omnipred	1	
prednisolone sodium phosphate ophthalmic solution 1 %		1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %		3	
Ophthalmic Agents, Others [Oftálmicos, Otros]			
NATACYN OPHTHALMIC SUSPENSION 5 %		3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %		3	PA; QL (5.5 EA per 28 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %		3	PA; QL (30 EA per 15 days)
trifluridine ophthalmic solution 1 %	Viroptic	1	
XIIDRA OPHTHALMIC SOLUTION 5 %		3	PA
Prostaglandins And Prostamides [Prostaglandinas Y Prostamidas]			
latanoprost ophthalmic solution 0.005 %	Xalatan	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		2	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %		2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %		3	
Otic Agents [Óticos]			
Antibacterials [Antibacterianos]			
CIPRO HC OTIC SUSPENSION 0.2-1 %		3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %		2	
ciprofloxacin hcl otic solution 0.2 %	Cetraxal	1	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML		3	
neomycin-polymyxin-hc otic solution 3.5-10000-1	Cortisporin	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		1	
ofloxacin otic solution 0.3 %	Floxin Otic	1	
Antiinflammatories [Antiinflamatorios]			
fluocinolone acetonide otic oil 0.01 %	DermOtic	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
hydrocortisone-acetic acid otic solution 1-2 %	Acetasol HC	1	
Otic, Miscellaneous [Óticos, Misceláneos]			
acetic acid otic solution 2 %		1	
acetic acid-aluminum acetate otic solution 2 %		1	
Respiratory Tract/Pulmonary Agents [Tracto Respiratorio]			
Antihistamines [Antihistamínicos]			
ALLEGRA ORAL TAB 180 MG, 60 MG; ORAL SUSP 30 MG/5ML		OTC	
ALLEGRA-D ORAL TAB SR 12HR 180-240 MG, 60-120 MG		OTC	
azelastine hcl nasal solution 0.1 %		1	
azelastine hcl nasal solution 0.15 %	Astepro	1	
cetirizine hcl oral cap 10 mg; oral tab 10 mg, 5 mg; oral chew tab 10 mg, 5mg; oral syrup 1 mg/ml; oral soln 1 mg/ml	ZyrTEC	OTC	
cetirizine-pseudoephedrine oral tab sr 12hr 5-120 mg	ZyrTEC	OTC	
cetirizine hcl oral syrup 1 mg/ml	ZyrTEC	1	ST
CLARINEX ORAL SYRUP 0.5 MG/ML		3	ST
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG		3	ST
CLARITIN ORAL CAP 10 MG; ORAL TAB 10 MG; ORAL CHEW TAB 5 MG; ORAL SYRUP 5 MG/5ML; ORALLY DISINTEGRATING TAB 5 MG; RAPIDLY DISINTEGRATING TAB 10 MG		OTC	
CLARITIN-D ORAL TAB SR 12HR 10-240 MG, 5-120 MG		OTC	
cyproheptadine hcl oral syrup 2 mg/5ml		1	
cyproheptadine hcl oral tablet 4 mg		1	
desloratadine oral tablet 5 mg	Clarinex	1	ST
desloratadine oral tablet dispersible 2.5 mg, 5 mg	Clarinex	1	ST
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT		2	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
fexofenadine oral tab 180 mg, 60 mg; oral susp 30 mg/5ml	Allegra	OTC	
fexofenadine-pseudoephedrine oral tab sr 12hr 180-240 mg, 60-120 mg	Allegra-D	OTC	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Xyzal	OTC	
levocetirizine dihydrochloride oral tablet 5 mg	Xyzal	OTC	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Xyzal	1	ST
levocetirizine dihydrochloride oral tablet 5 mg	Xyzal	1	ST
loratadine oral cap 10 mg; oral tab 10 mg; oral chew tab 5 mg; oral syrup 5 mg/5ml; orally disintegrating tab 5 mg; rapidly disintegrating tab 10 mg	Claritin	OTC	
loratadine-pseudoephedrine oral tab sr 12hr 10-240 mg, 5-120 mg	Claritin-D	OTC	
olopatadine hcl nasal solution 0.6 %	Patanase	1	
pharbedryl oral capsule 50 mg		1	
TUSNEL ORAL CAPSULE 2-15-200 MG		3	
ZYRTEC ORAL CAP 10 MG; ORAL TAB 10 MG, 5 MG; ORAL CHEW TAB 10 MG, 5MG; ORAL SYRUP 1 MG/ML; ORAL SOLN 1 MG/ML; ORALLY DISINTEGRATING TAB 10 MG		OTC	
ZYRTEC-D ORAL TAB SR 12HR 5-120 MG		OTC	
Anti-Inflammatories, Inhaled Corticosteroids [Anti-Inflamatorios, Corticosteroides Inhalados]			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		2	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		2	
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT		3	ST
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT		2	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH		3	ST
ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH		3	ST
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT		3	ST
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH		2	
budesonide inhalation suspension 0.25 mg/2ml	Pulmicort	1	
budesonide inhalation suspension 0.5 mg/2ml	Pulmicort	1	
budesonide inhalation suspension 1 mg/2ml	Pulmicort	1	
budesonide nasal suspension 32 mcg/act	Rhinocort	OTC	
budesonide nasal suspension 32 mcg/act	Rhinocort Aqua	1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		3	
FLONASE SENSIMIST SUSPENSION 27.5 MCG/SPRAY NASAL		OTC	
FLONASE ALLERGY RELIEF SUSPENSION 50 MCG/ACT NASAL		OTC	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST		2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT		2	
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT		2	
flunisolide nasal solution 25 mcg/act (0.025%)		1	
fluticasone propionate nasal suspension 50 mcg/act		OTC	
fluticasone propionate nasal suspension 50 mcg/act	Flonase	1	
mometasone furoate nasal suspension 50 mcg/act	Nasonex	1	ST

