

PLAN FEDERAL | 2017

Lista de Medicamentos para Asegurados Federales
Drug List for Federal Insureds



RX



**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 2017**

Federal Plan 2017
Drug List

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Español

Introducción

Tu beneficio de farmacia con Triple-S Salud 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 llama a nuestro Departamento de Servicio al Cliente al 787-774-6081 o visita nuestro portal en la Internet www.ssspr.com.

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 Comercial	Presentación		Nombre del Medicamento	Nivel	Inst
<i>ANTI-INFECCIOSOS</i>					
Quinolonas					
AVELOX	TABS	400 MG	Moxifloxacin Hcl*	1	
CIPRO	INJ	200 MG/20ML, 400MG/40ML	Ciprofloxacin Iv*	1	
	SUSP	250 MG/5ML (5%), 500MG/5ML (10%)	Ciprofloxacin*	1	
	TABS	250 MG, 500 MG, 750 MG	Ciprofloxacin Hcl*	1	
CIPRO XR	TABS 24H	1000 MG	Ciprofloxacin- Ciprofloxacin Hcl*	1	QL {14 Tabs, 30 days}
		500 MG	Ciprofloxacin- Ciprofloxacin Hcl*	1	QL {3 Tabs, 30 days}
FLOXIN	TABS	200 MG, 300 MG, 400 MG	Ofloxacin*	1	
LEVAQUIN	TABS	250 MG, 500 MG, 750 MG	Levofloxacin*	1	
NOROXIN	TABS	400 MG		3	

Para todos los medicamentos en la Lista de Medicamentos aparece el nombre comercial, su presentación, el nivel, nombre del medicamento y si tiene alguna instrucción especial.

Los medicamentos genéricos se encuentran escritos en letras **negritas** en la Lista (como, Avelox). También podrás identificarlos ya que los mismos tienen un asterisco (*) en la columna del Nombre del Medicamento. Si un medicamento de marca no tiene genéricos, el espacio en la columna “nombre del Medicamento” aparecerá vacío (como, Noroxin).

¿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 106. El Índice provee una lista por orden alfabético de todos los medicamentos en este documento. Ambos, medicamentos de marca como 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 prescritos 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 suministrados por proveedores de la red de Triple-S Salud:

- Anticonceptivos aprobados por la FDA (OTC y con receta médica¹)
- 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 prescritos y provistos por proveedores de la red de Triple-S Salud.

¿Qué son Medicamentos Genéricos (Nivel 1)?

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

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.

¹ Aplica a ciertos anticonceptivos: Condón Femenino, Algunos Contaceptivos Orales, Dispositivo Intrauterino (IUD), Diafragma, Mirena IUD®, Plan B®, Espermicidas (OTC foam), Ortho Evra Patc®, Nuvaring®.

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.

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

¿Qué son Medicamentos 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 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, y Axiom Healthcare PR Pharmacy, Special Care Pharmacy Service y SPS Specialty Pharmacy Services. 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 2016. Para obtener una lista actualizada, por favor visita nuestro portal en Internet www.ssspr.com. o llámanos al 787-774-6081.

Si la Administración de Drogas y Alimentos dispone que un medicamento en nuestra Lista no es seguro o que el fabricante 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 II 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 fabricante 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 I 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 MediSpan®. 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 (<i>Bold</i>)	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
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 <i>MC-21 Corporation</i> o <i>Triple-S Salud, Inc.</i> , antes de despacharse el medicamento
SHA	Champú
SI	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.
- Los medicamentos aprobados por la FDA
- Si un doctor o un dentista de la red de Triple-S Salud lo solicita.

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

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 sustitución al 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

La Lista de medicamentos es una propiedad literaria. *MC-21 Corporation* y Triple-S Salud, Inc. son los propietarios de los derechos de autor. Esta Lista no podrá copiarse o distribuirse ni cualquier porción de éste sin la autorización escrita de *MC-21 Corporation* y Triple-S Salud, Inc.

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 call us at 787-774-6081 or visit our Website www.ssspr.com.

Part I - Drug List Design

Presentation

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

Drug Name	Reference	Tier	Inst
Analgesics			
Nonsteroidal Anti-Inflammatory Drugs			
CAMBIA ORAL PACKET 50 MG	Cambia	3	QL (9 Packet per 30 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Celebrex	1	
diclofenac potassium oral tablet 50 mg	Cataflam	1	
diclofenac sodium er oral tablet extended release 24 hr* 100 mg	Voltaren-XR	1	

For all the drugs in the List the brand name, dose form, drug name, level and any special instruction will appear.

Generic drugs in the List are listed in bold (e.g., Avelox). You can also find them because they have an asterisk (*) in the “Drug Name” column. When brand drugs do not have a generic drug, the Drug Name column will be in blank (such as, Noroxin).

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 106. The Index gives an alphabetical list of all of 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 or 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.

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

What are preferred 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 to use drugs that are designated as preferred as a first choice.

¹ Applies to certain birth controls methods: Female Condom, Some Birth control pills, Intrauterine Device (IUD), Diaphragm, IUD Mirena[®], Plan B[®], Spermicides (Foam OTC), Ortho Evra Patc[®], NuvaRing[®].

What is 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 that are more cost effective. If you get a brand drug from Level 3, you will have to pay more for that 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 is 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, and SPS Specialty Pharmacy Services. 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 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 2016. To get an up to date List, please visit our Website at www.ssspr.com or call us at 787-774-6081.

If the Food and Drug Administration 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 need you to first try one drug to treat your health problem before we will cover some other drug for that health problem (Step Therapy). For example, if Drug A and Drug B both treat your health problem, we may need you use 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 II 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 pre-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 I 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.

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, as long as 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 exist 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 drugs
TIER 3	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
SI	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.

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 (NF) 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 by communications issued by Triple-S Salud's Medical Affairs Division and the Pharma News, 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

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

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
Analgesics [Analgésicos]			
Nonsteroidal Anti-Inflammatory Drugs [Anti-Inflamatorios No Esteroidales]			
CAMBIA ORAL PACKET 50 MG		3	QL (9 Packet per 30 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Celebrex	1	
diclofenac potassium oral tablet 50 mg	Cataflam	1	
diclofenac sodium er oral tablet extended release 24 hr* 100 mg	Voltaren-XR	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		1	
diflunisal oral tablet 500 mg		1	
etodolac er oral tablet extended release 24 hr* 400 mg, 500 mg, 600 mg		1	
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg, 500 mg		1	
FLECTOR TRANSDERMAL PATCH 1.3 %		3	
flurbiprofen oral tablet 100 mg, 50 mg		1	
ibuprofen oral suspension 100 mg/5ml	Childrens Advil	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
INDOCIN ORAL SUSPENSION 25 MG/5ML		3	
INDOCIN 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	
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, 300 mg/10ml, 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 ml per 5 days)
meclofenamate sodium oral capsule 100 mg, 50 mg		1	
mefenamic acid oral capsule 250 mg	Ponstel	1	
meloxicam oral suspension 7.5 mg/5ml	Mobic	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 HR* 750 MG		3	
naproxen dr oral tablet delayed release 375 mg, 500 mg	EC-Naprosyn	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
naproxen oral suspension 125 mg/5ml	Naprosyn	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Naprosyn	1	
naproxen sodium er oral tablet extended release 24 hr* 375 mg, 500 mg	Naprelan	1	
naproxen sodium oral tablet 275 mg	Anaprox	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	Disalcid	1	
sulindac oral tablet 150 mg		1	
sulindac oral tablet 200 mg	Clinoril	1	
tolmetin sodium oral capsule 400 mg		1	
tolmetin sodium oral tablet 200 mg, 600 mg		1	
VOLTAREN TRANSDERMAL GEL 1 %		3	
Opioid Analgesics, Long-Acting [Analgésicos Opiodes, Larga Duración]			
fentanyl transdermal patch 72 hr 100 mcg/hr	Duragesic-100	1	QL (10 Patch per 30 days)
fentanyl transdermal patch 72 hr 12 mcg/hr	Duragesic-12	1	QL (10 Patch per 30 days)
fentanyl transdermal patch 72 hr 25 mcg/hr	Duragesic-25	1	QL (10 Patch per 30 days)
fentanyl transdermal patch 72 hr 50 mcg/hr	Duragesic-50	1	QL (10 Patch per 30 days)
fentanyl transdermal patch 72 hr 75 mcg/hr	Duragesic-75	1	QL (10 Patch per 30 days)

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
morphine sulfate er oral tablet extended release* 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	MS Contin	1	QL (2 Tabs per 1 days)
oxycodone hcl er oral 10 mg, 20 mg, 40 mg, 80 mg	Oxycontin	1	QL (2 Tabs per 1 days)
OXYCONTIN ORAL 15 MG, 30 MG, 60 MG		3	QL (2 Tabs per 1 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hr* 300 mg		1	QL (1 Tab per 1 days)
tramadol hcl er oral tablet extended release 24 hr* 100 mg	Ultram ER	1	QL (3 Tabs per 1 days)
tramadol hcl er oral tablet extended release 24 hr* 200 mg, 300 mg	Ultram ER	1	QL (1 Tab per 1 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR		3	
Opioid Analgesics, Short-Acting [Analgésicos Opiodes, Corta Duración]			
acetaminophen-codeine #2 oral tablet 300-15 mg		1	QL (12 Tabs per 1 days)
acetaminophen-codeine #3 oral tablet 300-30 mg	Tylenol with Codeine #3	1	QL (12 Tabs per 1 days)
acetaminophen-codeine #4 oral tablet 300-60 mg	Tylenol with Codeine #4	1	QL (6 Tabs per 1 days)
acetaminophen-codeine oral solution 120-12 mg/5ml		1	QL (90 ml per 1 days)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50- 325-40-30 mg	Fioricet/Codeine	1	QL (6 Caps per 1 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Ascomp-Codeine	1	QL (6 Caps per 1 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml		1	
butorphanol tartrate nasal solution 10 mg/ml		1	QL (5 ml per 1 days)

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
CAPITAL/CODEINE ORAL SUSPENSION 120-12 MG/5ML		3	QL (90 ml per 1 days)
codeine sulfate oral tablet 15 mg		1	QL (24 Tabs per 1 days)
codeine sulfate oral tablet 30 mg		1	QL (12 Tabs per 1 days)
codeine sulfate oral tablet 60 mg		1	QL (6 Tabs per 1 days)
DEMEROL INJECTION SOLUTION 100 MG/2ML, 25 MG/0.5ML		3	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML		3	
fentanyl citrate injection solution 0.05 mg/ml	Sublimaze	1	
hydrocodone-acetaminophen oral tablet 10-300 mg	Vicodin HP	1	QL (6 Tabs per 1 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Norco	1	QL (6 Tabs per 1 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Verdrocet	1	QL (12 Tabs per 1 days)
hydrocodone-acetaminophen oral tablet 5-300 mg	Vicodin	1	QL (8 Tabs per 1 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	Norco	1	QL (8 Tabs per 1 days)
hydrocodone-acetaminophen oral tablet 7.5-300 mg	Xodol	1	QL (6 Tabs per 1 days)
hydrocodone-ibuprofen oral tablet 10-200 mg	Ibudone	1	QL (5 Tabs per 1 days)
hydrocodone-ibuprofen oral tablet 2.5-200 mg, 5-200 mg	Reprexain	1	QL (5 Tabs per 1 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Vicoprofen	1	QL (5 Tabs per 1 days)
hydromorphone hcl injection solution 2 mg/ml	Dilaudid	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
hydromorphone hcl oral tablet 2 mg	Dilaudid	1	QL (18 Tabs per 1 days)
hydromorphone hcl oral tablet 4 mg	Dilaudid	1	QL (6 Tabs per 1 days)
hydromorphone hcl oral tablet 8 mg	Dilaudid	1	QL (3 Tabs per 1 days)
hydromorphone hcl pf injection solution 10 mg/ml	Dilaudid-HP	1	
meperidine hcl injection solution 10 mg/ml		1	
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 days)
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	Astramorph	1	
morphine sulfate injection solution 2 mg/ml		1	
morphine sulfate oral solution 10 mg/5ml		1	QL (60 ml per 1 days)
morphine sulfate oral solution 20 mg/5ml		1	QL (30 ml per 1 days)
morphine sulfate oral tablet 15 mg		1	QL (4 Tabs per 1 days)
morphine sulfate oral tablet 30 mg		1	QL (2 Tabs per 1 days)
nalbuphine hcl injection solution 10 mg/ml	Nubain	1	
nalbuphine hcl injection solution 20 mg/ml		1	
OPANA INJECTION SOLUTION 1 MG/ML		3	
oxycodone hcl oral capsule 5 mg		1	QL (18 Caps per 1 days)
oxycodone hcl oral concentrate 20 mg/ml		1	QL (5 ml per 1 days)