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
NASACORT ALLERGY 24HR AEROSOL 55 MCG/ACT NASAL		OTC	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		3	ST
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT		3	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT		3	ST
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT		2	
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT		2	
RHINOCORT NASAL SUSPENSION 32 MCG/ACT		OTC	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		2	
triamcinolone acetonide nasal aerosol 55 mcg/act	Nasacort	OTC	
triamcinolone acetonide nasal aerosol 55 mcg/act	Nasacort	1	
VERAMYST NASAL SUSPENSION 27.5 MCG/SPRAY		3	ST
Antileukotrienes [Antileukotrienos]			
montelukast sodium oral packet 4 mg	Singulair	1	
montelukast sodium oral tablet 10 mg	Singulair	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	Singulair	1	
zafirlukast oral tablet 10 mg, 20 mg	Accolate	1	
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH		3	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		3	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		2	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	
ipratropium bromide inhalation solution 0.02 %		1	
ipratropium bromide nasal solution 0.03 %		1	
ipratropium bromide nasal solution 0.06 %		1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG		2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT		2	QL (1 EA per 30 days)
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) [Broncodilatadores, Inhibidores De La Fosfodiesterasa (Xantinas)]			
terbutaline sulfate oral tablet 2.5 mg, 5 mg		1	
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%		1	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%		1	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		1	
albuterol sulfate oral syrup 2 mg/5ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	EpiPen Jr	1	
epinephrine injection solution auto-injector 0.3 mg/0.3ml	EpiPen	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	Xopenex	1	
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	Xopenex Concentrate	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
levalbuterol tartrate inhalation aerosol 45 mcg/act	Xopenex HFA	1	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT		2	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT		2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE		3	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		2	
Cystic Fibrosis Agents [Agentes Para Fibrosis Quistica]			
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML		5	PA
TOBI PODHALER INHALATION CAPSULE 28 MG		5	PA
tobramycin inhalation nebulization solution 300 mg/5ml	Tobi	4	PA
Mast Cell Stabilizers [Estabilizadores De Mastocitos]			
cromolyn sodium inhalation nebulization solution 20 mg/2ml		1	
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De Fosfodiesterasa]			
aminophylline intravenous solution 25 mg/ml		1	
difil-g forte oral liquid 100-100 mg/5ml		1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML		3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG		3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	Theochron	1	
theophylline er oral tablet extended release 12 hour 450 mg		1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg		1	
Pulmonary Antihypertensives [Anti-Hipertensivos Pulmonales]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
ADCIRCA ORAL TABLET 20 MG		5	PA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		4	PA
epoprostenol sodium intravenous solution reconstituted 0.5 mg	Veletri	4	PA
epoprostenol sodium intravenous solution reconstituted 1.5 mg	Flolan	4	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG		4	PA
OPSUMIT ORAL TABLET 10 MG		4	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML		5	PA
sildenafil citrate oral tablet 20 mg	Revatio	4	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG		5	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML		5	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		5	PA
Respiratory Tract Agents, Others [Tracto Respiratorio, Otros]			
acetylcysteine inhalation solution 10 %		1	
acetylcysteine inhalation solution 20 %		1	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG		5	PA
benzonatate oral capsule 100 mg, 200 mg	Tessalon Perles	1	
biotuss oral liquid 10-15-300 mg/5ml		1	
biotuss pediatric oral liquid 2.5-5-50 mg/ml		1	
DECON-A ORAL ELIXIR 2-5 MG/5ML		3	
ESBRIET ORAL CAPSULE 267 MG		5	PA
ESBRIET ORAL TABLET 267 MG, 801 MG		5	PA
GILPHEX TR ORAL TABLET 10-388 MG		3	
giltuss oral liquid 10-28-388 mg/5ml		1	
giltuss pediatric oral liquid 2.5-7.5-88 mg/ml		1	
GILTUSS TR ORAL TABLET 10-28-388 MG		3	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML		5	PA

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	Tussionex	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML		3	
NORTUSS-EX ORAL LIQUID 20-200 MG/5ML		3	
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA
promethazine-codeine oral syrup 6.25-10 mg/5ml		1	
promethazine-dm oral syrup 6.25-15 mg/5ml		1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml		1	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Bromfed DM	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA
SEMPREX-D ORAL CAPSULE 8-60 MG		3	
sodium chloride inhalation nebulization solution 0.9 %		1	
TYZINE NASAL SOLUTION 0.05 %		3	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA
Skeletal Muscle Relaxants [Relajantes Musculoesqueletales]			
Skeletal Muscle Relaxants [Relajantes Musculoesqueletales]			
carisoprodol oral tablet 250 mg, 350 mg	Soma	1	
chlorzoxazone oral tablet 500 mg	Parafon Forte DSC	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		1	
metaxalone oral tablet 800 mg	Metaxall	1	
methocarbamol oral tablet 500 mg	Robaxin	1	
methocarbamol oral tablet 750 mg	Robaxin-750	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg		1	
orphenadrine citrate injection solution 30 mg/ml		1	
Sleep Disorder Agents [Desordenes Del Sueño]			
GABA Receptor Modulators [Moduladores Del Receptor De GABA]			

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
estazolam oral tablet 1 mg, 2 mg		1	QL (1 TAB per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Lunesta	1	QL (1 TAB per 1 day)
flurazepam hcl oral capsule 15 mg, 30 mg		1	QL (1 CAP per 1 day)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Restoril	1	QL (1 CAP per 1 day)
triazolam oral tablet 0.125 mg	Halcion	1	QL (1 TAB per 1 day)
triazolam oral tablet 0.25 mg	Halcion	1	QL (2 TAB per 1 day)
zaleplon oral capsule 10 mg	Sonata	1	QL (2 CAP per 1 day)
zaleplon oral capsule 5 mg	Sonata	1	QL (1 CAP per 1 day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Ambien CR	1	ST; QL (1 TAB per 1 day)
zolpidem tartrate oral tablet 10 mg, 5 mg	Ambien	1	QL (1 TAB per 1 day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Intermezzo	1	QL (1 TAB per 1 day)
Sleep Disorder, Other [Desórdenes Del Sueño, Otros]			
dexmedetomidine hcl intravenous solution 200 mcg/2ml	Precedex	1	
modafinil oral tablet 100 mg, 200 mg	Provigil	1	PA
ROZEREM ORAL TABLET 8 MG		3	QL (1 TAB per 1 day)
SILENOR ORAL TABLET 3 MG, 6 MG		3	QL (1 TAB per 1 day)
XYREM ORAL SOLUTION 500 MG/ML		5	PA
Therapeutic Nutrients/Minerals/Electrolytes [Nutrientes Terapéuticos/Minerales/Electrolitos]			
Antidotes [Antídotos]			
sodium polystyrene sulfonate oral powder	Kionex	1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
sodium polystyrene sulfonate oral suspension 15 gm/60ml	Kionex	1	
sodium polystyrene sulfonate rectal suspension 50 gm/200ml		1	
Electrolyte/Mineral Replacement [Remplazo De Electrolitos/Minerales]			
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ		3	
KLOR-CON ORAL PACKET 25 MEQ		3	
levocarnitine intravenous solution 200 mg/ml	Carnitor	1	
levocarnitine oral solution 1 gm/10ml	Carnitor	1	
levocarnitine oral tablet 330 mg	Carnitor	1	
magnesium sulfate injection solution 50 %		1	
phospha 250 neutral oral tablet 155-852-130 mg		1	