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
oxycodone hcl oral solution 5 mg/5ml		1	QL (180 ml per 1 days)
oxycodone hcl oral tablet 10 mg, 20 mg		1	QL (6 Tabs per 1 days)
oxycodone hcl oral tablet 15 mg, 30 mg	Roxicodone	1	QL (6 Tabs per 1 days)
oxycodone hcl oral tablet 5 mg	Roxicodone	1	QL (12 Tabs per 1 days)
oxycodone-acetaminophen oral tablet 10-325 mg	Endocet	1	QL (6 Tabs per 1 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Percocet	1	QL (12 Tabs per 1 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	Percocet	1	QL (8 Tabs per 1 days)
oxymorphone hcl oral tablet 10 mg	Opana	1	QL (3 Tabs per 1 days)
tramadol hcl oral tablet 50 mg	Ultram	1	QL (12 Tabs per 1 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	Ultracet	1	QL (8 Tabs per 1 days)
Others [Otros]			
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	Orbivan	1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	Esgic	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	Fioricet	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Fiorinal	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Arthrotec	1	
Anesthetics [Anestésicos]			
Local Anesthetics [Anestésico Local]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
ethyl chloride external aerosol†		1	
lidocaine external ointment 5 %		1	
lidocaine external patch 5 %	Lidoderm	1	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 2 %	Xylocaine-MPF	1	
lidocaine hcl external cream 3 %	Lidopin	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 %	EMLA	1	
lidocaine-prilocaine external kit 2.5-2.5 %	Relador Pak Plus	1	
Anti-Addiction/Substance Abuse Treatment Agents [Tratamiento De Abuso De Sustancias/Contra La Adicción]			
Alcohol Deterrents/Anti-Craving [Disuasivos De Alcohol/Anti-Ansiedad]			
acamprosate calcium oral tablet delayed release 333 mg	Campral	1	
disulfiram oral tablet 250 mg, 500 mg	Antabuse	1	
naltrexone hcl oral tablet 50 mg	Depade	1	
Anti-Addiction/Substance Abuse Treatment Agents [Tratamiento De Abuso De Sustancias/Contra La Adicción]			
flumazenil intravenous* solution 0.5 mg/5ml, 1 mg/10ml	Romazicon	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
Opioid Dependence Treatments [Tratamiento Dependiente De Opiode]			
buprenorphine hcl sublingual tablet sublingual 2 mg		1	PA; QL (2 SL Tabs per 1 days)
buprenorphine hcl sublingual tablet sublingual 8 mg		1	PA; QL (8 SL Tabs per 1 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Suboxone	1	PA; QL (12 SL Tabs per 1 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Suboxone	1	PA; QL (3 SL Tabs per 1 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG		3	PA; QL (2 SL Film per 1 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG		3	PA; QL (12 SL Film per 1 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG		3	PA; QL (6 SL Film per 1 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG		3	PA; QL (3 SL Film per 1 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG		3	PA; QL (12 SL Tabs per 1 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG		3	PA; QL (1 SL Tab per 1 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG		3	PA; QL (5 SL Tabs per 1 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG		3	PA; QL (3 SL Tabs per 1 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG		3	PA; QL (2 SL Tabs per 1 days)
Opioid Reversal Agents [Antagonista De Opioides]			
naloxone hcl injection solution 0.4 mg/ml, 1 mg/ml		1	
Antibacterials [Antibacterianos]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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	
clindamycin phosphate intravenous* solution 600 mg/4ml		1	
CLEOCIN VAGINAL SUPPOSITORY 100 MG		3	GL
clindamycin hcl oral capsule 150 mg, 300 mg	Cleocin	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Cleocin	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml	Cleocin Phosphate	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
clindamycin phosphate intravenous* solution 150 mg/ml, 900 mg/6ml	Cleocin Phosphate	1	
clindamycin phosphate vaginal cream 2 %	Cleocin	1	GL
colistimethate sodium injection solution reconstituted 150 mg	Coly-Mycin M	1	
FEM PH VAGINAL GEL 0.9- 0.025 %		3	GL
FLAGYL ER ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG		3	
lincomycin hcl injection solution 300 mg/ml	Lincocin	1	
linezolid intravenous* solution 2 mg/ml	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	Urex	1	
metronidazole oral tablet 250 mg, 500 mg	Flagyl	1	
metronidazole vaginal gel 0.75 %	Vandazole	1	GL
MONUROL ORAL PACKET 3 GM		3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Macrochantin	1	
nitrofurantoin macrocrystal oral capsule 25 mg	Macrochantin	3	
nitrofurantoin monohyd macro oral capsule 100 mg	Macrobid	1	
nitrofurantoin oral suspension 25 mg/5ml	Furadantin	1	
SIVEXTRO ORAL TABLET 200 MG		3	PA

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
trimethoprim oral tablet 100 mg		1	
ur n-c oral tablet 81.6 mg	Utrona-C	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]			
CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML		3	
cefaclor er oral tablet extended release 12 hr* 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, 400 mg	Spectracef	1	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	Maxipime	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		1	
cefepodoxime 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	Tazicef	1	
ceftibuten oral capsule 400 mg	Cedax	1	
ceftibuten oral suspension reconstituted 180 mg/5ml	Cedax	1	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML		3	
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML		3	
ceftriaxone sodium injection solution reconstituted 1 gm, 500 mg	Rocephin	1	
ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg		1	
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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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 hr* 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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
amoxicillin-pot clavulanate oral tablet 250-125 mg		1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	Augmentin	1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg	Augmentin	1	
amoxicillin-pot clavulanate oral tablet chewable 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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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	
TIMENTIN INTRAVENOUS* SOLUTION RECONSTITUTED 3.1 GM		3	
Macrolides [Macrólidos]			
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	Zithromax Tri-Pak	1	
azithromycin oral tablet 600 mg	Zithromax	1	
clarithromycin er oral tablet extended release 24 hr* 500 mg	Biaxin XL Pac	1	
clarithromycin oral suspension reconstituted 125 mg/5ml		1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
clarithromycin oral suspension reconstituted 250 mg/5ml	Biaxin	1	
clarithromycin oral tablet 250 mg, 500 mg	Biaxin	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML		3	
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 1000 MG, 500 MG		3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG		3	
erythromycin base oral capsule delayed release particles 250 mg		1	
erythromycin base oral tablet 250 mg, 500 mg		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, 750 mg	Cipro	1	
ciprofloxacin intravenous* solution 200 mg/20ml	Cipro	1	
ciprofloxacin intravenous* solution 400 mg/40ml		1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	Cipro	1	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hr* 1000 mg	Cipro XR	1	QL (14 Tabs per 30 days)
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hr* 500 mg	Cipro XR	1	QL (3 Tabs per 30 days)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Levaquin	1	
moxifloxacin hcl oral tablet 400 mg	Avelox ABC Pack	1	
Sulfonamides [Sulfonamidas]			
sulfacetamide sodium external suspension 10 %	Klaron	1	
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		1	
doxycycline hyclate oral tablet 100 mg, 20 mg		1	
doxycycline hyclate oral tablet delayed release 100 mg, 75 mg		1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
doxycycline hyclate oral tablet delayed release 150 mg	Doryx	1	
doxycycline monohydrate oral capsule 100 mg	Monodox	1	
doxycycline monohydrate oral capsule 50 mg	Mondoxyne NL	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Vibramycin	1	
minocycline hcl er oral tablet extended release 24 hr* 90 mg	Solodyn	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Minocin	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Dynacin	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 hr* 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	
LYRICA ORAL SOLUTION 20 MG/ML		3	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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 gel 10 mg, 20 mg	Diastat AcuDial	1	
diazepam gel 2.5 mg	Diastat Pediatric	1	
divalproex sodium er oral tablet extended release 24 hr* 250 mg, 500 mg	Depakote ER	1	
divalproex sodium oral 125 mg	Depakote Sprinkles	1	
divalproex sodium oral capsule 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 250 mg/5ml	Neurontin	1	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	1	
phenobarbital oral elixir 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
valproic acid oral capsule 250 mg	Depakene	1	
valproic acid oral syrup 250 mg/5ml	Depakene	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
Glutamate Reducing Agents [Reductores De Glutamato]			
lamotrigine er oral tablet extended release 24 hr* 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	3	
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	Topiragen	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 hr* 200 mg, 400 mg	Tegretol XR	1	
carbamazepine oral suspension 100 mg/5ml	Tegretol	1	
carbamazepine oral tablet 200 mg	Tegretol	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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG		3	
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	Aricept ODT	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	Razadyne	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Razadyne	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Exelon	1	
rivastigmine transdermal patch 24 hr 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Exelon	1	
Combinations, Other [Combinación, Otros]			
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG		2	
N-Methyl-D-Aspartate (NMDA) Receptor Antagonist [Antagonista Del Receptor NMDA]			
memantine hcl oral solution 2 mg/ml	Namenda	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	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG		2	
Antidepressants [Antidepresivos]			
Antidepressants, Other [Antidepresivos, Otros]			
bupropion hcl er (sr) oral tablet extended release 12 hr* 100 mg, 150 mg	Budeprion SR	1	
bupropion hcl er (sr) oral tablet extended release 12 hr* 200 mg	Wellbutrin SR	1	
bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg, 300 mg	Wellbutrin XL	1	
bupropion hcl oral tablet 100 mg, 75 mg	Wellbutrin	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 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	
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg, 6-50 mg	Symbyax	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
Monoamine Oxidase B (MAO-B) Inhibitors [Inhibidores De Monoamina Oxidasa B]			
EMSAM TRANSDERMAL PATCH 24 HR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		3	
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	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Celexa	1	
desvenlafaxine er oral tablet extended release 24 hr* 100 mg, 50 mg	Khedezla	1	ST
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
escitalopram oxalate oral solution 5 mg/5ml	Lexapro	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	Prozac Weekly	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 hr* 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		1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 25 MG, 50 MG		3	ST
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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
venlafaxine hcl er oral tablet extended release 24 hr* 150 mg, 37.5 mg, 75 mg		1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
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, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Norpramin	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	Tofranil-PM	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	Vivactil	1	
Antiemetics [Antieméticos]			
Antiemetics, Other [Antieméticos, Otros]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
diphenhydramine hcl injection solution 50 mg/ml		1	
meclizine hcl oral tablet 12.5 mg	Antivert	1	
meclizine hcl oral tablet 25 mg	Medi-Meclizine	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 syrup 6.25 mg/5ml		1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine hcl suppository 12.5 mg	Phenadoz	1	
promethazine hcl suppository 25 mg, 50 mg	Promethegan	1	
TIGAN INTRAMUSCULAR* SOLUTION 100 MG/ML		3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HR 1 MG/3DAYS		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 Caps per 7 days)
ANZEMET INTRAVENOUS* SOLUTION 20 MG/ML		5	
ANZEMET ORAL TABLET 100 MG, 50 MG		3	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Marinol	1	
EMEND ORAL CAPSULE 125 MG		3	PA; QL (1 Caps per 7 days)

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
EMEND ORAL CAPSULE 80 & 125 MG		3	PA; QL (3 Caps per 7 days)
EMEND ORAL CAPSULE 80 MG		3	PA; QL (2 Caps per 7 days)
granisetron hcl oral tablet 1 mg		1	
ondansetron hcl injection solution 4 mg/2ml		4	
ondansetron hcl injection solution 40 mg/20ml	Zofran	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]			
ALCORTIN A EXTERNAL GEL 1-2-1 %		3	
BIO-STATIN ORAL CAPSULE 500000 UNIT		3	
CANCIDAS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG, 70 MG		4	
ciclopirox external gel 0.77 %	Loprox	1	
ciclopirox external shampoo 1 %	Loprox	1	
ciclopirox external solution 8 %	Ciclodan	1	QL (6.6 ml per 90 days)
ciclopirox olamine external cream 0.77 %	Ciclodan	1	
ciclopirox olamine external suspension 0.77 %		1	
clotrimazole external cream 1 %	Lotrimin AF	1	
clotrimazole external solution 1 %	FungiCure Intensive/NailGuard	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
clotrimazole mouth/throat troche 10 mg		1	
clotrimazole-betamethasone external cream 1-0.05 %	Lotrisone	1	AL (greater than or equal to 18 years)
clotrimazole-betamethasone external lotion 1-0.05 %		1	AL (greater than or equal to 18 years)
CRESEMBA ORAL CAPSULE 186 MG		3	
econazole nitrate external cream 1 %		1	
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 50 MG		4	
EXELDERM EXTERNAL CREAM 1 %		3	
EXELDERM EXTERNAL SOLUTION 1 %		3	
EXODERM EXTERNAL LOTION 25-1 %		3	
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	Grifulvin V	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Gris-PEG	1	
itraconazole oral capsule 100 mg	Sporanox Pulsepak	1	
ketoconazole external cream 2 %		1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
ketoconazole external shampoo 2 %	Nizoral	1	
ketoconazole oral tablet 200 mg		1	
MENTAX EXTERNAL CREAM 1 %		3	
MYCAMINE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 50 MG		4	
naftifine hcl external cream 1 %, 2 %	Naftin	1	
NAFTIN EXTERNAL GEL 1 %, 2 %		3	
NOXAFIL ORAL SUSPENSION 40 MG/ML		3	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG		3	
nystatin external cream 100000 unit/gm		1	
nystatin external ointment 100000 unit/gm		1	
nystatin external powder 100000 unit/gm	Nyamyc	1	
nystatin mouth/throat suspension 100000 unit/ml		1	
nystatin oral powder		1	
nystatin oral tablet 500000 unit		1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		1	
OXISTAT EXTERNAL CREAM 1 %		3	
OXISTAT EXTERNAL LOTION 1 %		3	
SPORANOX ORAL SOLUTION 10 MG/ML		3	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
terbinafine hcl oral tablet 250 mg	Lamisil	1	QL (84 Tabs per 365 days)
terconazole vaginal cream 0.4 %	Terazol 7	1	GL
terconazole vaginal cream 0.8 %	Terazol 3	1	GL
terconazole vaginal suppository 80 mg	Terazol 3	1	GL
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	
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 Tabs per 1 days)
Anti-Inflammatory Agents [Anti-Inflamatorios]			
Glucocorticoids [Glucocorticoides]			
A-HYDROCORT INJECTION SOLUTION RECONSTITUTED 100 MG		3	
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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		3	
dexamethasone oral elixir 0.5 mg/5ml	Baycadron	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 (pak) oral tablet 4 mg	Medrol (Pak)	1	
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 sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	Solu-Medrol	1	
MILLIPRED ORAL TABLET 5 MG		3	
prednisolone oral solution 15 mg/5ml	Prelone	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	Orapred	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
prednisolone sodium phosphate oral solution 25 mg/5ml		1	
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	Pediapred	1	
prednisone (pak) oral tablet 10 mg, 5 mg		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	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM		3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 500 MG		1	
Antimigraine Agents [Antimigraña]			
Combination Products [Productos En Combinación]			
CAFERGOT ORAL TABLET 1-100 MG		3	
isometheptene-apap-dichloral oral capsule 65-325-100 mg	Nodolor	1	
MIGERGOT SUPPOSITORY 2-100 MG		3	
MIGRALAM ORAL CAPSULE 65-100-325 MG		3	
TREXIMET ORAL TABLET 85-500 MG		3	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
Ergot Alkaloids [Alcaloides De Ergotamina]			
dihydroergotamine mesylate nasal solution 4 mg/ml	Migranal	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 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 Tabs per 30 days)
FROVA ORAL TABLET 2.5 MG		3	QL (9 Tabs per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Amerge	1	QL (9 Tabs per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG		2	QL (6 Tabs per 30 days)
rizatriptan benzoate oral tablet 10 mg	Maxalt	1	QL (12 Tabs per 30 days)
rizatriptan benzoate oral tablet 5 mg	Maxalt	1	QL (24 Tabs per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg	Maxalt-MLT	1	QL (12 Tabs per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg	Maxalt-MLT	1	QL (24 Tabs per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	Imitrex	1	QL (6 mg per 30 days)
sumatriptan succinate oral tablet 100 mg	Imitrex	1	QL (9 Tabs per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Imitrex	1	QL (18 Tabs per 30 days)
sumatriptan succinate refill subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml	Imitrex STATdose Refill	1	QL (5 ml per 30 days)
sumatriptan succinate subcutaneous* 4 mg/0.5ml	Imitrex STATdose System	1	QL (5 ml per 30 days)
sumatriptan succinate subcutaneous* 6 mg/0.5ml		1	QL (5 ml per 30 days)