pot bicarb-pot chloride oral tablet effervescent 25 meq		1	
potassium bicarbonate oral tablet effervescent 25 meq	K-Prime	1	
potassium chloride crys er oral tablet extended release 10 meq	Klor-Con M10	1	
potassium chloride crys er oral tablet extended release 20 meq	Klor-Con M20	1	
potassium chloride er oral capsule extended release 10 meq	Klor-Con Sprinkle	1	
potassium chloride er oral capsule extended release 8 meq	Micro-K	1	
potassium chloride er oral tablet extended release 10 meq	K-Tab	1	
potassium chloride er oral tablet extended release 8 meq	Klor-Con	1	
potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml		1	
potassium chloride oral packet 20 meq		1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		1	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
sodium chloride injection solution 0.9 %, 2.5 meq/ml		1	
sodium chloride intravenous solution 0.45 %, 0.9 %		1	
sodium chloride irrigation solution 0.9 %	Curity Sterile Saline	1	
Electrolytes/Minerals Modifiers [Modificadores De Enzimas/Modificadores]			
CHEMET ORAL CAPSULE 100 MG		3	
deferoxamine mesylate injection solution reconstituted 500 mg	Desferal	4	PA
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA
FERRIPROX ORAL TABLET 500 MG		5	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG		5	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG		5	PA
Vitamins [Vitaminas]			
aminobenzoate potassium oral packet 2 gm		1	
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML		3	
ascorbic acid injection solution 500 mg/ml		1	
b complex vitamins injection solution		1	
b-plex oral tablet	Milco-B-Forte	1	
corvita oral tablet 1.25 mg		1	
DIALYVITE 3000 ORAL TABLET 3 MG		3	
DIALYVITE 5000 ORAL TABLET 5 MG		3	
DIALYVITE/ZINC ORAL TABLET		3	
FOLBEE PLUS CZ ORAL TABLET 5 MG		3	
folbee plus oral tablet		1	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION		3	
M.V.I. ADULT INTRAVENOUS INJECTABLE		3	
M.V.I. PEDIATRIC INTRAVENOUS SOLUTION RECONSTITUTED		3	

Drug Name (Nombre del Medicamento)	Reference (Referencia)	Level (Nivel)	Instructions (Instrucciones)
MEPHYTON ORAL TABLET 5 MG		3	
multivitamin/fluoride oral solution 0.25 mg/ml	Floriva Plus	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml		1	
mvc-fluoride oral tablet chewable 0.5 mg		1	
mynephrocaps oral capsule 1 mg		1	
nephronex oral tablet		1	
NUTRIVIT ORAL LIQUID		3	
phytonadione injection solution 1 mg/0.5ml		1	
POTABA ORAL CAPSULE 500 MG		3	
pyridoxine hcl injection solution 100 mg/ml		1	
RENATABS ORAL TABLET 1 MG		3	
RENATABS WITH IRON ORAL 1 & 100 MG		3	
sodium ascorbate injection solution 250 mg/ml	Ortho-CS 250	1	
SUPERVITE ORAL LIQUID	Biotalan Clear	3	
SUPPORT ORAL LIQUID		3	
SUPPORT 500 ORAL CAPSULE		3	
thiamine hcl injection solution 100 mg/ml		1	
TL G-FOL OS ORAL TABLET 500-1.1 MG		3	
TRI-VIT/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		3	
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml		1	
urosex oral tablet		1	
vic-forte oral capsule		1	
vit b3-azelac-turm-fa-b6-zn-cu oral tablet		1	
VITAFOL ORAL TABLET		3	
VITAL-D RX ORAL TABLET 1 MG		3	
vitamin d (ergocalciferol) oral capsule 50000 unit	Drisdol	1	
vitamin k1 injection solution 10 mg/ml		1	

Parte III – Apéndices / *Part III - Appendixes*

Apéndice I – Terapias Escalonadas / *Appendix I – Step Therapies*

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
ADHD - Non Stimulant	30 days in 365 days	STEP 1	Amphetamines
			Dexmethylphenidate
			Methylphenidate
		STEP 2	Atomoxetine / Strattera
ADHD - Stimulants	30 days in 365 days	STEP 1	Amphetamine
			Amphetamine-Dextroamphetamine IR
			Dexmethylphenidate
			Dextroamphetamine
			Methamphetamine
			Methylphenidate
		STEP 2	Amphetamine-Dextroamphetamine / Adderall XR
			Lisdexamfetamine Dimesylate / Vyvanse
Amlodipine/Olmesartan; Amlodipine/Valsartan; Amlodipine/Valsartan HCT	30 days in 365 days	STEP 1	ACE Inhibitors
			Angiotensin II Recetor Antagonists
			Dihydropyridine CCB
			Diurectics
		STEP 2	Amlodipine-Olmesartan / Azor
			Amlodipine-Valsartan / Exforge
			Amlodipine-Valsartan-Hydrochlorothiazide / Exforge HCT
ARB	30 days in 365 days	STEP 1	Irbesartan +/- htcz
			Losartan +/- htcz
			Valsartan +/- htcz 1st
		STEP 2	Azilsartan / Edarbi
			Azilsartan-Chlorthalidone / Edarbyclor
			Candesartan / Atacand
			Candesartan-Hydrochlorothiazide / Atacand HCT
			Olmesartan / Benicar
			Olmesartan-Hydrochlorothiazide / Benicar HCT
			Telmisartan / Micardis
			Telmisartan-Hydrochlorothiazide / Micardis HCT
Brinzolamide	15 days in 365 days	STEP 1	Dorzolamide

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Brinzolamide / Azopt
Budesonide Inhal	1 prescription in 365 days	STEP 1	Arnuity Ellipta
			Flovent
			Qvar
		STEP 2	Budesonide Inhal Aero Powd / Pulmicort
Carvedilol SR	30 days in 365 days	STEP 1	Carvedilol IR
		STEP 2	Carvedilol Phosphate Cap SR / Coreg CR
Celecoxib	15 days in 365 days	STEP 1	Nonsteroidal Anti-Inflammatory Agents (NSAIDs)**
		STEP 2	Celecoxib / Celebrex
Desvenlafaxine	30 days in 365 days	STEP 1	Duloxetine
			Venlafaxine
		STEP 2	Desvenlafaxine Succinate Tab SR / Pristiq
			Desvenlafaxine Tab SR / Khedezla
DPP-4	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Alogliptin / Nesina
			Alogliptin-Metformin / Kazano
			Linagliptin / Tradjenta
			Linagliptin-Metformin / Jentadueto / Jentadueto XR
			Saxagliptin / Onglyza
			Saxagliptin-Metformin / Kombiglyze XR
			Sitagliptin / Januvia
			Sitagliptin-Metformin / Janumet / Janumet XR
DPP-4 & SGLT-2	60 days in 365 days	STEP 1	DPP-4 (eg. Empagliflozin)
			SGLT-2 (eg. Linagliptin)
		STEP 2	Empagliflozin-Linagliptin / Glyxambi
Dronedarone	30 days in 365 days	STEP 1	Amiodarone
		STEP 2	Dronedarone / Multaq
Eplerenone	30 days in 365 days	STEP 1	Spironolactone
			Spironolactone & Hydrochlorothiazide
		STEP 2	Eplerenone / Inspra
Ezetimibe	60 days in 365 days	STEP 1	Statins (eg. atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin)
		STEP 2	Ezetimibe / Zetia
Flunisolide HFA Inhal	1 prescription in 365	STEP 1	Arnuity Ellipta