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
sumatriptan succinate subcutaneous* solution 6 mg/0.5ml	Alsuma	1	QL (5 ml per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Zomig	1	QL (6 Tabs per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Zomig ZMT	1	QL (6 Tabs per 30 days)
ZOMIG NASAL SOLUTION 5 MG		3	QL (6 units per 30 days)
Antimyasthenic Agents [Antimiasténicos]			
Parasympathomimetics [Parasimpatomiméticos]			
guanidine hcl oral tablet 125 mg		1	
MESTINON ORAL SYRUP 60 MG/5ML		3	
pyridostigmine bromide er oral tablet extendedrelease* 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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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		4	PA
TRECTOR ORAL TABLET 250 MG		3	
Antineoplastics [Antineoplásicos]			
Alkylating Agents [Agentes Alquilantes]			
ALKERAN ORAL TABLET 2 MG		5	
cyclophosphamide oral tablet 25 mg, 50 mg		1	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		4	
GLEOSTINE ORAL CAPSULE 5 MG		4	
HEXALEN ORAL CAPSULE 50 MG		5	
LEUKERAN ORAL TABLET 2 MG		5	
MATULANE ORAL CAPSULE 50 MG		5	
oxaliplatin intravenous* solution reconstituted 100 mg, 50 mg		4	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Temodar	4	
Antiandrogens [Antiandrogenos]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
bicalutamide oral tablet 50 mg	Casodex	1	GL
flutamide oral capsule 125 mg		1	GL
NILANDRON ORAL TABLET 150 MG		5	PA
XTANDI ORAL CAPSULE 40 MG		5	PA
ZYTIGA ORAL TABLET 250 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
Antibodies [Anticuerpos]			
HERCEPTIN INTRAVENOUS* SOLUTION RECONSTITUTED 440 MG		5	PA
PERJETA INTRAVENOUS* SOLUTION 420 MG/14ML		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	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		3	
fluorouracil intravenous* solution 1 gm/20ml		4	PA

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
fluorouracil intravenous* solution 500 mg/10ml	Adrucil	4	PA
hydroxyurea oral capsule 500 mg	Hydrea	3	
mercaptopurine oral tablet 50 mg	Purinethol	1	
TABLOID ORAL TABLET 40 MG		5	
Antineoplastic Enzyme Inhibitors [Inhibidores Antineoplásticos Enzimáticos]			
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA
Antineoplastics Antibiotics [Antineoplásticos Antibióticos]			
bleomycin sulfate injection solution reconstituted 15 unit		4	PA
doxorubicin hcl intravenous* solution 2 mg/ml	Adriamycin	4	PA
mitoxantrone hcl intravenous* concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml		4	PA
Antineoplastics, Others [Antineoplásticos, Otros]			
dacarbazine intravenous* solution reconstituted 200 mg		4	PA
ERIVEDGE ORAL CAPSULE 150 MG		5	PA
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		5	PA; QL (100 Tabs per 28 days)
LONSURF ORAL TABLET 20- 8.19 MG		5	PA; QL (80 Tabs per 30 days)

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
MESNEX ORAL TABLET 400 MG		5	
SYLATRON SUBCUTANEOUS* KIT 200 MCG, 300 MCG, 4 X 200 MCG, 4 X 300 MCG, 600 MCG		5	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]			
docetaxel intravenous* concentrate 20 mg/ml, 80 mg/4ml	Taxotere	4	PA
etoposide oral capsule 50 mg		4	
vinblastine sulfate intravenous* solution 1 mg/ml		4	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
BOSULIF ORAL TABLET 100 MG, 500 MG		5	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG		4	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

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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; AL (greater than or equal to 18 years)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 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
VOTRIENT ORAL TABLET 200 MG		5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
ZELBORAF ORAL TABLET 240 MG		5	PA
Monoclonal Antibodies [Anticuerpos Monoclonales]			
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]			
Amebicides [Amebicidas]			
YODOXIN ORAL TABLET 210 MG, 650 MG		3	
Anthelmintics [Antihelmínticos]			
ALBENZA ORAL TABLET 200 MG		3	
BILTRICIDE ORAL TABLET 600 MG		3	
ivermectin oral tablet 3 mg	Stromectol	1	
SKLICE EXTERNAL LOTION 0.5 %		3	
Antiprotozoals [Antiprotozoarios]			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		3	
ALINIA ORAL TABLET 500 MG		3	
atovaquone oral suspension 750 mg/5ml	Mepron	1	
atovaquone-proguanil hcl oral tablet 250-100 mg	Malarone	1	QL (12 Tabs per 365 days)
atovaquone-proguanil hcl oral tablet 62.5-25 mg	Malarone	1	QL (48 Tabs per 365 days)

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
chloroquine phosphate oral tablet 250 mg		1	
chloroquine phosphate oral tablet 500 mg	Aralen	1	
COARTEM ORAL TABLET 20-120 MG		3	QL (24 Tabs 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 Caps per 365 days)
Pediculicides/Scabicides [Pediculicidas/Escabidas]			
lindane external lotion 1 %		1	
lindane external shampoo 1 %		1	
permethrin external cream 5 %	Elimite	1	
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]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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 10 MG/ML		5	
NEUPRO TRANSDERMAL PATCH 24 HR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		3	
pramipexole dihydrochloride er oral tablet extended release 24 hr* 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 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 hr* 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 [Precusores De Dopamina/Inhibidores Del L-Amino Acid Decarboxylase]			
carbidopa oral tablet 25 mg	Lodosyn	1	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
carbidopa-levodopa er oral tablet extendedrelease* 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	Stalevo 50	1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	Stalevo 75	1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	Stalevo 100	1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	Stalevo 125	1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	Stalevo 150	1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Stalevo 200	1	
Monoamine Oxidase B (MAO-B) Inhibitors [Inhibidores De Monoamina Oxidasa B]			
AZILECT ORAL TABLET 0.5 MG, 1 MG		3	
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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
fluphenazine decanoate injection solution 25 mg/ml		1	
fluphenazine hcl injection solution 2.5 mg/ml		1	
fluphenazine hcl oral concentrate 5 mg/ml		1	
fluphenazine hcl oral elixir 2.5 mg/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	Loxitane	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 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	Compazine	1	
prochlorperazine 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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
2nd Generation/Atypical [2da Generación/Atípicos]			
ABILIFY INTRAMUSCULAR* SOLUTION 9.75 MG/1.3ML		3	
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	
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		4	ST; QL (0.875 ml / 90 days)
INVEGA TRINZA INTRAMUSCULAR* SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML		4	ST; QL (1.315 ml / 90 days)
INVEGA TRINZA INTRAMUSCULAR* SUSPENSION 546 MG/1.75ML		4	ST; QL (1.75 ml / 90 days)
INVEGA TRINZA INTRAMUSCULAR* SUSPENSION 819 MG/2.625ML		4	ST; QL (2.625 ml / 90 days)
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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
paliperidone er oral tablet extended release 24 hr* 1.5 mg, 3 mg, 6 mg, 9 mg	Invega	1	
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	Risperidone M-TAB	1	
risperidone oral tablet dispersible 3 mg, 4 mg	RisperDAL M-TAB	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 200 MG, 300 MG, 400 MG, 50 MG		3	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Geodon	1	
Treatment-Resistant [Resistentes A Tratamiento]			
clozapine oral tablet 100 mg, 25 mg	Clozaril	1	
clozapine oral tablet 200 mg, 50 mg		1	
Antispasticity [Antiespasticidad]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
Antispasticity [Antiespasticidad]			
baclofen oral tablet 10 mg, 20 mg		1	
dantrolene sodium oral capsule 100 mg, 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) Agents [Anti-Citomegalovirus]			
FOSCAVIR INTRAVENOUS* SOLUTION 24 MG/ML		4	
ganciclovir sodium intravenous* solution reconstituted 500 mg	Cytovene	4	
valganciclovir hcl oral tablet 450 mg	Valcyte	4	
Antihepatitis Agents [Antihepatitis]			
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG		4	PA
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG		4	PA
MODERIBA ORAL 200 & 400 MG, 400 & 600 MG		5	PA
ribavirin oral capsule 200 mg	Rebetol	4	PA
ribavirin oral tablet 200 mg	Copegus	4	PA
Antihepatitis B (HBV) Agents [Anti-Hepatitis B (HBV)]			
adefovir dipivoxil oral tablet 10 mg	Hepsera	4	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML		4	PA
entecavir oral tablet 0.5 mg, 1 mg	Baraclude	4	PA

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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
TYZEKA ORAL TABLET 600 MG		4	PA
Antihepatitis C (HCV) Agents [Anti-Hepatitis C (HCV)]			
HARVONI ORAL TABLET 90-400 MG		4	PA
SOVALDI ORAL TABLET 400 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 1000 mg, 500 mg		1	
DENAVIR EXTERNAL CREAM 1 %		3	
famciclovir oral tablet 125 mg, 250 mg, 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)]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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 Transcriptasa 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 hr* 100 mg, 400 mg	Viramune XR	1	
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	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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 reconstituted 1 mg/ml	Zerit	1	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM		3	
VIREAD ORAL POWDER 40 MG/GM		3	
VIREAD ORAL TABLET 300 MG		3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG			
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		Integrase strand transfer inhibitor, CYP3A enzyme inhibitor plus nucleoside and nucleotide reverse transcriptase inhibitor combination	
SELZENTRY ORAL TABLET 150 MG, 300 MG			
Anti-HIV Agents, Protease Inhibitors [Anti-VIH, Inhibidores De La Proteasa]			

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
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]			
RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 5 MG/BLISTER		3	
rimantadine hcl oral tablet 100 mg	Flumadine	1	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG		3	

Nombre del Medicamento (Drug Name)	Reference	Nivel (Level)	Inst
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML		3	
Antiretroviral Combinations [Combinaciones Antirretrovirales]			
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	
EPZICOM ORAL TABLET 600- 300 MG		3	
EVOTAZ ORAL TABLET 300- 150 MG		3	
GENVOYA ORAL TABLET		3	
KALETRA ORAL SOLUTION 400-100 MG/5ML		3	
KALETRA ORAL TABLET 100- 25 MG, 200-50 MG		3	
lamivudine-zidovudine oral tablet 150-300 mg	Combivir	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	

RSV Agents [Agentes Anti- RSV]			
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM		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	
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	
Benzodiazepines [Benzodiazepinas]			
alprazolam er oral tablet extended release 24 hr* 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	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 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	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	
Bipolar Agents [Bipolaridad]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
lithium carbonate er oral tablet extendedrelease* 300 mg	Lithobid	1	
lithium carbonate er oral tablet extendedrelease* 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 HR* 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* 2 MG		2	ST
BYDUREON SUBCUTANEOUS* SUSPENSION RECONSTITUTED 2 MG		2	ST
BYETTA 10 MCG PEN SUBCUTANEOUS* 10 MCG/0.04ML		2	ST
BYETTA 5 MCG PEN SUBCUTANEOUS* 5 MCG/0.02ML		2	ST

chlorpropamide oral tablet 100 mg		1	
chlorpropamide oral tablet 250 mg	Diabinese	1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Amaryl	1	
glipizide er oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg	Glipizide XL	1	
glipizide oral tablet 10 mg, 5 mg	Glucotrol	1	
glipizide-metformin hcl oral tablet 2.5-250 mg	Metaglip	1	
glipizide-metformin hcl oral tablet 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	Diabeta	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Glucovance	1	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG		3	
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	
INVOKANA ORAL TABLET 100 MG, 300 MG		2	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HR* 100-1000 MG, 50-1000 MG, 50-500 MG		2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		2	
JARDIANCE ORAL TABLET 10 MG, 25 MG		2	

JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5- 850 MG		3	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG		3	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG, 5-500 MG		2	ST
metformin hcl er (osm) oral tablet extended release 24 hr* 1000 mg, 500 mg	Fortamet	1	ST
metformin hcl er oral tablet extended release 24 hr* 500 mg, 750 mg	Glucophage XR	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Glucophage	1	
nateglinide oral tablet 120 mg, 60 mg	Starlix	1	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG		2	
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 mg, 2 mg	Prandin	1	
SYMLINPEN 120 SUBCUTANEOUS* 2700 MCG/2.7ML		3	
SYMLINPEN 60 SUBCUTANEOUS* 1500 MCG/1.5ML		3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5- 1000 MG, 5-500 MG		2	ST