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
	days		Flovent
			Qvar
		STEP 2	Flunisolide / Aerospan
Fluoxetine DR	30 days in 365 days	STEP 1	Fluoxetine
		STEP 2	Fluoxetine HCl Cap Delayed Release / Prozac Weekly
Glitazones	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
		STEP 2	Pioglitazone / Actos
			Pioglitazone HCl-Glimepiride / Duetact
			Pioglitazone HCl-Metformin / Actoplus met / Actoplus met XT
GLP-1	60 days in 365 days	STEP 1	Biguanides
			Glitazones
			Sulfonylureas
		STEP 2	Dulaglutide / Trulicity
			ExenatideExtended Release / Bydureon
			Exenatide / Byetta
			Liraglutide / Victoza
Levetiracetam (SR)	30 days in 365 days	STEP 1	Levetiracetam
		STEP 2	Levetiracetam Tab SR / Keppra XR
Long Acting Opioids	7 days in 15 days	STEP 1	Short Acting opioids
		STEP 2	Fentanyl TD Patch / Duragesic
Memantine SR	30 days in 365 days	STEP 1	Memantine
		STEP 2	Memantine HCl Cap SR / Namenda XR
Metformin Osmotic /Modified Release	30 days in 365 days	STEP 1	Metformin
		STEP 2	Metformin HCl Tab SR 24HR Osmotic / Fortamet
Miglitol	60 days in 365 days	STEP 1	Acarbose
		STEP 2	Miglitol / Glyset
Mirabegron	30 days in 365 days	STEP 1	Urinary Antispasmodic - Antimuscarinics (Oxybutinin, Tolterodine)
		STEP 2	Mirabegron Tab SR / Myrbetriq
Mometasone Furoate Inhal	1 prescription in 365 days	STEP 1	Arnuity Ellipta
			Flovent
			Qvar
		STEP 2	Mometasone Furoate Inhal Aerosol Suspension/ Asmanex HFA
			Mometasone Furoate Inhal Powd / Asmanex
Nasal Corticosteroid	1 prescription in 365	STEP 1	Budesonide

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
	days		Flunisolide
			Fluticasone Propionate
			Triamcinolone Acetonide
			OTCs (Budesonide / Rhinocort, Fluticasone / Flonase Allergy or Flonase Sensymist, Triamcinolone / Nasacort)
		STEP 2	Beclomethasone Dipropionate Nasal Aerosol / Qnasl
			Mometasone Furoate Nasal Susp / Nasonex
			Veramyst
Nebivolol	30 days in 365 days	STEP 1	Alpha-Beta Blockers
			Beta Blockers Cardio-Selective
		STEP 2	Nebivolol / Bystolic
Non-Sedating Antihistamines	15 days in 365 days	STEP 1	OTCs (Loratadine / Claritin, Loratadine-PSE, Claritin-D, Fexofenadine / Allegra, Fexofenadine-PSE / Allegra-D, Cetirizine / Zyrtec, Cetirizine-PSE / Zyrtec-D, Levocetirizine / Xyzal)
		STEP 2	Desloratadine & Pseudoephedrine Tab SR / Clarinex D
			Desloratadine / Clarinex
			Cetirizine HCl Oral Soln / Zyrtec
			Levocetirizine / Xyzal
Ocular Allergies	15 days in 365 days	STEP 1	OTCs (Ketotifen / Zaditor)
			Olopatadine Ophth Soln 0.1 %
		STEP 2	Alcaftadine / Lastacaft
			Azelastine / Optivar
			Emedastine / Emadine
			Olopatadine / Pataday
Oral biphosphonates	28 days in 365 days	STEP 1	Alendronate Tab
		STEP 2	Alendronate Oral Soln / Fosamax
			Alendronate -Cholecalciferol / Fosamax Plus D
			Ibandronate / Boniva
			Risedronate / Actonel
			Risedronate / Atelvia
Paliperidone palmitate (Trinza)	120 days in 365 days	STEP 1	Paliperidone Palmitate IM / Invega Sustenna
		STEP 2	Paliperidone Palmitate IM / Invega Trinza
Pimecrolimus /	15 days in 365 days	STEP 1	Corticosteroids - Topical**

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
Tacrolimus			Lactic Acid (Ammonium Lactate)
		STEP 2	Pimecrolimus / Elidel
			Tacrolimus / Protopic
PPIs	30 days in 365 days	STEP 1	Lansoprazole Rx
			Omeprazole Rx
			Pantoprazole RX
			OTCs (Lansoprazole / Prevacid OTC, Omeprazole /Prilosec OTC, Esomeprazole / Nexium OTC, Omeprazole-Sodium Bicarbonate / Zegerid OTC)
		STEP 2	Dexlansoprazole C/ Dexilant
			Esomeprazole / Nexium
			Lansoprazole / Prevacid SoluTab
			Omeprazole-Sodium Bicarbonate / Zegerid
			Pantoprazole / Protonix Oral Pack
			Rabeprazole / Aciphex
Pregabalin	30 days in 365 days	STEP 1	Anticonvulsants
			Duloxetine
			Tricyclic antidepressants
		STEP 2	Pregabalin / Lyrica
Quetiapine SR	30 days in 365 days	STEP 1	Quetiapine
		STEP 2	Quetiapine Fumarate Tab SR / Seroquel XR
Rasagiline	30 days in 365 days	STEP 1	Selegiline
		STEP 2	Rasagiline Mesylate / Azilect
Repaglinide	60 days in 365 days	STEP 1	Nateglinide
		STEP 2	Repaglinide Tab
Ropinirole SR	30 days in 365 days	STEP 1	Ropinirole
		STEP 2	Ropinirole Hydrochloride Tab SR / Requip XL
Rotigotine	30 days in 365 days	STEP 1	Pramipexole
			Ropinirole
		STEP 2	Rotigotine TD Patch / Neupro
SGLT-2 Inhibitors	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Canagliflozin / Invokana
			Canagliflozin-Metformin / Invokamet / Invokamet XR

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Empagliflozin / Jardiance
			Empagliflozin-Metformin / Synjardy / Synjardy XR
Simvastatin 80 mg	360 days in 365 days	STEP 1	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
		STEP 2	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
Statins	60 days in 365 days	STEP 1	Atorvastatin
			Lovastatin Tab IR
			Pravastatin
			Rosuvastatin
			Simvastatin
		STEP 2	Ezetimibe-Simvastatin / Vytorin
			Fluvastatin / Lescol
			Fluvastatin Sodium Tab SR / Lescol XL
			Lovastatin Tab SR / Altoprev
			Pitavastatin Calcium / Livalo
Triptans	30 days in 365 days	STEP 1	Sumatriptan
		STEP 2	Eletriptan / Relpax
Zolpidem	60 days in 365 days	STEP 1	Zaleplon
			Zolpidem
		STEP 2	Zolpidem Tartrate Tab CR / Ambien CR

Apéndice II – Límites de Especialidad / Appendix II – Specialty Limits (SL)

En el formulario hay medicamentos asociados a las iniciales **SL**. **SL** significa que dichos medicamentos requieren que un especialista evalúe el paciente y los recete. La siguiente tabla muestra cuales son estos productos e indica el especialista que debe prescribirlos.

*The formulary includes drugs associated to the **SL** abbreviation. **SL** means that those medications require that a specialist evaluates the patient and prescribe them. The following table shows which are those products and the specialist that must prescribe them.*

Producto (Product)	**Especialista (Specialist)**
Antihemophilic & Coagulation Factors	Hematólogo /Hematologist

Apéndice III – Solicitud de Excepción Médica / Appendix III - Medical Exception Application

Nombre del Paciente y Representante Personal (si aplica): _____

Núm. Contrato _____ Núm. de Grupo: _____

Se solicita la aprobación de:

- Medicamento no está incluido en el formulario
- Cubierta continuada para medicamento que se descontinuar
- Excepción a un procedimiento de manejo de medicamento (ei, terapia escalonada)
- Excepción a un procedimiento de limitación de dosis

Razones para la solicitud de excepción médica:

- En el formulario no figura un medicamento clínicamente aceptable para tratar la condición del paciente.
- El medicamento que procede conforme a la terapia escalonada es ineficaz para la condición o el paciente, es probable que cause daño al paciente o y ya el paciente se encontraba en un nivel más avanzado bajo otro plan médico.
- La dosis disponible para medicamento probablemente es ineficaz para la condición o el paciente.