TRADJENTA ORAL TABLET 5 MG		3	
TRULICITY SUBCUTANEOUS* 0.75 MG/0.5ML, 1.5 MG/0.5ML		3	ST
VICTOZA SUBCUTANEOUS* 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	
Insulins [Insulinas]			
APIDRA INJECTION SOLUTION 100 UNIT/ML		3	
APIDRA SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML		3	
HUMALOG KWIKPEN SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML		2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS* (50-50) 100 UNIT/ML		2	
HUMALOG MIX 50/50 SUBCUTANEOUS* SUSPENSION (50-50) 100 UNIT/ML		2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS* (75-25) 100 UNIT/ML		2	
HUMALOG MIX 75/25 SUBCUTANEOUS* SUSPENSION (75-25) 100 UNIT/ML		2	
HUMALOG SUBCUTANEOUS* 100 UNIT/ML		2	
HUMALOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML		2	

HUMULIN 70/30 KWIKPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML		2	
HUMULIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML		2	
HUMULIN N KWIKPEN SUBCUTANEOUS* 100 UNIT/ML		2	
HUMULIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML		2	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION 500 UNIT/ML		3	
LANTUS SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML		2	
LANTUS SUBCUTANEOUS* SOLUTION 100 UNIT/ML		2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML		2	
LEVEMIR SUBCUTANEOUS* SOLUTION 100 UNIT/ML		2	
NOVOLOG FLEXPEN SUBCUTANEOUS* 100 UNIT/ML		2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML		2	
NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML		2	
NOVOLOG PENFILL SUBCUTANEOUS* 100 UNIT/ML		2	

NOVOLOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML		2	
Progesterone Receptor Antagonist [Antagonistas Del Receptor De Progesterona]			
KORLYM ORAL TABLET 300 MG		5	PA
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, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML		3	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 2500 unit/ml, 5000 unit/ml		1	
heparin sodium (porcine) intravenous* solution 2000 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 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, 2000 UNIT, 250 UNIT, 500 UNIT		4	PA, SL
AFSTYLA INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 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		5	PA, SL
ALPROLIX INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
BEBULIN INTRAVENOUS* SOLUTION RECONSTITUTED 200-1200 UNIT		5	PA, SL

COAGADEX INTRAVENOUS* SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT		5	PA, SL
ELOCTATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT		5	PA, SL
FEIBA INTRAVENOUS* SOLUTION RECONSTITUTED		4	PA, SL
HEMOFIL M INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 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 1500 UNIT		5	PA, SL
KOATE-DVI INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT		5	PA, SL
KOGENATE FS INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
MONOCLATE-P INTRAVENOUS* KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT		5	PA, SL
MONONINE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT		5	PA, SL

NOVOEIGHT INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		5	PA, SL
NOVOSEVEN INTRAVENOUS* SOLUTION RECONSTITUTED 2400 MCG		5	PA, SL
NOVOSEVEN RT INTRAVENOUS* SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG		5	PA, SL
OBIZUR INTRAVENOUS* SOLUTION RECONSTITUTED 500 UNIT		5	PA, SL
PROFILNINE 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, 2000 UNIT, 250 UNIT, 3000 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
WILATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT		5	PA, SL
XYNTHA INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		5	PA, SL
XYNTHA SOLOFUSE INTRAVENOUS* KIT 3000 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* 300 MCG/0.5ML, 480 MCG/0.8ML		5	
LEUKINE INTRAVENOUS* SOLUTION RECONSTITUTED 250 MCG		5	
NEULASTA ONPRO SUBCUTANEOUS* 6 MG/0.6ML		5	
NEULASTA SUBCUTANEOUS* 6 MG/0.6ML		5	
NEUMEGA SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG		5	
NEUPOGEN INJECTION 300 MCG/0.5ML, 480 MCG/0.8ML		5	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		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 300 MCG/0.5ML, 480 MCG/0.8ML		5	
Coagulants [Coagulantes]			
AMICAR ORAL SYRUP 25 %		1	
AMICAR ORAL TABLET 1000 MG, 500 MG		1	
tranexamic acid intravenous* solution 100 mg/ml, 1000 mg/10ml	Cyklokapron	4	GL
Cobalamins [Cobalaminas]			

cyanocobalamin injection solution 1000 mcg/ml		1	
hydroxocobalamin intramuscular* solution 1000 mcg/ml		1	
Folic Acid [Acido Fólico]			
folic acid injection solution 5 mg/ml		1	
folic acid oral tablet 1 mg		1	
Iron [Hierro]			
na ferric gluc cplx in sucrose intravenous* solution 12.5 mg/ml	Ferlecit	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	Pletal	1	
clopidogrel bisulfate oral tablet 75 mg	Plavix	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Persantine	1	
EFFIENT ORAL TABLET 10 MG, 5 MG		3	PA
ticlopidine hcl oral tablet 250 mg		1	
Cardiovascular Agents [Cardiovasculares]			
Agents For Pheochromocytoma [Agentes Para Feocromocitoma]			
DEMSEER ORAL CAPSULE 250 MG		3	
phenoxybenzamine hcl oral capsule 10 mg	Dibenzyline	1	

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	Catapres-TTS-1	1	
clonidine hcl transdermal patch weekly 0.2 mg/24hr	Catapres-TTS-2	1	
clonidine hcl transdermal patch weekly 0.3 mg/24hr	Catapres-TTS-3	1	
guanfacine hcl oral tablet 1 mg, 2 mg	Tenex	1	
methyldopa oral tablet 250 mg, 500 mg		1	
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]			
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		3	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG		3	ST
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	
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	ST
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	
Angiotensin-Converting Enzyme (ACE) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensin]			
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	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	Lotensin	1	
benazepril hcl oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Lotensin HCT	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
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	Vaseretic	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		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, 4 mg	Mavik	1	
Antiarrhythmics [Antiarrítmicos]			
amiodarone hcl oral tablet 100 mg, 400 mg	Pacerone	1	
amiodarone hcl oral tablet 200 mg	Cordarone	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	Norpace	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tambocor	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	Rythmol	1	
propafenone hcl oral tablet 300 mg		1	
quinidine gluconate er oral tablet extendedrelease* 324 mg		1	
quinidine sulfate er oral tablet extendedrelease* 300 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	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		3	
Beta-Adrenergic Blocking Agents [Bloqueadores Beta Adrenérgicos]			
acebutolol hcl oral capsule 200 mg, 400 mg	Sectral	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tenormin	1	
atenolol-chlorthalidone oral tablet 100-25 mg	Tenoretic 100	1	
atenolol-chlorthalidone oral tablet 50-25 mg	Tenoretic 50	1	
betaxolol hcl oral tablet 10 mg, 20 mg	Kerlone	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Zebeta	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	Trandate	1	
LEVATOL ORAL TABLET 20 MG		3	
metoprolol succinate er oral tablet extended release 24 hr* 100 mg, 200 mg, 25 mg, 50 mg	Toprol XL	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Lopressor	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		1	
metoprolol- hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg	Lopressor HCT	1	
metoprolol- hydrochlorothiazide oral tablet 100-50 mg		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 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-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
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		2	ST
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tiazac	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 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		1	
diltiazem hcl er oral capsule extended release 24 hour 240 mg	Dilacor XR	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Cardizem	1	
felodipine er oral tablet extended release 24 hr* 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 hr* 30 mg, 60 mg, 90 mg	Nifediac CC	1	

nifedipine er osmotic release oral tablet extended release 24 hr* 30 mg, 60 mg	Nifedical XL	1	
nifedipine er osmotic release oral tablet extended release 24 hr* 90 mg	Procardia XL	1	
nifedipine oral capsule 10 mg	Procardia	1	
nifedipine oral capsule 20 mg		1	
nimodipine oral capsule 30 mg	Nimotop	1	
nisoldipine er oral tablet extended release 24 hr* 17 mg, 34 mg, 8.5 mg	Sular	1	
nisoldipine er oral tablet extended release 24 hr* 20 mg, 25.5 mg, 30 mg, 40 mg		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	1	
verapamil hcl oral tablet 120 mg, 80 mg	Calan	1	
verapamil hcl oral tablet 40 mg		1	
Cardiovascular Agents, Other [Cardiovasculares, Otros]			
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	
pentoxifylline er oral tablet extended release* 400 mg	Trental	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR* 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, Others [Combinaciones, Otros]			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Caduet	1	
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	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Demadex	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	
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		1	
metolazone oral tablet 2.5 mg, 5 mg	Zaroxolyn	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	Antara	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, 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 HR* 20 MG		3	ST
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Lipitor	1	
fluvastatin sodium er oral tablet extended release 24 hr* 80 mg	Lescol XL	1	ST
fluvastatin sodium oral capsule 20 mg, 40 mg	Lescol	1	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		3	ST
lovastatin oral tablet 10 mg		1	
lovastatin oral tablet 20 mg, 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
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		2	ST
VYTORIN ORAL TABLET 10-80 MG		2	ST
Dyslipidemics, Other [Dislipidémicos, Otros]			

ADVICOR ORAL TABLET EXTENDED RELEASE 24 HR* 1000-20 MG, 1000-40 MG, 500- 20 MG, 750-20 MG		3	
cholestyramine light oral packet 4 gm	Questran Light	1	
cholestyramine light oral powder 4 gm/dose	Questran Light	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	
niacin er (antihyperlipidemic) oral tablet extendedrelease* 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	
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HR* 1000-20 MG, 1000-40 MG, 500- 20 MG, 500-40 MG, 750-20 MG		3	
VASCEPA ORAL CAPSULE 1 GM		3	
WELCHOL ORAL PACKET 3.75 GM		3	
WELCHOL ORAL TABLET 625 MG		3	
ZETIA ORAL TABLET 10 MG		2	ST
Impotence Agents [Agentes Para Impotencia]			
CIALIS ORAL TABLET 10 MG, 20 MG		3	AL (greater than or equal to 18 years); GL; QL (6 Tabs per 30 days)

CIALIS ORAL TABLET 2.5 MG, 5 MG		3	PA; AL (greater than or equal to 18 years); GL; QL (1 Tabs per 1 days)
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		3	AL (greater than or equal to 18 years); GL; QL (6 Tabs per 30 days)
STAXYN ORAL TABLET DISPERSIBLE 10 MG		3	AL (greater than or equal to 18 years); GL; QL (4 Tabs per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG		3	AL (greater than or equal to 18 years); GL; QL (6 Tabs per 30 days)
Vasodilators, Direct-Acting Arterial [Vasodilatadores, Arteriales]			
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 extendedrelease* 40 mg		1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	Isordil Titradoso	1	
isosorbide mononitrate er oral tablet extended release 24 hr* 120 mg, 30 mg, 60 mg	Imdur	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
NITRO-BID TRANSDERMAL OINTMENT 2 %		3	

NITRO-DUR TRANSDERMAL PATCH 24 HR 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 transdermal patch 24 hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Nitro-Dur	1	
nitroglycerin translingual solution 0.4 mg/spray	Nitrolingual	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG		3	
Central Nervous System Agents [Sistema Nervioso Central]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Anfetaminas, Adhd]			
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	Adderall XR	1	QL (1 Caps per 1 days)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 30 mg	Adderall XR	1	QL (3 Caps per 1 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Adderall	1	QL (3 Tabs per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	Adderall	1	QL (1 Tabs per 1 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Dexedrine	1	QL (4 Caps per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Dexedrine	1	QL (3 Caps per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	Zenzedi	1	QL (4 Tabs per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Zenzedi	1	QL (3 Tabs per 1 day)

VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		2	QL (1 Caps per 1 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines [No-Anfetaminas, ADHD]			
clonidine hcl er oral tablet extended release 12 hr* 0.1 mg	Kapvay	1	QL (1 Tabs per 1 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG 40 MG, 5 MG	Focalin XR	2	QL (1 Caps per 1 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Focalin	1	QL (2 Tabs per 1 days)
guanfacine hcl er oral tablet extended release 24 hr* 1 mg, 3 mg	Intuniv	1	QL (3 Tabs per 1 days)
guanfacine hcl er oral tablet extended release 24 hr* 2 mg	Intuniv	1	QL (4 Tabs per 1 days)
guanfacine hcl er oral tablet extended release 24 hr* 4 mg	Intuniv	1	QL (2 Tabs per 1 days)
methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Metadate CD	1	QL (1 Caps per 1 days)
methylphenidate hcl er (la) oral capsule extended release 24 h 20 mg, 30 mg, 40 mg, 60 mg	Ritalin LA	1	QL (1 Caps per 1 days)
methylphenidate hcl er oral tablet extended release 24 hr* 18 mg, 27 mg, 36 mg, 54 mg		1	QL (1 Tabs per 1 days)
methylphenidate hcl er oral tablet extended release* 10 mg		1	QL (1 Tabs per 1 days)
methylphenidate hcl er oral tablet extended release* 18 mg, 27 mg, 36 mg, 54 mg	Concerta	1	QL (1 Tabs per 1 days)
methylphenidate hcl er oral tablet extended release* 20 mg	Ritalin SR	1	QL (1 Tabs per 1 days)
methylphenidate hcl oral solution 5 mg/5ml	Methylin	1	QL (3 ml per 1 days)

methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Ritalin	1	QL (3 Tabs per 1 days)
QUILLICHEW ER ORAL 20 MG		2	QL (3 Tabs per 1 days)
QUILLICHEW ER ORAL 30 MG		2	QL (2 Tabs per 1 days)
QUILLICHEW ER ORAL 40 MG		2	QL (1 Tabs per 1 days)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		2	QL (12 ml per 1 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG		3	QL (1 Caps per 1 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG		3	QL (1 Caps per 1 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG		3	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 Caps per 1 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG		3	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 Caps per 1 days)
Central Nervous System Agents, Others [Sistema Nervioso Central, Otros]			

riluzole oral tablet 50 mg	Rilutek	4	PA
Fibromyalgia Agents [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 HR* 10 MG		5	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	
AVONEX INTRAMUSCULAR* KIT 30 MCG		4	
AVONEX PEN INTRAMUSCULAR* 30 MCG/0.5ML		4	
AVONEX PREFILLED INTRAMUSCULAR* 30 MCG/0.5ML		4	
BETASERON SUBCUTANEOUS* KIT 0.3 MG		5	
COPAXONE SUBCUTANEOUS* 20 MG/ML, 40 MG/ML		4	
EXTAVIA SUBCUTANEOUS* KIT 0.3 MG		4	
GILENYA ORAL CAPSULE 0.5 MG		5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS* 63 & 94 MCG/0.5ML		5	
PLEGRIDY SUBCUTANEOUS* 125 MCG/0.5ML		5	
REBIF REBIDOSE SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML		5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS* 6X8.8 & 6X22 MCG		5	

REBIF SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML		5	
REBIF TITRATION PACK SUBCUTANEOUS* 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		5	PA
Neuromuscular Blocking Agents [Bloqueadores Neuromusculares]			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT		5	PA
Dental and Oral Agents [Dentales Y Orales]			
Dental And Oral Agents [Dentales Y Orales]			
cevimeline hcl oral capsule 30 mg	Evoxac	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	Periogard	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	
adapalene external cream 0.1 %	Differin	1	AL (less than or equal to 25 years)
adapalene external gel 0.1 %, 0.3 %	Differin	1	AL (less than or equal to 25 years)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG		1	
AZELEX EXTERNAL CREAM 20 %		3	

CLARAVIS ORAL CAPSULE 30 MG		1	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %		3	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %		3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Retin-A	1	AL (less than or equal to 24 years)
tretinoin external gel 0.01 %, 0.025 %	Retin-A	1	AL (less than or equal to 24 years)
tretinoin external gel 0.05 %	Atralin	1	AL (less than or equal to 24 years)
tretinoin microsphere external gel 0.04 %	Retin-A Micro	1	AL (less than or equal to 24 years)
tretinoin microsphere external gel 0.1 %	Retin-A Micro Pump	1	AL (less than or equal to 24 years)
Antibacterials [Antibacterianos]			
ACANYA EXTERNAL GEL 1.2-2.5 %		3	
ACZONE EXTERNAL GEL 5 %, 7.5 %		3	
AKNE-MYCIN EXTERNAL OINTMENT 2 %		3	
BENZAMYCINPAK EXTERNAL PACKET 5-3 %		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 %	Duac	1	
Clindamycin phos-benzoyl perox external gel 1-5 %	BenzaClin	1	
clindamycin phosphate external gel 1 %	ClindaMax	1	
clindamycin phosphate external lotion 1 %	ClindaMax	1	
clindamycin phosphate external solution 1 %	Cleocin-T	1	

clindamycin phosphate external swab 1 %	Clindacin-P	1	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5		3	
CORTISPORIN EXTERNAL OINTMENT 1 %		3	
doxycycline oral capsule delayed release 40 mg	Oracea	1	
EPIDUO EXTERNAL GEL 0.1-2.5 %		3	AL (less than or equal to 24 years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %		3	AL (less than or equal to 24 years)
erythromycin external gel 2 %	Erygel	1	
erythromycin external pad 2 %		1	
erythromycin external solution 2 %		1	
FINACEA EXTERNAL FOAM 15 %		3	
gentamicin sulfate external cream 0.1 %		1	
gentamicin sulfate external ointment 0.1 %		1	
mafenide acetate external packet 5 %	Sulfamylon	1	
metronidazole external cream 0.75 %	Rosadan	1	
metronidazole external gel 0.75 %	Rosadan	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-sulfur external cream 10-5 %	Avar-e Emollient	1	
sulfacetamide sodium-sulfur external emulsion 10-5 %	Rosanil 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	
SULFAMYLON EXTERNAL CREAM 85 MG/GM		3	
SULFAMYLON EXTERNAL PACKET 5 %		1	
VELTIN EXTERNAL GEL 1.2-0.025 %		3	
Antiseptics [Antisépticos]			
BUCALSEP EXTERNAL SOLUTION		3	
tersaseptic external liquid	Bucalsep	3	
Calcineurin Inhibitors [Inhibidores De Calcineurin]			
ELIDEL EXTERNAL CREAM 1 %		3	ST
tacrolimus external ointment 0.03 %, 0.1 %	Protopic	1	ST
Caustic Agents [Caústicos]			
CONDYLOX EXTERNAL GEL 0.5 %		3	
podofilox external solution 0.5 %	Condylox	1	
Emollients [Emolientes]			
ammonium lactate external cream 12 %	Lac-Hydrin	1	
ammonium lactate external lotion 12 %	LAClotion	1	
EMOLLIENT - CREAM	Hydro-Lan	3	
thera-derm external lotion	Nutraderm-30	3	

Miscellaneous [Misceláneos]			
CEM-UREA EXTERNAL SOLUTION 45 %		3	
urea external cream 39 %	Aluvea	1	
urea external cream 40 %	X-Viate	1	
urea external lotion 40 %	X-Viate	1	
urea nail external gel 45 %	Uramaxin	1	
Mitotic Inhibitors [Inhibidores De La Mitosis]			
selenium sulfide external lotion 2.5 %	Selsun	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]			
8-MOP ORAL CAPSULE 10 MG		3	
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	
COSENTYX SENSOREADY PEN SUBCUTANEOUS* 150 MG/ML		5	PA; AL (greater than or equal to 18 years)
COSENTYX SUBCUTANEOUS* 150 MG/ML		5	PA; AL (greater than or equal to 18 years)

SOOLANTRA EXTERNAL CREAM 1 %		2	
STELARA SUBCUTANEOUS* 45 MG/0.5ML, 90 MG/ML		5	PA; AL (greater than or equal to 18 years)
Topical Anesthetics [Anestésico Local]			
hydrocortisone ace-pramoxine external cream 2.5-1 %	Pramosone	1	
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 %, 1-2.5 %		3	
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	
sodium chloride irrigation solution 0.9 %	Curity Sterile Saline	1	
Endocrine and Metabolic Agents [Endocrinos Y Metabólicos]			
Oxytocics [Oxitóxicos]			
methylergonovine maleate oral tablet 0.2 mg	Methergine	1	
Enzyme Replacements/Modifiers [Reemplazo De Enzimas/Modificadores]			
Anti-Cystine Agents [Anti-Cistina]			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		5	
Fabry Disease Treatment [Enfermedad De Fabry]			
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG, 5 MG		5	PA

Gaucher's Disease Treatment [Enfermedad De Gaucher]			
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT		4	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
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment [Tirosinemia Hereditaria Tipo 1]			
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG		5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		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
Pancrelipase Replacement [Reemplazo De Pancrelipasa]			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT		2	

PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT		3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 8000 UNIT		3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 20000 UNIT		3	
Phenylketonuria [Phenylketonuria]			
KUVAN ORAL TABLET SOLUBLE 100 MG		5	PA
Severe Combined Immunodeficiency Disease (Scid) Treatment [Inmunodeficiencia Combinada Severa]			
ADAGEN INTRAMUSCULAR* SOLUTION 250 UNIT/ML		5	
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 injection solution 0.05 mg/ml, 0.1 mg/ml, 0.4 mg/ml, 0.8 mg/ml, 1 mg/ml		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		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 hr* 0.375 mg	Levbid	1	
hyoscyamine sulfate oral tablet 0.125 mg	Levsin	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	HyoMax-SL	1	
methscopolamine bromide oral tablet 2.5 mg	Pamine	1	
methscopolamine bromide oral tablet 5 mg	Pamine Forte	1	
SYMAX DUOTAB ORAL TABLET EXTENDEDRELEASE* 0.375 MG		3	
Gastrointestinal Agents, Others [Gastrointestinales, Otros]			
ANALPRAM-HC LOTION 1-2.5 %		3	
CORTIFOAM FOAM 10 %		3	
cromolyn sodium oral concentrate 100 mg/5ml	Gastrocrom	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml		1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Lonox	1	
FULYZAQ ORAL TABLET DELAYED RELEASE 125 MG		5	PA
hydrocortisone ace-pramoxine cream 1-1 %, 2.5-1 %	Analpram-HC	1	
hydrocortisone acetate suppository 25 mg	Anusol-HC	1	
hydrocortisone acetate suppository 30 mg	Hemril-30	1	
hydrocortisone enema 100 mg/60ml	Cortenema	1	
lidocaine-hydrocortisone ace cream 3-0.5 %	LidaZone HC	1	
lidocaine-hydrocortisone ace kit 2-2 %	Ana-Lex	1	

lidocaine-hydrocortisone ace kit 3-0.5 %, 3-1 %, 3-2.5 %		1	
loperamide hcl oral capsule 2 mg		1	
PROCORT CREAM 1.85-1.15 %		3	
PROCTOFOAM HC FOAM 1-1 %		3	
proctosol hc cream 2.5 %		1	
RECTIV OINTMENT 0.4 %		3	
UCERIS FOAM 2 MG/ACT		3	
ursodiol oral capsule 300 mg	Actigall	1	
ursodiol oral tablet 250 mg	Urso 250	1	
ursodiol oral tablet 500 mg	Urso Forte	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG		3	
Histamine2 (H2) Receptor Antagonists [Antagonistas Del Receptor De Histamina2 (H2)]			
cimetidine hcl oral solution 300 mg/5ml		1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
famotidine intravenous* solution 20 mg/2ml		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		1	
ranitidine hcl oral syrup 75 mg/5ml	Zantac	1	
ranitidine hcl oral tablet 150 mg	Wal-Zan 150 Maximum Strength	1	
ranitidine hcl oral tablet 300 mg	Zantac	1	

ZANTAC INJECTION SOLUTION 1000 MG/40ML		1	
Irritable Bowel Syndrome Agents [Síndrome De Colon Irritado]			
alosetron hcl oral tablet 0.5 mg, 1 mg	Lotronex	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		3	QL (2 Caps per 1 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG		2	QL (1 Caps per 1 days)
Laxatives [Laxantes]			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM		3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM		3	
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	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Nulytely with Flavor Packs	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	Golytely	1	
PEGYLAX ORAL POWDER		1	
polyethylene glycol 3350 oral packet		1	
SUPREP BOWEL PREP ORAL SOLUTION		3	
Protectants [Protectores]			
CARAFATE ORAL SUSPENSION 1 GM/10ML		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]			

cvs lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG		3	ST
eq lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	Nexium	1	ST
gnp lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
heartburn treatment 24 hour oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
hm lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
kls lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
lansoprazole capsule delayed release 15 mg oral (otc) 15 mg	Prevacid 24HR	OTC	
lansoprazole capsule delayed release 15 mg oral (rx) 15 mg	Prevacid 24HR	1	ST
lansoprazole oral capsule delayed release 30 mg	Prevacid	1	ST
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG		OTC	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG		OTC	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG		3	ST
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg		OTC	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Prilosec	1	
omeprazole oral tablet delayed release 20 mg		OTC	

omeprazole-sodium bicarbonate capsule 20-1100 mg oral (otc) 20-1100 mg	Zegerid OTC	OTC	
omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx) 20-1100 mg	Zegerid	1	ST
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Protonix	1	
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG		1	ST
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG		1	ST
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG		OTC	
PROTONIX INTRAVENOUS* SOLUTION RECONSTITUTED 40 MG		1	
PROTONIX ORAL PACKET 40 MG		3	ST
ra lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
ra omeprazole-sodium bicarb oral capsule 20-1100 mg	Zegerid OTC	OTC	
rabeprazole sodium oral tablet delayed release 20 mg	Aciphex	1	ST
sm lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC	
ZEGERID ORAL CAPSULE 20-1100 MG		1	ST
ZEGERID OTC ORAL CAPSULE 20-1100 MG		OTC	
Ulcer Therapy Combinations [Terapias Para Ulceras, Combinaciones]			
PYLERA ORAL CAPSULE 140-125-125 MG		3	
Genitourinary Agents [Genitourinarios]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			

bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Urecholine	1	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR* 15 MG, 7.5 MG		3	
flavoxate hcl oral tablet 100 mg		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG, 50 MG		3	ST
oxybutynin chloride er oral tablet extended release 24 hr* 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 HR* 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 hr* 10 mg	Uroxatral	1	GL
dutasteride oral capsule 0.5 mg	Avodart	3	GL
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Jalyn	3	GL
finasteride oral tablet 5 mg	Proscar	1	GL
RAPAFLO ORAL CAPSULE 4 MG, 8 MG		3	GL
tamsulosin hcl oral capsule 0.4 mg	Flomax	1	GL
Genitourinary Agents, Others [Genitourinarios, Otros]			

DEPEN TITRATABS ORAL TABLET 250 MG		3	
ELMIRON ORAL CAPSULE 100 MG		3	
phenazopyridine hcl oral tablet 200 mg	Pyridium	1	
PYRIDIUM ORAL TABLET 100 MG		1	
RIMSO-50 INTRAVESICAL SOLUTION 50 %		3	
Phosphate Binders [Enlazadores De Fosfato]			
calcium acetate (phos binder) oral capsule 667 mg	PhosLo	1	
FOSRENOL ORAL PACKET 750 MG ,1000 MG		3	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		3	PA
RENAGEL ORAL TABLET 400 MG, 800 MG		3	PA
REVELA ORAL PACKET 0.8 GM, 2.4 GM		2	PA
REVELA ORAL TABLET 800 MG		2	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG		2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) [Hormonales, Estimulante/Reemplazo/Modificador (Adrenal)]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides/Mineralocorticoides]			
hydrocortisone cream 1%	Hydrocort	1	
alclometasone dipropionate external cream 0.05 %	Aclovate	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	AL (greater than or equal to 12 years)
betamethasone valerate external foam 0.12 %	Luxiq	1	AL (greater than or equal to 12 years)
betamethasone valerate external lotion 0.1 %		1	AL (greater than or equal to 12 years)
betamethasone valerate external ointment 0.1 %		1	AL (greater than or equal to 12 years)
CAPEX EXTERNAL SHAMPOO 0.01 %		3	
clobetasol propionate e external cream 0.05 %	Temovate E	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 18 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 18 years)
clobetasol propionate external solution 0.05 %	Cormax Scalp Application	1	AL (greater than or equal to 12 years)
clocortolone pivalate external cream 0.1 %	Cloderm Pump	1	AL (greater than or equal to 12 years)
CORDRAN EXTERNAL CREAM 0.05 %		3	
CORDRAN EXTERNAL LOTION 0.05 %		3	
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 %, 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 %	ApexiCon	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	
fluocinolone acetonide external ointment 0.025 %	Synalar	1	
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)
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)

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 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	
hydrocortisone butyrate external solution 0.1 %	Locoid	1	
hydrocortisone external cream 2.5 %	Proctozone-HC	1	
hydrocortisone external lotion 1 %	Sarnol-HC	1	
hydrocortisone external lotion 2.5 %		1	
hydrocortisone external ointment 1 %	Hydrocort	1	
hydrocortisone external ointment 2.5 %		1	
hydrocortisone valerate external cream 0.2 %		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)
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 %, 0.5 %		1	AL (greater than or equal to 12 years)
triamcinolone acetonide external cream 0.1 %	Triderm	1	AL (greater than or equal to 12 years)
triamcinolone acetonide external lotion 0.025 %, 0.1 %		1	AL (greater than or equal to 12 years)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		1	AL (greater than or equal to 12 years)
TRIANEX EXTERNAL OINTMENT 0.05 %		3	AL (greater than or equal to 12 years)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) [Hormonales, Estimulante/Reemplazo/Modificador (Pituitaria)]			
Gonadotropins [Gonadotropinas]			
chorionic gonadotropin intramuscular* solution reconstituted 10000 unit	Pregnyl	4	

Growth Hormone Analogs [Análogos De Hormona De Crecimiento]			
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 FLEXP SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS* SOLUTION 5 MG/2ML		5	PA
NUTROPIN AQ PEN SUBCUTANEOUS* SOLUTION 10 MG/2ML, 20 MG/2ML		5	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
TEV-TROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG		5	PA
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 %	Minirin	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 [Esteroides Anabólicos]			
oxandrolone oral tablet 10 mg, 2.5 mg	Oxandrin	1	
Androgens [Andrógenos]			
ANDRODERM TRANSDERMAL PATCH 24 HR 2 MG/24HR, 4 MG/24HR		3	GL
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)		3	GL; QL (75 gm per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)		3	GL; QL (37.5 gm per 30 days)
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)		3	GL; QL (75 gm per 30 days)
AXIRON TRANSDERMAL SOLUTION 30 MG/ACT		3	GL
danazol oral capsule 100 mg, 200 mg, 50 mg		1	GL

testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml	Depo-Testosterone	1	GL
testosterone enanthate intramuscular* solution 200 mg/ml		1	GL
testosterone transdermal gel 10 mg/act (2%)	Fortesta	1	GL
testosterone transdermal gel 12.5 mg/act (1%)	AndroGel Pump	1	GL; QL (150 gm per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)	AndroGel	1	GL; QL (2.5 gm per 1 days)
testosterone transdermal gel 50 mg/5gm (1%)	Testim	1	GL; QL (5 gm per 1 days)
Estrogens [Estrógenos]			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		3	GL
CENESTIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG		3	GL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY		3	GL
COMBIPATCH TRANSDERMAL PATCH BIWEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY		3	GL
DUAVEE ORAL TABLET 0.45-20 MG		3	GL
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		3	GL
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	Covaryx HS	1	GL
est estrogens-methyltest oral tablet 1.25-2.5 mg	Covaryx	1	GL
ESTRACE VAGINAL CREAM 0.1 MG/GM		3	GL
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Estrace	1	GL
estradiol transdermal patch biweekly 0.025 mg/24hr	Alora	1	GL

estradiol transdermal patch biweekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr	Minivelle	1	GL
estradiol transdermal patch biweekly 0.075 mg/24hr	Vivelle-Dot	1	GL
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	GL
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Activella	1	GL
ESTRASORB TRANSDERMAL EMULSION 4.35 MG/1.74GM		3	GL
ESTRING VAGINAL RING 2 MG		3	GL
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)		3	GL
estropipate oral tablet 0.75 mg	Ortho-Est 0.625	1	GL
estropipate oral tablet 1.5 mg	Ortho-Est 1.25	1	GL
estropipate oral tablet 3 mg		1	GL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		3	GL
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		2	GL
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	GL
PREMPHASE ORAL TABLET 0.625-5 MG		2	GL
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		2	GL
VAGIFEM VAGINAL TABLET 10 MCG		2	GL
Progestins [Progestinas]			
CRINONE VAGINAL GEL 4 %		3	GL; QL (8.7 gm per 15 days)
CRINONE VAGINAL GEL 8 %		3	GL; QL (16.86 gm per 15 days)

medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Provera	1	GL
megestrol acetate oral suspension 40 mg/ml	Megace Oral	1	GL
megestrol acetate oral suspension 625 mg/5ml	Megace ES	1	GL
megestrol acetate oral tablet 20 mg, 40 mg		1	GL
norethindrone acetate oral tablet 5 mg	Aygestin	1	GL
progesterone micronized oral capsule 100 mg	Prometrium	1	GL
progesterone micronized oral capsule 200 mg	Prometrium	1	GL -
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, 75 mcg, 88 mcg, 50 mcg	Synthroid, Levoxyl, Unithroid	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Cytomel	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		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	
leuprolide acetate injection kit 1 mg/0.2ml		4	PA
LUPRON DEPOT INTRAMUSCULAR* KIT 11.25 MG, 3.75 MG		3	PA
LUPRON DEPOT INTRAMUSCULAR* KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		5	PA
LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 11.25 MG (PED), 15 MG, 30 MG (PED), 7.5 MG		3	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml, 1000 mcg/ml	Sandostatin	4	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, 3.75 MG		5	PA
TRELSTAR MIXJECT INTRAMUSCULAR* SUSPENSION RECONSTITUTED 22.5 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 (Hae) Agents [Agentes Para Angioedema]			
CINRYZE INTRAVENOUS* SOLUTION RECONSTITUTED 500 UNIT		5	PA
Immune Suppressants [Supresores Inmunológicos]			
azathioprine oral tablet 50 mg	Imuran	1	
cyclosporine intravenous* solution 50 mg/ml	Sandimmune	4	
cyclosporine modified oral capsule 100 mg, 25 mg	Gengraf	1	
cyclosporine modified oral solution 100 mg/ml	Gengraf	1	
cyclosporine oral capsule 100 mg, 25 mg	Sandimmune	1	
ENBREL SUBCUTANEOUS* 25 MG/0.5ML, 50 MG/ML		4	PA
ENBREL SUBCUTANEOUS* KIT 25 MG		4	PA

ENBREL SUBCUTANEOUS* SOLUTION RECONSTITUTED 25 MG		4	PA
ENBREL SURECLICK SUBCUTANEOUS* 50 MG/ML		4	PA
ENTYVIO INTRAVENOUS* SOLUTION RECONSTITUTED 300 MG		5	PA
HUMIRA PEN SUBCUTANEOUS* 40 MG/0.8ML		4	PA
HUMIRA SUBCUTANEOUS* 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML		4	PA
KINERET SUBCUTANEOUS* 100 MG/0.67ML		5	PA
methotrexate oral tablet 2.5 mg		1	
methotrexate sodium (pf) injection solution 25 mg/ml, 50 mg/2ml		1	
methotrexate sodium injection solution 25 mg/ml, 50 mg/2ml		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	
mycophenolic acid oral tablet delayed release 360 mg	Myfortic	1	
ORENCIA CLICKJECT SUBCUTANEOUS* 125 MG/ML		5	PA
ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG		5	PA
ORENCIA SUBCUTANEOUS* 125 MG/ML		5	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML		3	

REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG		5	PA
RHEUMATREX ORAL TABLET 2.5 MG		3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML		3	
SIMPONI ARIA INTRAVENOUS* SOLUTION 50 MG/4ML		5	PA
SIMPONI SUBCUTANEOUS* 100 MG/ML, 50 MG/0.5ML		5	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Rapamune	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Hecoria	1	
XELJANZ ORAL TABLET 5 MG		5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR* 11 MG		5	PA
Immunizing Agents, Passive [Inmunización Pasiva]			
antivenin latrodectus mactans injection kit		4	
antivenin micrurus fulvius intravenous* solution reconstituted		4	
CARIMUNE NF INTRAVENOUS* SOLUTION RECONSTITUTED 12 GM, 6 GM		5	
CYTOGAM INTRAVENOUS* INJECTABLE 50 MG/ML		5	
FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 0.5 GM/10ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML		5	
GAMASTAN S/D INTRAMUSCULAR* INJECTABLE		5	

GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		5	
GAMMAGARD S/D LESS IGA INTRAVENOUS* SOLUTION RECONSTITUTED 10 GM, 5 GM		4	
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML		5	
HEPAGAM B INJECTION SOLUTION		5	
HYPERHEP B S/D INTRAMUSCULAR* SOLUTION		5	
HYPERRAB S/D INTRAMUSCULAR* INJECTABLE 150 UNIT/ML		5	
HYPERTET S/D INTRAMUSCULAR* INJECTABLE 250 UNIT/ML		5	
OCTAGAM INTRAVENOUS* SOLUTION 1 GM/20ML, 2 GM/20ML, 25 GM/500ML		5	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR* 1500 UNIT		3	
Immunomodulators [Inmunomoduladores]			
ACTEMRA INTRAVENOUS* SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		5	PA
ACTEMRA SUBCUTANEOUS* 162 MG/0.9ML		4	PA
ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED 220 MG		5	PA
BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED 120 MG, 400 MG		5	PA
leflunomide oral tablet 10 mg, 20 mg	Arava	1	

PEGASYS PROCLICK SUBCUTANEOUS* SOLUTION 135 MCG/0.5ML		5	PA
PEGASYS SUBCUTANEOUS* SOLUTION 180 MCG/0.5ML, 180 MCG/ML		5	PA
PEG-INTRON REDIPEN SUBCUTANEOUS* KIT 120 MCG/0.5ML, 50 MCG/0.5ML		5	PA
PEG-INTRON SUBCUTANEOUS* KIT 150 MCG/0.5ML, 80 MCG/0.5ML		5	PA
RIDAURA ORAL CAPSULE 3 MG		3	
XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED 150 MG		5	PA
Inflammatory Bowel Disease Agents [Enfermedad Inflamatoria Intestinal]			
Aminosalicylates [Aminosalicilatos]			
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		3	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG		3	
balsalazide disodium oral capsule 750 mg	Colazal	1	
CANASA 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		2	
mesalamine enema 4 gm		1	
mesalamine-cleanser kit 4 gm	Rowasa	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE* 250 MG, 500 MG		2	

SFROWASA ENEMA 4 GM/60ML		3	
Glucocorticoids [Glucocorticoides]			
budesonide oral capsule delayed release particles 3 mg	Entocort EC	1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HR* 9 MG		3	PA
Sulfonamides [Sulfonamidas]			
sulfasalazine oral tablet 500 mg	Azulfidine	1	
sulfasalazine oral tablet delayed release 500 mg	Sulfazine EC	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	Fortical	1	
calcitriol intravenous* solution 1 mcg/ml	Calcijex	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	1	
calcitriol oral solution 1 mcg/ml	Rocaltrol	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Hectorol	1	PA
etidronate disodium oral tablet 200 mg		1	
etidronate disodium oral tablet 400 mg	Didronel	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 365 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)
Musculoskeletal Therapy Agents [Terapia Musculo-esquelética]			
Viscosupplements [Viscosuplementos]			
EUFLEXXA INTRA-ARTICULAR* 20 MG/2ML		5	
SYNVISC INTRA-ARTICULAR* 16 MG/2ML		5	
SYNVISC ONE INTRA-ARTICULAR* 48 MG/6ML		5	
Ophthalmic Agents [Oftálmicos]			
Anti-Allergy Agents [Antialérgicos]			
azelastine hcl ophthalmic solution 0.05 %	Optivar	1	ST
cromolyn sodium ophthalmic solution 4 %		1	
EMADINE OPHTHALMIC SOLUTION 0.05 %		3	ST
ketotifen fumarate ophthalmic solution 0.025 %	Zaditor	OTC	ST

LASTACRAFT OPHTHALMIC SOLUTION 0.25 %		3	ST
olopatadine hcl ophthalmic solution 0.1 %	Patanol	1	ST
PATADAY OPHTHALMIC SOLUTION 0.2 %		2	ST
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	Ilotycin	1	
gatifloxacin ophthalmic solution 0.5 %	Zymaxid	1	
gentamicin sulfate ophthalmic ointment 0.3 %	Garamycin	1	
gentamicin sulfate ophthalmic solution 0.3 %	Gentak	1	
levofloxacin ophthalmic solution 0.5 %		1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %		2	
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	
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	
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	
TOBEX OPHTHALMIC OINTMENT 0.3 %		3	
VIGAMOX OPHTHALMIC SOLUTION 0.5 %		2	
Antiglaucoma Agents [Antiglaucoma]			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		2	
apraclonidine hcl ophthalmic solution 0.5 %	Iopidine	1	
AZOPT OPHTHALMIC SUSPENSION 1 %		2	

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 %	Alphagan P	1	
brimonidine tartrate ophthalmic solution 0.2 %		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	
levobunolol hcl ophthalmic solution 0.25 %		1	
levobunolol hcl ophthalmic solution 0.5 %	Betagan	1	
metipranolol ophthalmic solution 0.3 %	Optipranolol	1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Isopto Carpine	1	
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 %	Voltaren	1	
DUREZOL OPHTHALMIC EMULSION 0.05 %		3	
FLAREX OPHTHALMIC SUSPENSION 0.1 %		3	
fluorometholone ophthalmic suspension 0.1 %	Fluor-Op	1	
flurbiprofen sodium ophthalmic solution 0.03 %	Ocufen	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	

NEVANAC OPHTHALMIC SUSPENSION 0.1 %		2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %		3	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %		3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %		3	
prednisolone acetate ophthalmic suspension 1 %	Pred Forte	1	
prednisolone sodium phosphate ophthalmic solution 1 %		1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %		3	
VEXOL OPHTHALMIC SUSPENSION 1 %		3	
Ophthalmic Agents, Others [Oftálmicos, Otros]			
naphazoline hcl ophthalmic solution 0.1 %		1	
NATACYN OPHTHALMIC SUSPENSION 5 %		3	
RESTASIS OPHTHALMIC EMULSION 0.05 %		3	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		2	
trifluridine ophthalmic solution 1 %	Viroptic	1	
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	
travoprost ophthalmic solution 0.004 %		1	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %		3	

Otic Agents [Oticos]			
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 1 %	Cortisporin	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		1	
ofloxacin otic solution 0.3 %	Floxin Otic	1	
Anti-Inflammatories [Anti-Inflamatorios]			
fluocinolone acetonide otic oil 0.01 %	DermOtic	1	
hydrocortisone-acetic acid otic solution 1-2 %	VoSoL HC	1	
Otic, Miscellaneous [Óticos, Misceláneos]			
acetic acid otic solution 2 %	VoSol	1	
acetic acid-aluminum acetate otic solution 2 %		1	
antipyrine-benzocaine otic solution 5.5-1.4 %	Auralgan	1	
Respiratory Tract/Pulmonary Agents [Tracto Respiratorio]			
Antihistamines [Antihistamínicos]			
all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Wal-Zyr Childrens	OTC	
all day allergy oral capsule 10 mg	ZyrTEC Allergy	OTC	
ALLEGRA ALLERGY CHILDRENS ORAL TABLET 30 MG		OTC	

ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG		OTC	
allergy relief childrens oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
allergy relief for kids oral syrup 5 mg/5ml	Claritin	OTC	
allergy relief oral tablet dispersible 10 mg	Wal-itin Aller-Melts	OTC	
allergy/congestion relief oral tablet extended release 12 hr* 5-120 mg	Claritin-D 12 Hour	OTC	
azelastine hcl nasal solution 0.1 %	Astelin	1	
azelastine hcl nasal solution 0.15 %	Astepro	1	
cetirizine hcl allergy child oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
cetirizine hcl childrens alrgy oral syrup 1 mg/ml	Wal-Zyr Childrens	OTC	
cetirizine hcl childrens oral solution 1 mg/ml, 5 mg/5ml	Wal-Zyr Childrens	OTC	
cetirizine hcl hives relief oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
cetirizine hcl oral tablet 10 mg	KLS Aller-Tec	OTC	
cetirizine hcl oral tablet 5 mg		OTC	
cetirizine hcl oral tablet chewable 10 mg, 5 mg	ZyrTEC Childrens Allergy	OTC	
cetirizine-pseudoephedrine er oral tablet extended release 12 hr* 5-120 mg	KLS Aller-Tec D	OTC	
CLARINEX ORAL SYRUP 0.5 MG/ML		3	ST
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR* 2.5-120 MG		3	ST
CLARITIN ORAL CAPSULE 10 MG		OTC	
CLARITIN ORAL TABLET CHEWABLE 5 MG		OTC	

CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG		OTC	
clemastine fumarate oral syrup 0.67 mg/5ml		1	
cromolyn sodium nasal aerosol, solution 5.2 mg/act	NasalCrom	OTC	
cvs allergy relief childrens oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
cyproheptadine hcl oral syrup 2 mg/5ml		1	
cyproheptadine hcl oral tablet 4 mg		1	
DECON-A ORAL ELIXIR 2-5 MG/5ML		3	
desloratadine oral tablet 5 mg	Clarinet	1	ST
desloratadine oral tablet dispersible 2.5 mg, 5 mg	Clarinet Reditabs	1	ST
dexchlorpheniramine maleate oral syrup 2 mg/5ml		1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT		2	
eq allergy relief (cetirizine) oral solution 1 mg/ml	Wal-Zyr Childrens	OTC	
eq allergy relief childrens oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
eq all day allergy childrens oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
fexofenadine hcl childrens oral suspension 30 mg/5ml	Allegra Allergy Childrens	OTC	
fexofenadine hcl oral tablet 180 mg, 60 mg	Wal-Fex Allergy	OTC	
fexofenadine-pseudoephed er oral tablet extended release 12 hr* 60-120 mg	Wal-Fex D Allergy & Congestion	OTC	
fexofenadine-pseudoephed er oral tablet extended release 24 hr* 180-240 mg	Wal-Fex D Allergy & Congestion	OTC	
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Wal-Zyr Childrens	OTC	

gnp all day allergy childrens oral syrup 5 mg/5ml	Wal-Zyr Childrens	OTC	
hm allergy complete childrens oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
hm cetirizine hcl childrens oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 1 MG/ML		OTC	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Xyzal	1	ST
levocetirizine dihydrochloride oral tablet 5 mg	Xyzal	1	ST
loratadine oral tablet 10 mg	Claritin	OTC	
loratadine-d 24hr oral tablet extended release 24 hr* 10-240 mg	KLS AllerClear D-24HR	OTC	
olopatadine hcl nasal solution 0.6 %	Patanase	3	
pharbedryl oral capsule 50 mg	Banophen	1	
px childrens allergy oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
qc allergy relief childrens oral syrup 1 mg/ml	Wal-Zyr Childrens	OTC	
ra allergy relief childrens oral syrup 5 mg/5ml	Wal-Zyr Childrens	OTC	
ra cetirizine hcl child allrgy oral syrup 5 mg/5ml	Wal-Zyr Childrens	OTC	
sb cetirizine hcl childrens oral syrup 1 mg/ml	Wal-Zyr Childrens	OTC	
SEMPREX-D ORAL CAPSULE 8-60 MG		3	
sm all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Wal-Zyr Childrens	OTC	
tgt all day allergy childrens oral solution 5 mg/5ml	Wal-Zyr Childrens	OTC	
tgt all day allergy childrens oral syrup 5 mg/5ml	Wal-Zyr Childrens	OTC	

WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML		OTC	
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML		OTC	
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG		OTC	
ZYRTEC CHILDRENS ALLERGY ORAL SYRUP 1 MG/ML, 5 MG/5ML		OTC	
ZYRTEC CHILDRENS HIVES RELIEF ORAL SYRUP 1 MG/ML		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	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT		2	
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH		3	
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH		3	

ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT		3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Pulmicort	1	
budesonide nasal suspension 32 mcg/act	Rhinocort Aqua	1	ST
COMBIVENT RESPIMAT INHALATION AEROSOL, SOLUTION 20-100 MCG/ACT		3	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		3	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT		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, 44 MCG/ACT		2	
flunisolide nasal solution 25 mcg/act (0.025%)		1	
fluticasone propionate suspension 50 mcg/act nasal (otc) 50 mcg/act	Flonase	OTC	
fluticasone propionate suspension 50 mcg/act nasal (rx) 50 mcg/act	Flonase	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	DuoNeb	1	
NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL 55 MCG/ACT		OTC	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT		OTC	
nasal allergy 24 hour nasal aerosol 55 mcg/act	Nasacort Allergy 24HR	OTC	

mometasone furoate nasal suspension 50 mcg/act		1	ST
PULMICORT FLEXHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		3	
QNASL NASAL AEROSOL, SOLUTION 80 MCG/ACT		3	ST
QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT, 80 MCG/ACT		2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		2	
triamcinolone acetonide nasal aerosol 55 mcg/act	Nasacort Allergy 24HR	1	ST
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	
Antitussives [Antitusivos]			
benzonatate oral capsule 100 mg	Tessalon Perles	1	
benzonatate oral capsule 200 mg	Tessalon	1	
Antitussives/Expectorants/Allergy [Antitusivos/Expectorantes/Antialérgicos]			
biogtuss oral liquid 10-15-300 mg/5ml		1	
BIOTUSS PEDIATRIC ORAL LIQUID 2.5-5-50 MG/ML		1	

BROMFED DM ORAL SYRUP 30-2-10 MG/5ML		1	
dextromethorphan-guaifenesin oral solution 10-100 mg/5ml	Cheracol Plus	1	
DIFIL-G FORTE ORAL LIQUID 100-100 MG/5ML		1	
dometuss-dmx oral liquid 10- 30-200 mg/5ml	Tussafed EX	1	
GILPHEX TR ORAL TABLET 10- 388 MG		3	
GILTUSS TR ORAL TABLET 10- 28-388 MG		3	
hydrocod polst-cpm polst er oral 10-8 mg/5ml	Tussionex Pennkinetic ER	1	
hydrocod polst-cpm polst er oral liquid extendedrelease* 10-8 mg/5ml	Tussionex Pennkinetic ER	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML		3	
nortuss-ex oral liquid 20-200 mg/5ml		1	
phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml		1	
promethazine-codeine oral syrup 6.25-10 mg/5ml		1	
promethazine-dm oral syrup 6.25-15 mg/5ml		1	
TUSNEL C ORAL SYRUP 30-10- 100 MG/5ML		3	
TUSNEL ORAL CAPSULE 2-15- 200 MG		3	
TUSSLIN ORAL LIQUID 10-28- 388 MG/5ML		3	
TUSSLIN PEDIATRIC ORAL LIQUID 2.5-7.5-88 MG/ML		1	
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
ATROVENT HFA INHALATION AEROSOL, SOLUTION 17 MCG/ACT		3	

ipratropium bromide inhalation solution 0.02 %		1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	Atrovent	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG		2	
SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER, BREATH ACTIVATED 400 MCG/ACT		2	
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%, (5 mg/ml) 0.5%		1	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	AccuNeb	1	
albuterol sulfate oral syrup 2 mg/5ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	
ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5-25 MCG/INH		3	
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH		2	
epinephrine injection 0.3 mg/0.3ml	Adrenaclick	1	

EPIPEN JR 2-PAK INJECTION 0.15 MG/0.3ML		3	
FORADIL AEROLIZER INHALATION CAPSULE 12 MCG		3	
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	
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	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT		3	
Cystic Fibrosis Agents [Agentes Para Fibrosis Quistica]			
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML		5	
TOBI PODHALER INHALATION CAPSULE 28 MG		5	
tobramycin inhalation nebulization solution 300 mg/5ml	Tobi	4	
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	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML		3	
LUFYLLIN ORAL TABLET 200 MG, 400 MG		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 hr* 100 mg, 200 mg, 300 mg	Theochron	1	
theophylline er oral tablet extended release 12 hr* 450 mg		1	
theophylline er oral tablet extended release 24 hr* 400 mg, 600 mg		1	
Pulmonary Antihypertensives [Anti-Hipertensivos Pulmonales]			
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, 1.5 mg	Veletri	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; AL (greater than or equal to 18 years)

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 %, 20 %		1	
ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG, 500 MG, 800 MG		5	PA
GLASSIA INTRAVENOUS* SOLUTION 1000 MG/50ML		5	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	
QNASL CHILDRENS NASAL AEROSOL, SOLUTION 40 MCG/ACT		3	ST
sodium chloride inhalation nebulization solution 0.9 %		1	
TYZINE NASAL SOLUTION 0.05 %, 0.1 %		3	
ZEMAIRA INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG		5	PA
Skeletal Muscle Relaxants [Relajantes Musculares]			
Skeletal Muscle Relaxants [Relajantes Musculares]			
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	Flexeril	1	
metaxalone oral tablet 800 mg	Skelaxin	1	
methocarbamol oral tablet 500 mg	Robaxin	1	

methocarbamol oral tablet 750 mg	Robaxin-750	1	
orphenadrine citrate er oral tablet extended release 12 hr* 100 mg		1	
orphenadrine citrate injection solution 30 mg/ml	Norflex	1	
Sleep Disorder Agents [Desordenes Del Sueño]			
Gaba Receptor Modulators [Moduladores Del Receptor De Gaba]			
estazolam oral tablet 1 mg, 2 mg		1	QL (1 Tabs per 1 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Lunesta	1	QL (1 Tabs per 1 days)
flurazepam hcl oral capsule 15 mg, 30 mg		1	QL (1 Caps per 1 days)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG		3	QL (1 Tabs per 1 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Restoril	1	QL (1 Caps per 1 days)
triazolam oral tablet 0.125 mg		1	QL (1 Tabs per 1 days)
triazolam oral tablet 0.25 mg	Halcion	1	QL (1 Tabs per 1 days)
zaleplon oral capsule 10 mg	Sonata	1	QL (2 Caps per 1 days)
zaleplon oral capsule 5 mg	Sonata	1	QL (1 Caps per 1 days)
zolpidem tartrate er oral tablet extendedrelease* 12.5 mg, 6.25 mg	Ambien CR	1	QL (1 Tabs per 1 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	Ambien	1	QL (1 Tabs per 1 days)
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	

ROZEREM ORAL TABLET 8 MG		3	QL (1 Tabs per 1 days)
SILENOR ORAL TABLET 3 MG, 6 MG		3	QL (1 Tabs per 1 days)
XYREM ORAL SOLUTION 500 MG/ML		5	PA
Therapeutic Nutrients/Minerals/Electrolytes [Nutrientes Terapéuticos/Minerales/Electrolitos]			
Electrolyte/Mineral Replacement [Reemplazo De Electrolitos/Minerales]			
av-phos 250 neutral oral tablet 155-852-130 mg	Phospha 250 Neutral	1	
citric acid-sodium citrate oral solution 334-500 mg/5ml	Shohls Modified	1	
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML		3	
KLOR-CON M15 ORAL TABLET EXTENDEDRELEASE* 15 MEQ		3	
KLOR-CON ORAL PACKET 25 MEQ		3	
K-PHOS NO 2 ORAL TABLET 305-700 MG		3	
levocarnitine intravenous* solution 200 mg/ml	Carnitor	1	
levocarnitine oral solution 1 gm/10ml	Carnitor SF	1	
levocarnitine oral tablet 330 mg	Carnitor	1	
magnesium sulfate injection solution 50 %		1	
ORACIT ORAL SOLUTION 490-640 MG/5ML		3	
pot bicarb-pot chloride oral tablet effervescent 25 meq		1	
potassium bicarbonate oral tablet effervescent 25 meq	Klor-Con/EF	1	
potassium chloride crys er oral tablet extendedrelease* 10 meq	Klor-Con M10	1	
potassium chloride crys er oral tablet extendedrelease* 20 meq	Klor-Con M20	1	

potassium chloride er oral capsule extended release* 10 meq, 8 meq	Micro-K	1	
potassium chloride er oral tablet extended release* 10 meq	K-Tabs	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	Klor-Con	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	K-Sol	1	
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	Polycitra-K	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml		1	
sodium chloride injection solution 0.9 %	Monoject PreFill Advanced NaCl	1	
sodium chloride injection solution 2.5 meq/ml		1	
sodium chloride intravenous* solution 0.45 %, 0.9 %		1	
zinc sulfate oral capsule 220 mg	Orazinc	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
sodium polystyrene sulfonate oral suspension 15 gm/60ml	SPS	1	
sodium polystyrene sulfonate suspension 30 gm/120ml		1	
Vitamins [Vitaminas]			
ALBAFORT INTRAMUSCULAR* INJECTABLE		3	
ALBAFORT INTRAMUSCULAR* SOLUTION 67-50 MG-MCG/ML		3	
aminobenzoate potassium oral packet 2 gm		1	
AQUASOL A INTRAMUSCULAR* SOLUTION 50000 UNIT/ML		3	
ascorbic acid injection solution 500 mg/ml	Ascor L NC	1	
av-vite fb oral tablet 2.5-25-1 mg	Airavite	1	
b complex vitamins injection solution		1	
biotolan clear oral liquid	Supervite	3	
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	

ergocalciferol oral capsule 50000 unit	Drisdol	1	
FERREX 150 FORTE PLUS ORAL CAPSULE 50-100 MG		3	
FERREX 28 ORAL TABLET		3	
FERRO-PLEX HEMATINIC ORAL TABLET 115-1 MG		3	
FOLBEE PLUS CZ ORAL TABLET 5 MG		3	
folbee plus oral tablet		1	
FOLGARD OS ORAL TABLET 500-1.1 MG		3	
FOLIVANE-F ORAL CAPSULE 125-1 MG		3	
FOLIVANE-PLUS ORAL CAPSULE		3	
foltrin oral capsule	Tricon	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	
hemocyte-plus oral tablet 106-1 mg	Ferrocite Plus	1	
INFUVITE PEDIATRIC INTRAVENOUS* INJECTABLE		1	
IROMIN-G ORAL TABLET		3	
kp b complex-c oral tablet	Milco-B-Forte	1	
MEPHYTON ORAL TABLET 5 MG		3	
MULTIGEN ORAL TABLET 70 MG		3	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG		3	
multi-vit/fluoride oral solution 0.25 mg/ml	Quflora Pediatric	1	
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	Escavite LQ	1	

multivitamin & mineral oral liquid	Protect Plus	1	
multivitamin/fluoride oral tablet chewable 0.5 mg	MVC-Fluoride	1	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG		3	
NUTRIVIT ORAL LIQUID		3	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	iFerex 150 Forte	1	
POTABA ORAL CAPSULE 500 MG		3	
POTABA ORAL TABLET 500 MG		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	Centratex	1	
pyridoxine hcl injection solution 100 mg/ml		1	
RENATABS ORAL TABLET 1 MG		3	
RENATABS WITH IRON ORAL 1 & 100 MG		3	
se-tan plus oral capsule 162-115.2-1 mg	Tandem Plus	1	
sodium ascorbate injection solution 250 mg/ml	Ortho-CS 250	1	
SUPERVITE EC ORAL TABLET DELAYED RELEASE 1 MG		3	
TANDEM F ORAL CAPSULE 162-115.2-1 MG		3	
thiamine hcl injection solution 100 mg/ml		1	
tl-hem 150 oral tablet 150-1 mg	Hemax	1	
triphrocaps oral capsule 1 mg	Nephrocaps	1	

tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml		1	
tri-vit/fluoride/iron oral solution 0.25-10 mg/ml		1	
v-c forte oral capsule	Ocuvite Adult 50+	1	
vigor oral capsule	Carozyme	1	
VITAL-D RX ORAL TABLET 1 MG		3	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml		1	
vitamins for hair oral tablet	Allerwell Allergy Formula	1	
vitamins/minerals oral tablet	Strovite Forte	1	
vol-care rx oral tablet 1 mg	Dialyvite	1	
Vitamins/Hematinics/Electrolytes [Vitaminas/Hematínicos/Electrólitos]			
Antidotes [Antídotos]			
sodium polystyrene sulfonate oral powder	Kayexalate	1	

Parte III – Apéndices / Part III - Appendixes

Apéndice I – Terapias Escalonadas / Appendix I – Step Therapies

Step Therapy Group	Algorithm
Agonistas del Receptor GLP-1 (Trulicity, Bydureon, Byetta, Victoza)	<p>System will search for 60 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of biguanides or sulfonylureas or glitazones first</p> <p>Step 2: Dulaglutide/ Trulicity, Exenatide / Byetta, Exenatide Extended Release / Bydureon, liraglutide / Victoza</p>
Amlodipine Olmesartan (Azor), Amlodipine Valsartan (Exforge), Amlodipine Valsartan HCT(Exforge HCT)	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use use of dihydropyridine CCB or diuretic, plus ACE I or ARB firts</p> <p>Step 2: Amlodipine Besylate-Olmesartan Medoxomil/ Azor, Amlodipine Besylate-Valsartan/ Exforge, Amlodipine-Valsartan-Hydrochlorothiazide/ Exforge Hct</p>
Atomoxetine (Strattera)	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of methylphenidate or amphetamin first</p> <p>Step 2: Atomoxetine/ Strattera</p>
Bisphosphonates / Bifosfonatos Actonel, Atelvia, Boniva, Fosamax soln, Fosamax D, Binosto	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of Alendronate first</p> <p>Step 2: Alendronate Sodium Oral Soln/ Fosamax, Alendronate Sodium-Cholecalciferol/ Fosamax Plus- D, Ibandronate Sodium/ Boniva, Risedronate Sodium/ Actonel- Atelvia</p>
Bloqueadores del receptor de angiotensina (ARBs)	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use irbesartan, irbesartan hct, losartan hct, valsartan hct or losartan first</p> <p>Step 2: Azilsartan Medoxomil/ Edarbi, Azilsartan Medoxomil-Chlorthalidone/ Edarvyclor, Candesartan Cilexetil/ Atacand,</p>

Step Therapy Group	Algorithm
	Candesartan Cilexetil-Hydrochlorothiazide/ Atacand Htc, Olmesartan Medoxomil/ Benicar, Olmesartan Medoxomil-Hydrochlorothiazide/ Benicar Htc, Telmisartan/ Micardis, Telmisartan-Hydrochlorothiazide/ Micardis Htc, Valsartan/ Diovan
Calcineurin Inhibitors / Inhibidores de Calcineurina (Elidel, Protopic)	System will search for 15 days of use for Step 1 drugs in the last 365 days. Step 1: Use of topical steroids or ammonium lactate first Step 2: Use of Pimecrolimus / Elidel, Tacrolimus / Protopic
Carvedilol Phosphate SR (Coreg CR)	System will search for 30 days of use for Step 1 drugs in the last 365 days Step 1: Use of carvedilol tab first Step 2: Carvedilol Phosphate/ Coreg CR
Desvenlafaxine (Pristiq & Khedezla)	System will search for 30 days of use for Step 1 drugs in the last 365 days Step 1: Use of venlafaxine or duloxetine first Step 2: Desvenlafaxine/Khedezla, Desvenlafaxine Succinate/ Pristiq
Dronedarone (Multaq)	System will search for 1 prescription of use for Step 1 drugs in the last 365 days. Step 1: Use of amiodarone first Step 2: Dronedarone Hcl/ Multaq
Eplerenone (Inspra)	System will search for 30 days of use for Step 1 drugs in the last 365 days. Step 1: Use of spironolactone, spironolactone/HCTZ or eplerenone Step 2: Eplerenone/ Inspra
Ezetimibe - Simvastatin (Vytorin 10-10mg, 10-20mg, 10-40mg), Ezetimibe (Zetia)	System will search for 60 days of use for Step 1 drugs in the last 365 days. Step 1: Use generic statins or combinations first. Step 2: Ezetimibe-Atorvastatin/ Liptruzet, Ezetimibe-Simvastatin / Vytorin, Ezetimibe/ Zetia
Fluoxetine DR (Prozac Weekly)	System will search for 30 days of use for Step 1 drugs in the last 365 days. Step 1: Use of fluoxetine cap, tab, sol or delayed releases

Step Therapy Group	Algorithm
	Step 2: Fluoxetine DR/ Prozac Weekly
Inhibidores Dipeptidil Peptidase-4 (DPP-4) y Comb. (Nesina, Kazano)	<p>System will search for 60 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use Biguanides/DPP4 or TZD Step 2: Alogliptin Benzoate/ Nesina, Alogliptin-Metformin Hcl/ Kazano</p>
Intranasal Corticosteroids / Corticosteroides Intranasales	<p>System will search for 1 prescription of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use fluticasone propionate, flunisolide or triamcinolone acetonide OTC first</p> <p>Step 2: Beclomethasone Dipropionate/ Qnasl- Qnasl Child, Budesonide Nasal/ Rhinocort Aqua, Fluticasone Furoate / Veramyst, Triamcinolone Acetonide / Nasacort, Mometasone Furoate/ Nasonex</p>
Levetiracetam (Keppra XR)	<p>System will search for 1 prescription of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of levetiracetam tabs first Step 2: Levetiracetam/ Keppra XR</p>
Metformin Tab SR Osmotic (Fortamet)	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of metformin IR or metformin SR Step 2: Metformin Tab SR Osmotic/ Fortamet</p>
Mirabegron (Myrbetriq)	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use oxybutinin/tolterodine first Step 2: Mirabegron / Myrbetriq</p>
Nebivolol (Bystolic)	<p>System will search for 60 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of beta-blocker cardio selective or alpha-beta blocker first Step 2: Nebivolol/ Bystolic</p>
Non-sedating antihistamines / Antihistamínicos No	<p>System will search for 15 days of use for Step 1 drugs in the last 365 days.</p>

Step Therapy Group	Algorithm
Sedantes (Clarinet, Clarinet D, Xyzal)	<p>Step 1: Use Allegra OTC/ fexofenadine, Allegra- D/ Fexofenadine-Pseudoephedrine, Claritin OTC, Zyrtec OTC first</p> <p>Step 2: Desloratadine/ Clarinet, Desloratadine & Pseudoephedrine/ Clarinet- D, Levocetirizine Dihydrochloride / Xyzal</p>
Ocular allergies / Anti-Alérgicos Oculares Emadine, Lastacaft, Optivar, Patanol, Pataday	<p>System will search for 15 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of ketotifen OTC first</p> <p>Step 2: Azelastine Hcl/ Optivar, Alcaftadine/Lastacaft, Emedastine Difumarate/ Emadine, Olopatadine /Patanol, Olopatadine HCl/ Pataday</p>
Paliperidone palmitate (Invega Trinza)	<p>System will search for 120 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of Invega Sustenna first</p> <p>Step 2: Paliperidone palmitate/ Invega Trinza</p>
Pioglitazone y Combinaciones (Actos, Actoplus Met, Actoplus Met XR, Duetact)	<p>System will search for 60 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of biguanidas or sulfonilureas first</p> <p>Step 2: Pioglitazone Hcl/ Actos, Pioglitazone Hcl-Glimepiride/ Duetact, Pioglitazone Hcl-Metformin Hcl/ ActoPlus Met- ActoPlus Met XR</p>
Proton Pump Inhibitors / Inhibidores de la Bomba de Protón	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use Prilosec OTC/Prevacid OTC/Zegerid OTC or omeprazole or pantoprazole generic</p> <p>Step 2: Dexlansoprazole/ Kapidex, Esomeprazole Magnesium/ Nexium- Nexium 24hrs, Lansoprazole/ Prevacid- Prevacid Solutab, Pantoprazole Sodium/ Protonix Pack, Rabeprazole Sodium Ec/ Aciphex, Omeprazole-Sodium Bicarbonate/ Zegerid</p>
Quetiapine SR (Seroquel XR)	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use generic quetiapine first</p> <p>Step 2: Quetiapine SR/ Seroquel XR</p>
Ropirinole (Requip XL)	<p>System will search for 30 days of use for Step 1 drugs in the last 365 days.</p>

Step Therapy Group	Algorithm
	<p>Step 1: Use of ropinirole first Step 2: Ropinirole/ Requip XL</p>
SGLT2+DPP4 ST (Glyxambi, Synjardy)	<p>System will search for 60 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Use of MET, SU, TZD, GLP-1, a-glucosidase inhibitors, DPP4-I, SGLT-2 I or combinations first Step 2: Empagliflozin-Linagliptin / Glyxambi, Empagliflozin-metformin hcl/ Synjardy</p>
Simvastatin 80 mg y ezetimibe simvastatin 10-80 mg	<p>System will search for 365 days of use for Step 1 drugs in the last 365 days.</p> <p>Step 1: Restricted to patients taking this dose for at least 12 months. Step 2: Ezetimibe-Simvastatin Tab 10-80 Mg/ Vytorin, Simvastatin Tab 80 Mg/ Zocor</p>
Statins / Estatinas	<p>System will search for 60 days of use for Step 1 drugs in the last 365 days</p> <p>Step 1: Use of simvastatin, pravastatin, atorvastatin, rosuvastatin calcium or lovastatin Step 2: Fluvastatin Sodium/ Lescol- Lescol XR, Lovastatin/ Altrovot, Pitavastatin Calcium/ Livalo</p>

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 discontinuar
- 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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Esta Lista de Medicamentos se revisa una vez al año para asegurar la mayor calidad y costo-efectividad de los medicamentos que incluye.

This Drug List is revised once a year to assure the best quality and cost-effectiveness of the drugs that it includes.

La cubierta de farmacia del asegurado es la que determina si el medicamento está cubierto o excluido.

It is the insured's pharmacy coverage which determines if the drug is covered or excluded.

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