Historial breve del paciente:

Diagnóstico primario relacionado con el medicamento de receta objeto de la solicitud (incluya código y descripción):

Descripción de la necesidad médica de medicamento para el cual se solicita la excepción:
(Incluya hoja adicional de ser necesario)

Nombre de la Persona que expide la receta	# de Proveedor (NPI)
Firma	Fecha

Forma: CSS-AS-04-00

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Aviso: Informando a los Individuos sobre los requisitos de no discrimen y acceso y la declaración de no discrimen: El Discrimen Esta En Contra De La Ley

Triple-S Salud, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina, no excluye a las personas ni las trata de forma diferente por motivos de raza, color, origen nacional, edad, sexo o incapacidad.

Triple-S Salud, Inc.

- Proporciona mecanismos auxiliares y servicios gratuitos a las personas con incapacidades para comunicarse efectivamente con nosotros, tales como:
  - Intérpretes en lenguaje de señas certificados,
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, entre otros).

- Proporciona servicios de traducción gratuitos a personas cuyo primer idioma no es el español, tales como:
  - Intérpretes certificados,
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, contacte a un Representante de Servicio.

Si considera que Triple S Salud, Inc. no le ha provisto estos servicios o han discriminado de cualquier otra manera por motivos de raza, origen nacional, color, edad, sexo o incapacidad, comuníquese con:

Oficina de Cumplimiento y Privacidad
P.O. Box 11320, San Juan, PR 00922-9905
Teléfono: (787) 620-1919 ext. 4183
Fax: (787) 993-3260
Correo electrónico: privacidad@ssspr.com

Puede presentar su querella en persona, por correo, fax o correo electrónico. Si necesita ayuda para presentar su querella, un Representante de Servicio está disponible para ayudarle.

Usted puede presentar su querella por violación a los derechos civiles con el Departamento de Salud y de Recursos Humanos de Estados Unidos, Oficina de Derechos Civiles de forma electrónica a través de su portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, por correo, o por teléfono al:

200 Independence Ave, SW Room 509F, HHH Bldg Washington, D.C. 20201
Teléfono: 1-800-368-1019, TDD: 1-800-537-7697

Call the customer service number on your ID card for assistance.
請撥打您 ID 卡上的客服號碼以尋求中文協助。
Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.
한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.
Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.
Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.
اتصل برقم خدمة العملاء الموجود على بطاقة هُويتك للحصول على المساعدة باللغة العربية.
Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.
Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.
日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。
Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.
Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.
برای دریافت راهنمایی به زبان فارسی ، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید.

Notice: Informing individuals about nondiscrimination and accessibility requirements and nondiscrimination statement: Discrimination is Against the Law

Triple-S Salud, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude people or treat individuals differently because of race, color, national origin, age, disability, or sex.

Triple-S Salud, Inc.

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters,
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters,
  - Information written in other languages.

If you need these services, contact a Customer Service Representative.

If you believe that Triple S Salud, Inc. has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance and Privacy Office
P. O. Box 11320, San Juan, PR 00922-9905
Telephone: (787) 620-1919 ext. 4183
Fax: (787) 993-3260
E-mail: privacidad@ssspr.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Service Representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically, through the Office of Civil Rights Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
Telephone: 1-800-368-1019, TDD: 1-800-537-7697

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.
請撥打您 ID 卡上的客服號碼以尋求中文協助。
Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.
한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.
Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.
Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.
اتصل برقم خدمة العملاء الموجود على بطاقة هُويتك للحصول على المساعدة باللغة العربية.
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Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.
Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。
Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.
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برای دریافت راهنمایی به زبان فارسی ، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید.