2026
Listado de medicamentos (Formulario) del OHP

Para los miembros de Columbia Pacific CCO, Health Share/CareOregon y Jackson Care Connect

Columbia Pacific CCO™

Jackson Care Connect™

health share
Health Share of Oregon

CareOregon®

Actualizado el 1 de agosto de 2026

English
You can get this document in other languages, large print, braille or a format you prefer. You also have the right to an interpreter. You can get help from a certified or qualified health care interpreter. This help is free. Call your CCO toll free, TTY 711, or tell your provider. We accept relay calls.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Spanish
Puede obtener este documento en otros idiomas, en letra grande, en braille o en el formato que prefiera. También tiene derecho a un intérprete. Puede obtener ayuda de un intérprete calificado o certificado en el área de atención médica. Esta ayuda es gratuita. Llame a la línea gratuita de su Coordinated Care Organization (CCO, Organización de Atención Coordinada), al TTY (Teléfono de texto) 711 o infórmeselo a su proveedor. Aceptamos llamadas de retransmisión.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Vietnamese
Quý vị có thể nhận những tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi braille hoặc một định dạng khác theo ý muốn. Dịch vụ này là miễn phí. Gọi cho Coordinated Care Organization (CCO, Tổ chức chăm sóc phối hợp) của quý vị qua số điện thoại miễn cước, TTY (Dịch vụ dành cho người khiếm thính) 711 hoặc thông báo cho nhà cung cấp dịch vụ của quý vị. Quý vị có thể nhận được sự trợ giúp từ một thông dịch viên chăm sóc sức khỏe được chứng nhận và có trình độ.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Arabic

يمكنك الحصول على هذه الوثيقة بلغات أخرى، أو بخطٍّ كبير، أو بطريقة برايل، أو بأي تنسيق تفضله. لديك أيضًا الحق في الحصول على مترجم فوري. ويمكنك الحصول على مساعدة من مترجم فوري معتمَد أو مؤهل في مجال خدمات الرعاية الصحية. وتُقدَّم هذه المساعدات مجانًا. اتصِل بـ Coordinated Care Organization) CCO ، مؤسسة بالرقم المجاني الخاص (الرعاية المُنسَّقة)، أو عبر TTY. أو على الرقم 711، (الهاتف النصي)

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Dari - Afghan Persian

شما می‌توانید این سند را به زبان های دیگر، چاپ بزرگ، خط بریل یا فارمت که شما ترجیح می‌دهید بدست بیاورید. شما همچنان حق دارید که یک ترجمان شفاهی داشته باشید. شما می‌توانید از یک ترجمان شفاهی مراقبت صحی تصدیق شده یا واجد شرایط کمک بگیرید. این کمک رایگان است. با Coordinated Care Organization (CCO)، اداره مراقبت هماهنگ شده) رایگان ، TTY (تلیفون پیام کتبی) 711 خود تماس بگیرید، یا به داکتر خود بگویید. ما تماس های انتقالی را می پذیریم.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Russian
Этот документ можно получить в переводе на другой язык, напечатанным крупным шрифтом, шрифтом Брайля или в другом удобном формате. Кроме того, вы имеете право на услуги устного переводчика. Вы можете получить помощь дипломированного или квалифицированного устного переводчика, специализирующегося в области медицины. Эти услуги бесплатны. Позвоните в Coordinated Care Organization (CCO, организация координации медицинского обслуживания) по бесплатному номеру (телетайп: 711) или обратитесь к медицинскому работнику. Мы принимаем звонки в режиме ретрансляции.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Somali
Waxaad dukumiintigaan ku heli kartaa luuqadaha kale, farta waawayn, farta indhoolaha ama nooca aad rabto. Waxaad sidoo kale xaq u leedahay inaad hesho turjubaan. Waxaad caawimaad ka heli kartaa turjubaan daryeelka caafimaadka qaabilsan oo xirfad u leh ama shahaado u haysta. Caawimadaan waa bilaash. Wac lambarka bilaashka ah ee Coordinated Care Organization (CCO, Ururka Isku-dubbarida Daryeelka), TTY (Taleefanka dadka maqalka naafada ka ah) 711, ama u sheeg dhakhtarkaaga. Waan aqbalnaa wicitaanada dadka maqalka culus.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Traditional Chinese (Cantonese)
您可以獲得以其他語言、大字體、盲文或您喜歡的格式提供的該文件。您還有權獲得由口譯員提供的翻譯協助。您可以從經認證或合格的醫療保健口譯員那裡獲得幫助。這項幫助是免費的。請撥打您的 Coordinated Care Organization （CCO，協調護理組織）免費電話，聽障或語言障礙人士請撥打 TTY (听障语障专线)711 進行諮詢，或告知您的服務提供方。我們接受中繼呼叫。

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Simplified Chinese (Mandarin)
您可以获得以其他语言、大字体、盲文或您喜欢的格式提供的该文件。您还有权获得由口译员提供的翻译协助。您可以从经认证或合格的医疗保健口译员那里获得帮助。这项帮助是免费的。请拨打您的 Coordinated Care Organization （CCO，协调护理组织）免费电话，听障或语言障碍人士请拨打 TTY (听障语障专线) 711 进行咨询，或告知您的服务提供方。我们接受中继呼叫。

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Korean
본 문서는 다른 언어, 큰 활자, 점자 또는 귀하가 선호하는 형식으로 제공될 수 있습니다. 또한 통역사를 요청할 권리가 있습니다. 자격증을 소지하였거나 자격을 갖춘 의료 전문 통역사의 도움을 받을 수 있습니다. 이 지원은 무료로 제공됩니다. Coordinated Care Organization(CCO, 조정 진료 기구) 무료 전화, TTY(문자 전화) 711 로 전화하거나 담당 제공자에게 문의하십시오. 중계 전화도 받고 있습니다.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Chuukese
Ka tongeni angei ei taropwe non ekkoch fos, taropwe mi watte, braille ika ew napanap ka mochen. Mei pwan wor omw mumuta ngeni emon chon affouni. Ka tongeni angei aninis seni emon chon affouni pekin safei mei wor an taropwen mumuta ika mei sinenap. Ika fen me apasa pwe seni faniten. Kokkori noumw we Coordinated Care Organization (CCO, Ekkewe Tumunun Pekin Safei mi kawor non ekkewe sokopaten kinikin fan ewe chok budget) ese kamo, TTY (Text me Pwóróusfengen wóón Fonu fán iten ekkewe mi selingepúng) 711, ika ereni noumw ewe chon awora aninis. Sia etiwa ekkewe kokkotun relay.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Ukrainian
Цей документ можна отримати в перекладі іншою мовою, надрукованим великим шрифтом, шрифтом Брайля або в іншому зручному форматі. Крім того, ви маєте право на послуги усного перекладача. Ви можете отримати допомогу дипломованого або кваліфікованого усного перекладача, який спеціалізується в медичній галузі. Ці послуги безкоштовні. Зателефонуйте у свою Coordinated Care Organization (CCO, організація координації медичного обслуговування) за безкоштовним номером (телетайп: 711) або зверніться до медичного працівника. Ми приймаємо виклики в режимі ретрансляції.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Farsi

می‌توانید این سند را به زبان‌های دیگر، به‌صورت نسخه چاپی درشت، خط بریل، یا در قالب دلخواه خود دریافت کنید. همچنین حق دارید از مترجم شفاهی کمک بگیرید. می‌توانید از مترجم شفاهی مراقبت‌های بهداشتی دارای گواهی‌نامه یا واجد صلاحیت کمک بگیرید. این کمک رایگان است. با شماره رایگان Coordinated Care Organization (CCO، های‌مراقبت شده‌هماهنگ) خود تماس بگیرید، از طریق TTY (دستگاه تله‌تایپ) با شماره 711 تماس حاصل کنید، یا موضوع را به ارائه‌دهنده خدمات درمانی خود اطلاع دهید. ما از تماس‌های رله پشتیبانی می‌کنیم.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Amharic

ይህንን ሰነድ በሌሎች ቋንቋዎች፣ በትላልቅ ህትመቶች፣ በብሬይል ወይም በሚመርጡት ቅርጸት ማግኘት ይችላሉ። በተጨማሪም አስተርጓሚ የማግኘት መብት አለዎት። እውቅና ካለው ወይም ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይችላሉ። ይህ እርዳታ ነጻ ነው። ወደ የእርስዎ Coordinated Care Organization (CCO፣ የተቀናጀ እንክብካቤ ድርጅት) ከክፍያ ነጻ፣ TTY (በጽሑፍ የሚደረግ ስልክ) 711 ይደውሉ፣ ወይም ለአቅራቢዎ ይንገሩ። የሪሌይ ስልክ ጥሪዎችን እንቀበላለን።

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Khmer/Cambodian

អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្សេងទៀត អក្សរធំៗ
អក្សរស្ទាប ឬទម្រង់ដែលអ្នកចង់បាន។
អ្នកក៏មានសិទ្ធិទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ផងដែរ។
អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្ទាល់មាត់ផ្នែកថែទាំសុខភាព
ដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ ឬមានវិញ្ញាបនបត្របញ្ជាក់។
ជំនួយនេះផ្តល់ជូនឥតគិតថ្លៃ។ សូមហៅទូរសព្ទទៅ Coordinated Care
Organization (CCO, ស្ថាប័នថែទាំដែលមានការសម្របសម្រួល)
ឥតគិតថ្លៃសេវារបស់អ្នក, TTY (ទូរអង្គុលីលេខ) 711
ឬប្រាប់អ្នកផ្តល់សេវារបស់អ្នក។
យើងទទួលយកការហៅទូរសព្ទបញ្ជូនបន្ត។

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Burmese

ဤစာရွက်စာတမ်းကို အခြားဘာသာစကားများ၊ စာလုံးကြီးဖြင့်
ပုံနှိပ်ထားခြင်း၊ မျက်မြင်စာ သို့မဟုတ် သင်နှစ်သက်သော
ဖောမက်တစ်ခုဖြင့် ရရှိနိုင်ပါသည်။ သင့်တွင်
စကားပြန်တစ်ဦးရပိုင်ခွင့်လည်း ရှိပါသည်။ အသိအမှတ်ပြုထားသော
သို့မဟုတ် အရည်အချင်းပြည့်မီသော ကျန်းမာရေး စောင့်ရှောက်မှုဆိုင်ရာ
စကားပြန်တစ်ဦး၏ အကူအညီကို သင်ရရှိနိုင်ပါသည်။ ဤအကူအညီသည်
အခမဲ့ ဖြစ်ပါသည်။ သင့် Coordinated Care Organization (CCO,
ကျန်းမာရေး ပူးပေါင်းစောင့်ရှောက်မှုအဖွဲ့) ထံ ဖုန်းခေါ်ဆိုခ အခမဲ့ဖြင့်
ဖြစ်စေ၊ TTY (စာရိုက်တယ်လီဖုန်း) 711 သို့ ဖြစ်စေ ခေါ်ဆိုပါ။ သို့မဟုတ်

သင်၏ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူကို ပြောပါ။
ကြားလူအကူအညီဖြင့် ဖုန်းခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။
Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Swahili
Unaweza kupata hati hii katika lugha nyingine, herufi kubwa, breli au katika muundo unaoupenda. Pia una haki ya kupata mkalimani. Unaweza kupata msaada kutoka kwa mkalimani wa huduma za afya aliyeidhinishwa au anayestahiki. Msaada huu haulipishwi. Pigia simu Shirika la Coordinated Care Organization (CCO, Huduma Zilizoratibiwa) kwa, TTY (Simu ya Maandishi) 711 bila malipo, au mweleze mtoa huduma wako. Tunapokea simu za kupitia mfasiri wa mawasiliano.

Health Share of Oregon / CareOregon 800-244-4840
Columbia Pacific CCO 855-722-8206
Jackson Care Connect 855-722-8208

Listado de medicamentos (Formulario) del OHP 2026

Administrado por CareOregon. Actualizado el 1 de agosto de 2026

Introducción

Su beneficio de farmacia

Queremos asegurarnos de que reciba la atención adecuada para sus necesidades de salud. Una parte muy importante de esa atención pueden ser los medicamentos que le receta su proveedor. Muchas recetas están cubiertas por la cobertura de medicamentos de Medicaid del Oregon Health Plan (OHP), aunque no todas. Entonces, ¿cómo puede saber cuáles están cubiertas y cuáles no? Este folleto de medicamentos cubiertos se lo dirá. Se llama "formulario". Hemos trabajado con farmacéuticos y médicos para crear un formulario con medicamentos que sean seguros y eficaces. Este formulario lo administra CareOregon, un socio de su Coordinated Care Organization (CCO, Organización de Atención Coordinada).

Por lo general, actualizamos este formulario cada dos meses. Para obtener información actualizada sobre los medicamentos que cubrimos, llame al departamento de Servicio de Atención al Cliente de su CCO. Están disponibles de lunes a viernes, de 8 a. m. a 5 p. m.

Servicio de Atención al Cliente de Columbia Pacific CCO: 855-722-8206

Servicio de Atención al Cliente de Health Share/CareOregon: 800-224-4840

Servicio de Atención al Cliente de Jackson Care Connect: 855-722-8208

Introducción

En el caso de algunos medicamentos, su proveedor tendrá que consultar con su CCO antes de que se cubra la receta. A esto se le llama "autorización previa" o "PA". Obtener una PA le ayudará a empezar a tomar su medicamento lo antes posible.

A continuación encontrará algunas cosas importantes que debe saber:

1. Antes de salir del consultorio de su proveedor, pregunte si su CCO cubre su medicamento.
2. Si su CCO no lo cubre, pregunte si hay algún medicamento cubierto que le sirva.
3. Si su proveedor no le receta un medicamento diferente, pídale que solicite una PA a su CCO.
4. Si se aprueba la PA, su CCO se lo notificará a usted y a su proveedor. Si no se aprueba, su CCO le indicará cómo puede apelar la decisión.

Asegúrese siempre de seguir las instrucciones de su proveedor y de su farmacéutico para tomar sus medicamentos.

Cómo surtir sus recetas médicas

1. Puede surtir su receta en una farmacia que forme parte de la red. Puede consultar la lista de farmacias de la red de su CCO en el Directorio de proveedores en línea, disponible en el sitio web de su CCO.

   Columbia Pacific CCO:
   colpachealth.org/providerdirectory

   Health Share/CareOregon:
   careoregon.org/members/find-a-provider

   Jackson Care Connect:
   jacksoncareconnect.org/providerdirectory

2. Muestre su tarjeta de identificación de miembro de la CCO cada vez que surta una receta.
3. No habrá copago por ningún medicamento que cubra su CCO. Si en una farmacia le piden que pague por una receta, llame al Servicio de Atención al Cliente de su CCO antes de pagar.

IMPORTANTE: Como miembro, es su responsabilidad comunicarse con el Servicio de Atención al Cliente antes de pagar de su bolsillo por las recetas. Si no puede comunicarse con ellos, su CCO puede reembolsarle las recetas que haya pagado por su cuenta. Esto depende de su cobertura de beneficios y de las limitaciones y exclusiones del plan. En la sección "Member Forms" (Formularios para miembros) del sitio web de su CCO encontrará un formulario con las instrucciones para solicitar el reembolso.

Si la clínica de su proveedor está cerrada y cree que necesita surtir una receta de inmediato, llame al número de teléfono de su proveedor para atención fuera del horario. Por lo general, habrá alguien disponible que pueda responder a sus preguntas.

Medicamentos no cubiertos

Para ayudar a los miembros a obtener los mejores resultados de salud posibles, su CCO puede agregar o eliminar medicamentos del formulario o modificar las reglas de cobertura de los mismos. Si eliminan un medicamento del formulario o modifican las reglas de un medicamento que usted toma, se lo notificarán con al menos 30 días de anticipación. Los siguientes artículos no están cubiertos:

- Medicamentos que no aparecen en el formulario (consulte la sección "Medicamentos que no aparecen en el formulario" para obtener más información)
- Medicamentos que se utilizan para tratar enfermedades que el OHP no cubre
- Medicamentos que se utilizan con fines cosméticos
- Medicamentos que se utilizan para indicaciones no aceptadas médicamente

Los medicamentos para la salud mental están cubiertos a través de los Medical Assistance Programs (MAP, Programas de Asistencia Médica) del estado. Dichos medicamentos no aparecen en este formulario. Su farmacéutico envía la factura directamente a MAP.

Nuevos en el plan o al alta hospitalaria

Los miembros nuevos o aquellos que pasan a un nivel diferente de atención pueden estar usando un medicamento no incluido en el formulario o que esté restringido. Si un proveedor solicita que se cubra este medicamento, podemos proporcionar un suministro de transición.

Un suministro de transición le da tiempo para probar un medicamento del formulario y ver si satisface sus necesidades. Mientras usa su suministro de transición, su proveedor debe solicitar una PA para que se cubra el medicamento.

Medicamentos genéricos

Un medicamento genérico funciona exactamente igual que un medicamento de marca. Es una copia de un medicamento de marca. La mayoría de los medicamentos de marca no estarán cubiertos si existe una versión genérica disponible.

Medicamentos over-the-counter (OTC, de venta libre)

Su CCO cubre algunos medicamentos de venta libre que aparecen en el formulario. Estos medicamentos están cubiertos si tiene una receta del medicamento de parte de su proveedor.

Restricciones sobre los medicamentos del formulario

Algunos medicamentos cubiertos pueden tener reglas especiales sobre su uso. Estas reglas pueden incluir lo siguiente:

- **Autorización previa (PA):** Si los proveedores desean recetar un medicamento marcado con "PA" en el formulario, deben enviarnos una "Prior Authorization" (Autorización previa) o un "Formulary Exception Request Form" (Formulario de solicitud de excepción de cobertura de medicamentos). No podemos pagar la receta a menos que aprobemos la solicitud con anticipación. Por lo general, solo aprobamos las solicitudes de PA si el medicamento trata enfermedades que el OHP cubre.
- **Quantity Limits (QL, límites en cantidad):** Para los medicamentos marcados con "QL", limitamos la cantidad del medicamento que pagaremos. Su proveedor debe enviarnos una PA si desea recetar una cantidad del medicamento que supere nuestros límites en cantidad.
- **Step Therapy (ST, terapia escalonada):** A veces le pedimos que pruebe otros medicamentos antes de cubrir uno marcado con "ST". Supongamos que tanto el Medicamento A como el Medicamento B tratan su afección médica. Es posible que no cubramos el Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A tiene efectos secundarios nocivos o no le funciona, cubriremos el Medicamento B.

- **Age Restriction (AR, restricción por edad):** Para algunos medicamentos, se requiere que el paciente tenga menos o más de una edad específica. Por ejemplo, un medicamento puede estar restringido a personas menores de 6 años o mayores de 16 años.

Excepciones

Es posible que pueda obtener un suministro de hasta 90 días de algunos medicamentos. Los medicamentos que califican para un suministro de 90 días tendrán la nota "90-day supply available" (suministro de 90 días disponible) en la sección de comentarios junto al medicamento en el formulario.

Nota: Su CCO puede autorizar un resurtido adicional en las siguientes situaciones:

- Su receta se perdió, fue robada o se derramó algo encima.
- Necesita medicamento adicional porque estará fuera de la ciudad.
- Necesita medicamento adicional porque se aumentó la dosis.
- Necesita un suministro de cierto medicamento para el trabajo o la escuela.

Para obtener más información, llame al departamento de Servicio de Atención al Cliente de su CCO.

Medicamentos que no aparecen en el formulario

Por lo general, los medicamentos no están cubiertos a menos que estén en el formulario. Sin embargo, si su proveedor considera que un medicamento que está fuera de nuestro formulario es el mejor para usted, este puede pedir a su CCO que lo cubra. A esto se le conoce como "solicitud de excepción al formulario de medicamentos". Su proveedor deberá presentar una PA. Normalmente, las solicitudes de excepción al formulario de medicamentos se aprueban solo en los siguientes casos:

- Existe una razón médica por la cual usted necesita ese medicamento específico.
- Otros medicamentos del formulario no han funcionado en su caso.

Necesidades urgentes de medicamentos no incluidos en el formulario o restringidos

Su proveedor o farmacéutico puede solicitar un suministro de emergencia por cinco días de un medicamento que no esté en el formulario o que esté restringido. Esto les da tiempo para enviar una PA a su CCO. Para pedir un suministro de emergencia, llame al Servicio de Atención al Cliente de su CCO.

Encuentre más información en el Portal para miembros de su CCO.

Su CCO cuenta con un Member Portal seguro, donde puede encontrar información sobre sus recetas y más. Al iniciar sesión en el Portal para miembros, puede llevar a cabo las siguientes acciones:

- Acceder a la información de sus beneficios
- Revisar el historial de surtido de sus recetas
- Buscar un proveedor
- Enviarnos un mensaje seguro
- Y más

Regístrese en el Portal para miembros de su CCO en el siguiente enlace:

Columbia Pacific CCO: ***colpachealth.org/portal***

Health Share/CareOregon: ***careoregon.org/portal***

Jackson Care Connect: ***jacksoncareconnect.org/portal***

ÍNDICE

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ANTIINFECCIOSOS			
PENICILINAS			
AMOXICILLIN/CLAVULANATE POTASSIUM	TAB 250MG	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	TAB 500MG	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	TAB 875MG	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	CHW 200MG	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	CHW 400MG	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	SUS 200/5ML	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	SUS 250/5ML	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	SUS 400/5ML	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	SUS 600/5ML	Generic	
AMOXICILLIN	TAB 875MG	Generic	
AMOXICILLIN	TAB 500MG	Generic	
AMOXICILLIN	CAP 250MG	Generic	
AMOXICILLIN	CAP 500MG	Generic	
AMOXICILLIN	CHW 250MG	Generic	
AMOXICILLIN	SUS 125/5ML	Generic	
AMOXICILLIN	SUS 200/5ML	Generic	
AMOXICILLIN	SUS 250/5ML	Generic	
AMOXICILLIN	SUS 400/5ML	Generic	
AMOXICILLIN/CLAVULANATE POTASSIUM	TAB ER	Generic	
AMPICILLIN	CAP 250MG	Generic	
AMPICILLIN	CAP 500MG	Generic	
AMP-SULBACTA	INJ 1.5GM	Generic	
AMP-SULBACTA	INJ 1-0.5GM	Generic	
AMP-SULBACTA	INJ 1.5GM	Generic	
AMP-SULBACTA	INJ 3GM	Generic	
AMP-SULBACTA	INJ 2-1GM	Generic	
AMP-SULBACTA	IV SOLN 3 (2-1) GM	Generic	
AMP-SULBACTA	INJ 10-5GM	Generic	
AMP-SULBACTA	INJ 15GM	Generic	
DICLOXACILLIN SODIUM	CAP 250MG	Generic	
DICLOXACILLIN SODIUM	CAP 500MG	Generic	
NAFCILLIN SODIUM	INJ 1 GM	Generic	
NAFCILLIN SODIUM	IV SOLN 1 GM	Generic	
NAFCILLIN SODIUM	INJ 2 GM	Generic	
NAFCILLIN SODIUM	IV SOLN 2 GM	Generic	
NAFCILLIN SODIUM	INJ 10 GM	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
NAFCILLIN SODIUM	IV SOLN 10 GM	Generic	
OXACILLIN SODIUM	INJ 1 GM	Generic	
OXACILLIN SODIUM	INJ 2 GM	Generic	
OXACILLIN SODIUM	IV SOLN 10 GM	Generic	
PENICILLIN G POTASSIUM	INJ 20000000	Generic	
PENICILLIN G POTASSIUM	INJ 5000000	Generic	
PENICILLIN G POTASSIUM DEXTROSE	INJ 20000	Brand	
PENICILLIN G POTASSIUM DEXTROSE	INJ 40000	Brand	
PENICILLIN G POTASSIUM DEXTROSE	INJ 60000	Brand	
PENICILLN VK	TAB 250MG	Generic	
PENICILLN VK	TAB 500MG	Generic	
PENICILLN VK	SOL 125/5ML	Generic	
PENICILLN VK	SOL 250/5ML	Generic	
PIP/TAZ/NACL	INJ 2-0.25GM	Brand	
PIPER/TAZOBA	INJ 2-0.25GM	Generic	
PIPER/TAZOBA	INJ 3-0.375G	Generic	
PIPER/TAZOBA	INJ 4-0.5GM	Generic	
PIPER/TAZOBA	INJ 12-1.5GM	Generic	
PIPER/TAZOBA	INJ 36-4.5GM	Generic	
CEFALOSPORINAS			
CEFACLOR	CAP 250MG	Generic	
CEFACLOR	CAP 500MG	Generic	
CEFADROXIL	CAP 500MG	Generic	
CEFADROXIL	TAB 1GM	Generic	
CEFADROXIL	SUS 250/5ML	Generic	
CEFADROXIL	SUS 500/5ML	Generic	
CEFAZOLIN	INJ 500MG	Generic	
CEFAZOLIN	INJ 1GM	Generic	
CEFAZOLIN	INJ 2GM/10ML	Brand	
CEFAZOLIN	INJ 3GM/30ML	Brand	
CEFAZOLIN	INJ 10GM	Generic	
CEFAZOLIN	INJ 20GM	Generic	
CEFAZOLIN	INJ 100GM	Generic	
CEFAZOLIN	INJ 300GM	Generic	
CEFAZOLIN	INJ 1GM/50ML	Generic	
CEFAZOLIN/DEXTROSE	SOL 1GM	Generic	
CEFAZOLIN/DEXTROSE	SOL 2GM	Generic	
CEFAZOLIN/NACL	IV SOLN 2 GM/100ML	Generic	
CEFAZOLIN/NACL	IV SOLN 3 GM/100ML	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CEFDINIR	CAP 300MG	Generic	
CEFDINIR	SUS 125/5ML	Generic	
CEFDINIR	SUS 250/5ML	Generic	
CEFEPIME	INJ 1 GM	Generic	
CEFEPIME	INJ 2 GM	Generic	
CEFIXIME	CAP 400MG	Generic	
CEFIXIME	SUS 100/5ML	Generic	
CEFIXIME	SUS 200/5ML	Generic	
CEFOTAXIME	INJ 500 MG	Generic	
CEFOTAXIME	INJ 1 GM	Generic	
CEFOTAXIME	INJ 2 GM	Generic	
CEFOTETAN	INJ 1 GM	Generic	
CEFOTETAN	INJ 2 GM	Generic	
CEFOXITIN	IV SOLN 1 GM	Generic	
CEFOXITIN	IV SOLN 2 GM	Generic	
CEFOXITIN	INJ 10 GM	Generic	
CEFPODOXIME	TAB 100MG	Generic	
CEFPODOXIME	TAB 200MG	Generic	
CEFPODOXIME PROXETIL	SUS 50MG/5ML	Generic	
CEFPODOXIME PROXETIL	SUS 100MG/5ML	Generic	
CEFPROZIL	TAB 250MG	Generic	
CEFPROZIL	TAB 500MG	Generic	
CEFPROZIL	SUS 125/5ML	Generic	
CEFPROZIL	SUS 250/5ML	Generic	
CEFTRIAXONE	INJ 250MG	Generic	
CEFTRIAXONE	INJ 500MG	Generic	
CEFTRIAXONE	INJ 1GM	Generic	
CEFTRIAXONE	INJ 2GM	Generic	
CEFTRIAXONE	INJ 10GM	Generic	
CEFTRIAXONE	INJ 100GM	Generic	
CEFTRIAXONE	INJ DEX 1GM	Generic	
CEFTRIAXONE	INJ DEX 2GM	Generic	
CEFUROXIME	TAB 250MG	Generic	
CEFUROXIME	TAB 500MG	Generic	
CEPHALEXIN	CAP 250MG	Generic	
CEPHALEXIN	CAP 500MG	Generic	
CEPHALEXIN	SUS 125/5ML	Generic	
CEPHALEXIN	SUS 250/5ML	Generic	
SUPRAX	SUS 500/5ML	Brand	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
MACRÓLIDOS			
AZITHROMYCIN	TAB 250MG	Generic	
AZITHROMYCIN	TAB 500MG	Generic	
AZITHROMYCIN	TAB 600MG	Generic	
AZITHROMYCIN	SUS 100/5ML	Generic	
AZITHROMYCIN	SUS 200/5ML	Generic	
AZITHROMYCIN	IV SOLN 500 MG	Generic	
AZITHROMYCIN	POW 1GM PAK	Generic	
CLARITHROMYCIN	TAB 250MG	Generic	
CLARITHROMYCIN	TAB 500MG	Generic	
CLARITHROMYCIN	SUS 125/5ML	Generic	
CLARITHROMYCIN	SUS 250/5ML	Generic	
CLARITHROMYCIN	TAB 500MG ER	Generic	
ZITHROMAX	POW 1GM PAK	Brand	
TETRACICLINAS			
DOXYCYCLINE HYCLATE	CAP 50MG	Generic	QL 2.5 per day
DOXYCYCLINE HYCLATE	CAP 100MG	Generic	QL 2.5 per day
DOXYCYCLINE HYCLATE	TAB 20MG	Generic	derm
DOXYCYCLINE HYCLATE	TAB 100MG	Generic	QL 2.5 per day
DOXYCYCLINE MONOHYDRATE	CAP 50MG	Generic	QL 2.5 per day
DOXYCYCLINE MONOHYDRATE	CAP 100MG	Generic	QL 2.5 per day
DOXYCYCLINE MONOHYDRATE	TAB 50MG	Generic	QL 2.5 per day
DOXYCYCLINE MONOHYDRATE	TAB 100MG	Generic	QL 2.5 per day
MINOCYCLINE	CAP 50MG	Generic	QL 2 caps per day
MINOCYCLINE	CAP 100MG	Generic	QL 2 caps per day
TETRACYCLINE	CAP 250 MG	Generic	QL 14 day supply per 180 days
TETRACYCLINE	CAP 500 MG	Generic	QL 14 day supply per 180 days
VIBRAMYCIN	SYP 50MG/5ML	Brand	AR PA required > 12
FLUOROQUINOLONAS			
CIPROFLOXACIN	TAB 100MG	Generic	
CIPROFLOXACIN	TAB 250MG	Generic	
CIPROFLOXACIN	TAB 500MG	Generic	
CIPROFLOXACIN	TAB 750MG	Generic	
CIPROFLOXACIN	INJ 200MG	Generic	
CIPROFLOXACIN	INJ 400MG	Generic	
LEVOFLOXACIN	TAB 250MG	Generic	
LEVOFLOXACIN	TAB 500MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
LEVOFLOXACIN	TAB 750MG	Generic	
LEVOFLOXACIN	SOL 25MG/ML	Generic	
LEVOFLOXACIN	IV SOL 25MG/ML	Generic	
MOXIFLOXACIN	TAB 400MG	Generic	
MOXIFLOXACIN	IV SOL 400 MG/250ML	Generic	
MOXIFLOXACIN	400 MG/250ML INJ	Generic	
AMEBICIDAS			
PAROMOMYCIN	CAP 250MG	Generic	
YODOXIN	TAB 210MG	Brand	
YODOXIN	TAB 650MG	Brand	
AMINOGLICÓSIDOS			
AMIKACIN	INJ 500 MG/2ML	Generic	
AMIKACIN	INJ 1 GM/4ML	Generic	
NEOMYCIN	TAB 500MG	Generic	
TOBRAMYCIN	NEB 300/5ML	Generic	PA, QL 280ml per 60 days
TOBRAMYCIN	INJ 80MG/2ML	Generic	
TOBRAMYCIN	INJ 40MG/ML	Generic	
TOBRAMYCIN	1.2 GM/30ML	Generic	
MEDICAMENTOS ANTITUBERCULOSIS			
ETHAMBUTOL	TAB 100MG	Generic	
ETHAMBUTOL	TAB 400MG	Generic	
ISONIAZID	TAB 100MG	Generic	
ISONIAZID	TAB 300MG	Generic	
PRETOMANID	TAB 200MG	Brand	PA
PRIFTIN	TAB 150MG	Brand	
PYRAZINAMIDE	TAB 500MG	Generic	
RIFABUTIN	CAP 150MG	Generic	
RIFAMPIN	CAP 150MG	Generic	
RIFAMPIN	CAP 300MG	Generic	
SIRTURO	TAB 20MG	Brand	PA
SIRTURO	TAB 100MG	Brand	PA
ANTIMICÓTICOS			
BIO-STATIN	POW	Generic	PA
CICLOPIROX OLAMINE	CREAM 0.77%	Generic	
CICLOPIROX	SOL 8%	Generic	
ECONAZOLE NITRATE	CREAM 1%	Generic	
FLUCONAZOLE	TAB 50MG	Generic	
FLUCONAZOLE	TAB 100MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
FLUCONAZOLE	TAB 150MG	Generic	
FLUCONAZOLE	TAB 200MG	Generic	
FLUCONAZOLE	SUS 10MG/ML	Generic	
FLUCONAZOLE	SUS 40MG/ML	Generic	
FLUCYTOSINE	CAP 250MG	Generic	PA QL 4 per day
FLUCYTOSINE	CAP 500MG	Generic	PA
GRISEOFULVIN	SUS 125/5ML	Generic	
ITRACONAZOLE	CAP 100MG	Generic	PA
ITRACONAZOLE	SOL 10MG/ML	Generic	PA AR covered for ages 12 and younger
KETOCONAZOLE	TAB 200MG	Generic	
KETOCONAZOLE	CRE 2%	Generic	
NOXAFIL	SUSP 40MG/ML	Brand	PA
NYSTATIN	TAB 500000	Generic	
NYSTATIN	SUS 100000	Generic	
NYSTATIN	CRE 100000	Generic	
NYSTATIN	OIN 100000	Generic	
POSACONAZOLE	TAB 100MG DR	Generic	PA
TERBINAFINE	CREAM 1%	Generic	
TERBINAFINE	TAB 250MG	Generic	
VORICONAZOLE	TAB 50MG	Generic	PA QL 6 per day
VORICONAZOLE	TAB 200MG	Generic	PA
VORICONAZOLE	SUS 40MG/ML	Generic	PA AR covered for ages 12 and younger
ANTIMICÓTICOS (PIEL Y MEMBRANAS MUCOSAS)			
3 DAY VAGINAL	CRE 2%	Generic	
3 DAY VAGINAL	CRE 4%	Generic	
ATHLETE FOOT	CRE 1%	Generic	
CLOTRIMAZOLE	CRE 1%	Generic	
CLOTRIMAZOLE	CRE 1% VAG	Generic	
CLOTRIMAZOLE	CRE 2%	Generic	
CLOTRIMAZOLE	CRE 3 DAY	Generic	
CLOTRIMAZOLE	TRO 10MG	Generic	
CLOTRIMAZOLE	LOZ 10MG	Generic	
CLOTRIMAZOLE	CRE GRX 1%	Generic	
CLOTRIMAZOLE W/ BETAMETHASONE	CRE 1-0.05%	Generic	
DESENEX	CRE 1%	Generic	
JOCK ITCH	CRE 1%	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
KETOCONAZOLE	SHAMPOO 1%	Generic	QL 1 bottle per month (4mLs per day)
KETOCONAZOLE	SHAMPOO 2%	Generic	QL 1 bottle per month (4mLs per day)
MICADERM	CRE 2%	Generic	
MICONAZOLE	3 KIT COMBO PK	Generic	
MICONAZOLE	SUP 100MG	Generic	
MICONAZOLE CRE 2%	CRE 2%	Generic	
MICONAZOLE 3	CRE 4%	Generic	
MICONAZOLE 7	CRE TUBE/KIT	Generic	
MICONAZOLE 7	CRE 2%	Generic	
MICONAZOLE 7	SUP 100MG	Generic	
MICONAZOLE NITRATE	POWDER 2%	Generic	
MICRO GUARD	CRE 2%	Generic	
NEOSPORIN AF	CRE 2% JOCK	Generic	
PODACTIN	CRE 2%	Generic	
RINGWORM	CRE 1%	Generic	
SM ANTIFUNGL	CRE 1%	Generic	
SOOTHE&COOL	CRE INZO 2%	Generic	
SELENIUM SULFIDE	LOTION 2.5%	Generic	
TINEACIDE	CRE	Generic	
VAGISTAT-3	KIT COMBO PK	Generic	
ANTIVIRALES			
AMANTADINE	TAB 100MG	Generic	
AMANTADINE	CAP 100MG	Generic	
AMANTADINE	SYP 50MG/5ML	Generic	
RIMANTADINE	TAB 100MG	Generic	
ACYCLOVIR	CAP 200MG	Generic	90-day supply available
ACYCLOVIR	TAB 400MG	Generic	90-day supply available
ACYCLOVIR	TAB 800MG	Generic	90-day supply available
ACYCLOVIR	SUS 200/5ML	Generic	AR <12 90-day supply available
FAMCICLOVIR	TAB 125MG	Generic	90-day supply available
FAMCICLOVIR	TAB 250MG	Generic	90-day supply available
FAMCICLOVIR	TAB 500MG	Generic	90-day supply available
IDVYNSO	TAB 100-0.25MG	Brand	QL 1 per day
PAXLOVID	TAB 150-100MG	Brand	
PAXLOVID	TAB 300-100MG	Brand	QL 20 tablets every 30 days

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PAXLOVID	PAK	Brand	QL 11 per 30 days
PREVYMIS	TAB 240MG	Brand	PA QL 1 per day
PREVYMIS	TAB 480MG	Brand	PA QL 1 per day
PREVYMIS	PAK 20MG	Brand	PA QL 4 per day
PREVYMIS	PAK 120MG	Brand	PA QL 4 per day
VALACYCLOVIR	TAB 500MG	Generic	90-day supply available
VALACYCLOVIR	TAB 1GM	Generic	90-day supply available
VALGANCICLOVIR	SOL 50MG/ML	Generic	PA required > 12
VALGANCICLOVIR	TAB 450MG	Generic	
MEDICAMENTOS PARA LA HEPATITIS			
BARACLUDE	SOL .05MG/ML	Brand	QL 20 per day; AR Covered for members ages 12 and younger
CIDOFOVIR	INJ 75MG/ML	Generic	
ENTECAVIR	TAB 0.5MG	Generic	QL 1 per day
ENTECAVIR	TAB 1MG	Generic	QL 1 per day
MAVYRET	TAB 100-40MG	Brand	QL 3 tabs per day PA reqd for retreatment only
SOFOSBUVIR-VELPATASVIR (generic Epclusa)	TAB 400-100MG	Generic	QL 1 per day PA reqd for retreatment only
VOSEVI	TAB 400-100-100MG	Brand	PA QL 1 per day
VIH			
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TAB 300MG-150MG-300MG	Generic	
ABACAVIR/LAMIVUDINE	TAB 600MG-300MG	Generic	
ABACAVIR	TAB 300MG	Generic	
APRETUDE	SUS 600MG ER	Brand	
APTIVUS	CAP 250MG	Brand	
APTIVUS	SOL	Brand	
ATAZANAVIR	CAP 150MG	Generic	
ATAZANAVIR	CAP 200MG	Generic	
ATAZANAVIR	CAP 300MG	Generic	
BIKTARVY	TAB 30-120-15MG	Brand	QL 1 per day
BIKTARVY	TAB 50-200-25MG	Brand	QL 1 per day
CIMDUO	TAB 300MG	Brand	QL 1 per day
CRIXIVAN	CAP 200MG	Brand	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CRIXIVAN	CAP 400MG	Brand	
DARUNAVIR	TAB 600MG	Generic	
DARUNAVIR	TAB 800MG	Generic	
DELSTRIGO	TAB 100MG-300MG-300MG	Brand	QL 1 per day
DESCOVY	TAB 120/15MG	Brand	QL 1 per day
DESCOVY	TAB 200/25MG	Brand	QL 1 per day
DIDANOSINE	CAP 125MG	Generic	
DIDANOSINE	CAP 200MG	Generic	
DIDANOSINE	CAP 250MG	Generic	
DIDANOSINE	CAP 400MG	Generic	
DOVATO	TAB 50-300MG	Brand	QL 1 per day
EDURANT	TAB 25MG	Brand	
EDURANT PED	TAB 2.5MG	Brand	QL 6 per day
EFAVIRENZ	CAP 50MG	Generic	
EFAVIRENZ	CAP 200MG	Generic	
EFAVIRENZ	TAB 600MG	Generic	
EFAVIR/EMTRI/TENOFOVI (generic Atripla)	TAB	Generic	
EMTRICITABINE	CAP 200MG	Generic	
EMTRIC/RILPI TENOF DF (generic Complera)	TAB 200MG-25MG-300MG	Generic	
EMTR/TENOFOV (generic Truvada)	TAB 100-150	Generic	QL 2 per day
EMTR/TENOFOV (generic Truvada)	TAB 133-200	Generic	QL 2 per day
EMTR/TENOFOV (generic Truvada)	TAB 167-250	Generic	QL 2 per day
EMTR/TENOFOV (generic Truvada)	TAB 200-300MG	Generic	QL 2 per day
EMTRIVA	SOL 10MG/ML	Brand	
ETRAVIRINE	TAB 100MG	Generic	
ETRAVIRINE	TAB 200MG	Generic	
EVOTAZ	TAB 300-150	Brand	QL 1 per day
FOSAMPRENAVIR	TAB 700MG	Generic	
FUZEON	INJ 90MG	Brand	
GENVOYA	TAB 150-150-200-10 MG	Brand	QL 1 per day
INTELENCE	TAB 25MG	Brand	
INVIRASE	CAP 200MG	Brand	
INVIRASE	TAB 500MG	Brand	
ISENTRESS	CHEW 100MG	Brand	
ISENTRESS	CHEW 25MG	Brand	
ISENTRESS	POW 100MG	Brand	
ISENTRESS	TAB 400MG	Brand	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ISENTRESS HD	TAB 600 MG	Brand	QL 2 per day
JULUCA	TAB 50-25MG	Brand	QL 1 per day
LAMIVUDINE/ZIDOVUDINE	TAB 150-300	Generic	
LAMIVUDINE	TAB 150MG	Generic	
LAMIVUDINE	TAB 300MG	Generic	QL 1 per day
LAMIVUDINE	SOL 10MG/ML	Generic	
LAMIVUDINE	TAB 100MG	Generic	
LEXIVA	SUS 50MG/ML	Brand	
LOPINAVIR-RITONAVIR	TAB 100-25MG	Generic	
LOPINAVIR-RITONAVIR	TAB 200-50MG	Generic	
LOPINAVIR-RITONAVIR SOL	400-100 MG/5ML (80-20 MG/ML)	Generic	
MARAVIROC	150MG	Generic	
MARAVIROC	300MG	Generic	
NEVIRAPINE	SUS 50MG/5ML	Generic	
NEVIRAPINE	TAB 100MG	Generic	AR PA required > 18
NEVIRAPINE	TAB 200MG	Generic	
NEVIRAPINE	TAB 400MG ER	Generic	
NORVIR	CAP 100MG	Brand	
NORVIR	SOL 80MG/ML	Brand	
ODEFSY	TAB 200-25-25MG	Brand	QL 1 per day
PIFELTRO	TAB 100MG	Brand	QL 1 per day
PREZCOBIX	TAB 675-150	Brand	QL 1 per day
PREZCOBIX	TAB 800-150	Brand	QL 1 per day
PREZISTA	TAB 75MG	Brand	
PREZISTA	TAB 150MG	Brand	
PREZISTA	TAB 400MG	Brand	
PREZISTA	SUS 100MG/ML	Brand	
RESCRIPTOR	TAB 100 MG	Brand	
RESCRIPTOR	TAB 200MG	Brand	
RETROVIR	INJ 10MG/ML	Brand	
REYATAZ	POW 50MG	Brand	
RITONAVIR	TAB 100MG	Generic	
RUKOBIA	TAB 600MG	Brand	PA & QL 2 tabs per day
SELZENTRY	TAB 25MG	Brand	QL 4 tabs per day
SELZENTRY	TAB 75MG	Brand	QL 2 tabs per day
SELZENTRY	SOLN 20MG/ML	Brand	AR Covered for patients age 12 and younger
STAVUDINE	CAP 15MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
STAVUDINE	CAP 20MG	Generic	
STAVUDINE	CAP 30MG	Generic	
STAVUDINE	CAP 40MG	Generic	
STAVUDINE	SOL 1MG/ML	Generic	
STRIBILD	TAB	Brand	
SYMTUZA	TAB 800-150-200-10MG	Brand	QL 1 per day
TENOFOVIR	TAB 300MG	Generic	
TIVICAY	TAB 10MG	Brand	QL 1 per day
TIVICAY	TAB 25MG	Brand	QL 1 per day
TIVICAY	TAB 50MG	Brand	
TIVICAY PD	SUSP 5MG	Brand	QL 6 per day
TRIUMEQ	TAB	Brand	QL 1 per day
TRIUMEQ PD	TAB	Brand	QL 6 per day
TYBOST	TAB 150MG	Brand	QL 1 per day
VIDEX	SOL 2GM	Brand	
VIDEX	SOL 4GM	Brand	
VIRACEPT	TAB 250MG	Brand	
VIRACEPT	TAB 625MG	Brand	
VIREAD	TAB 150MG	Brand	QL 1 per day
VIREAD	TAB 200MG	Brand	
VIREAD	TAB 250MG	Brand	
VIREAD	POW 40MG/GM	Brand	
VITEKTA	TAB 150MG	Brand	QL 1 per day
VITEKTA	TAB 85MG	Brand	QL 1 per day
YEZTUGO	TAB 300MG	Brand	QL 4 per 365 days
YEZTUGO	INJ 463.5MG	Brand	QL 0.02 per day
ZIAGEN	SOL 20MG/ML	Brand	
ZIDOVUDINE	CAP 100MG	Generic	
ZIDOVUDINE	TAB 300MG	Generic	
ZIDOVUDINE	SYP 50MG/5ML	Generic	
MEDICAMENTOS PARA LA INFLUENZA			
INFLUENZA A (H5N1) TISS-CULT	SOLN	Brand	
INFLUENZA VIRUS VAC TISS-CULT	SUSP	Brand	AR PA required > 19
INFLUENZA VIRUS VACC RECOMBINANT	SOLN	Brand	AR PA required > 19
OSELTAMIVIR	CAP 30MG	Generic	
OSELTAMIVIR	CAP 45MG	Generic	
OSELTAMIVIR	CAP 75MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
OSELTAMIVIR	SUS 6MG/ML	Generic	AR PA required > 12;
RELENZA	MIS DISKHALE	Brand	
ANTIPALÚDICOS			
CHLOROQUINE	TAB 250MG	Generic	
CHLOROQUINE	TAB 500MG	Generic	
COARTEM	TAB 20-120MG	Brand	
HYDROXYCHLOR	TAB 200MG	Generic	
HYDROXYCHLOR	TAB 300MG	Generic	
KRINTAFEL	TAB 150MG	Brand	QL 2 per 180 days
MEFLOQUINE	TAB 250MG	Generic	
ANTIHELMÍNTICOS			
ALBENDAZOLE	TAB 200MG	Generic	PA
IVERMECTIN	TAB 3MG	Generic	QL of 20 tablets per 60 days
PINWORM	TAB MEDICINE	Generic	
PIN-X	SUS 50MG/ML	Generic	
REESES MED	SUS PINWORM	Generic	
MEDICAMENTOS ANTIINFECCIOSOS: VARIOS			
ATOVAQUONE	SUS 750/5ML	Generic	PA; QL 10mls per day
BENZNIDAZOLE	TAB 12.5MG	Brand	PA
BENZNIDAZOLE	TAB 100MG	Brand	PA
CLINDAMYCIN	CAP 75MG	Generic	
CLINDAMYCIN	CAP 150MG	Generic	
CLINDAMYCIN	CAP 300MG	Generic	
CLINDAMYCIN	SOL 75MG/5ML	Generic	AR PA required > 12
CLINDAMYCIN	INJ 300 MG/2ML	Generic	
CLINDAMYCIN	600 MG/4ML	Generic	
CLINDAMYCIN	900 MG/6ML	Generic	
CLINDAMYCIN	INJ 9 GM/60ML	Generic	
COLISTIMETHATE SOD	INJ 150 MG	Generic	
FIRVANQ	SOL 25MG/ML	Brand	
FIRVANQ	SOL 50MG/ML	Brand	
IMPAVIDO	CAP 50MG	Brand	PA; QL 3 per day
LAMPIT	TAB 30MG	Brand	PA
LAMPIT	TAB 120MG	Brand	PA
LINEZOLID	TAB 600MG	Generic	QL 14-day supply per fill
LINEZOLID	INJ 2MG/ML	Generic	QL 14-day supply per fill
MEROP/NACL	IV SOLN 500 MG/50ML	Generic	
MEROP/NACL	IV SOLN 1 GM/50ML	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
METRONIDAZOLE	CAP 375MG	Generic	
METRONIDAZOLE	TAB 250MG	Generic	
METRONIDAZOLE	TAB 500MG	Generic	
METRONIDAZOLE	CREAM 0.75%	Generic	QL 3.3 per day
METRONIDAZOLE	GEL 0.75%	Generic	QL 3.3 per day
NEBUPENT	INH 300MG	Brand	
NEUTREXIN	INJ 25MG	Brand	
NITROFURANTOIN MACROCRYSTALS	CAP 25MG	Generic	
NITROFURANTOIN MACROCRYSTALS	CAP 50MG	Generic	
NITROFURANTOIN MACROCRYSTALS	CAP 100MG	Generic	
NITROFURANTOIN	CAP 100MG	Generic	
PENTAM 300	INJ 300MG	Brand	
SMZ/TMP DS	TAB 800-160	Generic	
SMZ-TMP	TAB 400-80MG	Generic	
SMZ-TMP	SUS 200-40/5	Generic	
SULFATRIM PD	SUS 200-40/5	Generic	
SYNAGIS	INJ 50MG	Brand	PA QL 5 fills per 6 months
SYNAGIS	INJ 100MG/ML	Brand	PA QL 5 fills per 6 months
TRIMETHOPRIM	TAB 100MG	Generic	
VANCOMYCIN	CAP 125MG	Generic	
VANCOMYCIN	CAP 250MG	Generic	
VANCOMYCIN	INJ 500MG	Generic	
VANCOMYCIN	INJ 750MG	Generic	
VANCOMYCIN	INJ 1 GM	Generic	
VANCOMYCIN	INJ 1000MG	Generic	
VANCOMYCIN	INJ 5GM	Generic	
VANCOMYCIN	INJ 10GM	Generic	
VANCOMYCIN	INJ 1GM/200ML	Generic	
VANCOMYCIN	INJ 1.5/300ML	Generic	
VANCOMYCIN ORAL SOLUTION	SOL 25MG/ML	Generic	
VANCOMYCIN ORAL SOLUTION	SOL 50MG/ML	Generic	
VANCOMYCIN	IV SOLN 500MG/100ML	Generic	
VANCOMYCIN	IV SOLN 2G/400ML	Generic	
VANCOMYCIN	IV SOLN 750 MG/7.5ML	Generic	
VANCOMYCIN	IV SOLN 1000 MG/10ML	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
VANCOMYCIN	IV SOLN 1250 MG/12.5ML	Generic	
VANCOMYCIN	IV SOLN 1500 MG/15ML	Generic	
VANCOMYCIN	IV SOLN 1750 MG/17.5ML	Generic	
VANCOMYCIN	IV SOLN 2000 MG/20ML	Generic	
VANCOMYCIN	IV SOLN 1.25 GM	Generic	
VANCOMYCIN	IV SOLN 1.5 GM	Generic	
VANCOMYCIN	INJ 750/150 MG/ML	Generic	
VANCOMYCIN	INJ 1250/250 MG/ML	Generic	
VANCOMYCIN	INJ 1750/350 MG/ML	Generic	
VANCOMYCIN	INJ 1750/350 MG/ML	Generic	
VANCOMYCIN/DEXTROSE	INJ 500MG/100ML	Generic	
VANCOMYCIN/DEXTROSE	INJ 750MG/150ML	Generic	
VANCOMYCIN/DEXTROSE	INJ 1GM/200ML	Generic	
ENCEFALOPATÍA HEPÁTICA			
CONSTULOSE	SOL 10GM/15	Generic	
ENULOSE	SOL 10GM/15	Generic	
GENERLAC	SOL 10GM/15	Generic	
LACTULOSE	SOL 10GM/15	Generic	
LACTULOSE	SOL 20GM/30	Generic	
XIFAXAN	TAB 550MG	Brand	PA
MONOBACTÁMICOS			
AZTREONAM	INJ 1 GM	Generic	
AZTREONAM	INJ 2 GM	Generic	
CAYSTON	INH 75MG	Brand	PA 84mls per 60 days

VACUNAS			
VACUNAS PARA MENORES DE 18 AÑOS CUBIERTAS POR EL PROGRAMA VACCINES FOR CHILDREN (VACUNAS PARA NIÑOS)			
ABRYSVO INJ	INNJ	Brand	
ADACEL	INJ	Brand	AR <19 covered by VFC
AFLURIA -	INJ	Brand	AR covered for ages 3 and older
BEXSERO	INJ	Brand	AR covered for ages 19-25
BOOSTRIX	INJ	Brand	AR <19 covered by VFC

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CAPVAXIVE	INJ	Brand	AR>19
COMIRNATY	INJ 30/0.3ML	Brand	AR covered ages 12 and older
COMIRNATY 5-11	INJ	Brand	AR covered ages 7-11
DAPTACEL	INJ	Brand	AR <19 covered by VFC
EBOLA ZAIRE VIRU	INJ	Brand	
ENGERIX-B	INJ 10/0.5ML	Brand	AR <19 covered by VFC
ENGERIX-B	INJ 20MCG/ML	Brand	AR <19 covered by VFC
FLUAD	INJ	Brand	AR covered ages >64
FLUARIX	INJ	Brand	AR covered for ages 3 and older
FLUBLOK	INJ	Brand	AR covered for ages 3 and older
FLUCELVAX	INJ	Brand	AR covered for ages 3 and older
FLULAVAL	INJ	Brand	AR covered for ages 3 and older
FLUMIST	SUSP	Brand	AR Covered for ages 3-49
FLUZONE HD	INJ PF	Brand	AR < 65 not covered
FLUZONE	INJ	Brand	AR covered for ages 3 and older
GARDASIL 9	INJ	Brand	AR Covered for ages 19-45
HAVRIX	INJ 720UNIT	Brand	AR <19 covered by VFC
HAVRIX	INJ 1440UNIT	Brand	AR <19 covered by VFC
HEPLISAV-B	INJ 20MCG	Brand	AR <19 covered by VFC
HEPLISAV-B	INJ 20MCG/0.5ML	Brand	AR <19 covered by VFC
INFANRIX	INJ	Brand	AR <19 covered by VFC
IXCHIQ	INJ	Brand	AR <19 covered by VFC
MENACTRA	INJ	Brand	AR <19 covered by VFC
MENQUAFI	INJ	Brand	AR <19 covered by VFC
MENOMUNE	INJ A/C/Y/W	Brand	AR <19 covered by VFC
MENVEO	INJ	Brand	AR Covered for ages 19-55
MENVEO	SOL	Brand	AR Covered for ages 19-55
M-M-R II	INJ	Brand	AR <19 covered by VFC
MNEXSPIKE	INJ	Brand	AR covered ages 12 and older
MODERNA 6MO-11Y COVID VACCINE	INJ	Brand	AR covered ages 7-11
mRESVIA	INJ	Brand	AR <19 covered by VFC

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
NUVAXOVID	INJ	Brand	AR covered ages 12 and older
PENBRAYA	INJ	Brand	AR <25 covered by VFC
PENMENVY	INJ	Brand	AR covered for ages 19-25
PRIORIX	INJ	Brand	AR <19 covered by VFC
PNEUMOVAX 23	INJ 25/0.5	Generic	AR <19 covered by VFC; QL 0.5ml per day
PREHEVBRIO	SUSP 10MCG/ML	Brand	AR <19 covered by VFC
PREVNAR 13	INJ	Brand	AR <19 covered by VFC
PREVNAR 20	INJ	Brand	AR <19 covered by VFC
RECOMBIVA HB	INJ 5MCG/0.5	Brand	AR <19 covered by VFC
RECOMBIVA HB	INJ 10MCG/ML	Brand	AR <19 covered by VFC
RECOMBIVA HB	INJ 40MCG/ML	Brand	AR <19 covered by VFC
SHINGRIX	INJ 50MCG	Brand	AR Covered ages > 50; QL 2 inj per lifetime
SPIKEVAX	INJ 50/.5ML	Brand	AR covered ages 12 and older
TRUMENBA	INJ	Brand	AR Covered ages 19-25
TWINRIX	INJ	Brand	AR <19 Covered by VFC
VAXNEUVANCE	INJ	Brand	AR <19 Covered by VFC
VAQTA	INJ 25/0.5ML	Brand	AR <19 covered by VFC
VAQTA	INJ 50UNT/ML	Brand	AR <19 covered by VFC
VARIVAX	INJ	Brand	AR <19 covered by VFC
VIMKUNYA	INJ 40/0.8ML	Brand	AR Covered ages 12 and older
ANTINEOPLÁSICOS			
ANTÍDOTOS			
LEUCOVOR CA	TAB 5MG	Generic	PA
LEUCOVOR CA	TAB 10MG	Generic	PA
LEUCOVOR CA	TAB 15MG	Generic	PA
LEUCOVOR CA	TAB 25MG	Generic	PA
ANTIMETABOLITOS			
MERCAPTOPURINE	TAB 50MG	Generic	
METHOTREXATE	INJ 100/4ML	Generic	
METHOTREXATE	INJ 1GM	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
METHOTREXATE	INJ 1GM/40ML	Generic	
METHOTREXATE	INJ 200/8ML	Generic	
METHOTREXATE	INJ 250/10ML	Generic	
METHOTREXATE	INJ 25MG/ML	Generic	
METHOTREXATE	INJ 50MG/2ML	Generic	
METHOTREXATE	TAB 2.5MG	Generic	
MEDICAMENTOS ANTINEOPLÁSICOS			
ABIRATERONE	TAB 250MG	Generic	QL 4 per day
ABIRATERONE	TAB 500MG	Generic	QL 2 per day
ACTIMMUNE	INJ 2MU/0.5	Brand	PA
ALECENSA	CAP 150MG	Brand	PA QL 8 per day
ALKERAN	TAB 2MG	Brand	
ALUNBRIG	STARTER PAK	Brand	PA QL 30 tabs per 180 days
ALUNBRIG	30MG	Brand	PA QL 2 per day
ALUNBRIG	90MG	Brand	PA QL 1 per day
ALUNBRIG	180MG	Brand	PA QL 1 per day
ANASTROZOLE	TAB 1MG	Generic	
AUGTYRO	CAP 40MG	Brand	PA QL 8 per day
AUGTYRO	CAP 160MG	Brand	PA QL 2 per day
AVMAPKI PAK FAKZYNJA	THERAPY PAK	Brand	PA QL 66 per 28 days
AYVAKIT	TAB 25 MG	Brand	PA QL 1 per day
AYVAKIT	TAB 50 MG	Brand	PA QL 1 per day
AYVAKIT	TAB 100 MG	Brand	PA QL 1 per day
AYVAKIT	TAB 200 MG	Brand	PA QL 1 per day
AYVAKIT	TAB 300 MG	Brand	PA QL 1 per day
BALVERSA	TAB 3MG	Brand	PA QL 3 tabs per day
BALVERSA	TAB 4MG	Brand	PA QL 2 tabs per day
BALVERSA	TAB 5MG	Brand	PA QL 1 tab per day
BESREMI	SOL 500 MCG	Brand	PA QL 1 per 28 days
BICALUTAMIDE	TAB 50MG	Generic	
BOSULIF	CAP 50MG	Brand	PA QL 1 per day
BOSULIF	CAP 100MG	Brand	PA QL 3 per day
BOSULIF	TAB 100MG	Brand	PA QL 3 per day
BOSULIF	TAB 400MG	Brand	PA QL 1 per day
BOSULIF	TAB 500MG	Brand	PA QL 1 per day
BRAFTOVI	TAB 50MG	Brand	PA QL 1 per day
BRAFTOVI	TAB 75MG	Brand	PA QL 6 per day
BRUKINSA	CAP 80MG	Brand	PA QL 4 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
BRUKINSA	TAB 160MG	Brand	PA QL 2 per day
DANZITEN	TAB 71MG	Brand	PA
DANZITEN	TAB 95MG	Brand	PA QL 4 per day
CABOMETYX	TAB 20MG	Brand	PA QL 1 per day
CABOMETYX	TAB 40MG	Brand	PA QL 1 per day
CABOMETYX	TAB 60MG	Brand	PA QL 1 per day
CALQUENCE	CAP 100MG	Brand	PA QL 2 per day
CALQUENCE	TAB 100MG	Brand	PA QL 2 per day
CAPECITABINE	TAB 150MG	Generic	
CAPECITABINE	TAB 500MG	Generic	
CAPRELSA	TAB 100MG	Brand	PA QL 2 per day
CAPRELSA	TAB 300MG	Brand	PA QL 1 per day
COMETRIQ	KIT 60MG	Brand	PA QL 3 per day
COMETRIQ	KIT 100MG	Brand	PA QL 2 per day
COMETRIQ	KIT 140MG	Brand	PA QL 4 per day
COTELLIC	TAB 20MG	Brand	PA
CYCLOPHOSPHAMIDE	CAP 25MG	Generic	
CYCLOPHOSPHAMIDE	CAP 50MG	Generic	
CYCLOPHOSPHAMIDE	TAB 25MG	Generic	
CYCLOPHOSPHAMIDE	TAB 50MG	Generic	
DASATINIB	TAB 20MG	Generic	PA
DASATINIB	TAB 50MG	Generic	PA
DASATINIB	TAB 70MG	Generic	PA
DASATINIB	TAB 80MG	Generic	PA
DASATINIB	TAB 100MG	Generic	PA
DASATINIB	TAB 140MG	Generic	PA
DAURISMO	TAB 25MG	Brand	PA QL 3 per day
DAURISMO	TAB 100MG	Brand	PA QL 1 per day
DROXIA	CAP 200MG	Brand	
DROXIA	CAP 300MG	Brand	
DROXIA	CAP 400MG	Brand	
ENSACOVE	CAP 25MG	Brand	PA QL 2 per day
ENSACOVE	CAP 100MG	Brand	PA QL 2 per day
ELIGARD	INJ 22.5MG	Brand	PA
ELIGARD	INJ 7.5MG	Brand	PA
EMCYT	CAP 140MG	Brand	
ERLEADA	TAB 60MG	Brand	PA QL 4 per day
ERLEADA	TAB 240MG	Brand	PA QL 1 per day
ERLOTINIB	TAB 25MG	Generic	PA QL 1 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ERLOTINIB	TAB 100MG	Generic	PA QL 1 per day
ERLOTINIB	TAB 150MG	Generic	PA QL 1 per day
ERIVEDGE	TAB 150MG	Brand	PA QL 1 per day
ETOPOSIDE	CAP 50MG	Generic	
EVEROLIMUS (generic Afinitor)	TAB 2.5MG	Generic	PA QL 1 per day
EVEROLIMUS (generic Afinitor)	TAB 5MG	Generic	PA QL 2 per day
EVEROLIMUS (generic Afinitor)	TAB 7.5MG	Generic	PA QL 2 per day
EVEROLIMUS (generic Afinitor)	TAB 10MG	Generic	PA QL 1 per day
EVEROLIMUS (generic Afinitor Disperz)	TAB 2MG	Generic	PA
EVEROLIMUS (generic Afinitor Disperz)	TAB 3MG	Generic	PA
EVEROLIMUS (generic Afinitor Disperz)	TAB 5MG	Generic	PA
EXEMESTANE	TAB 25MG	Generic	
EXKIVITY	CAP 40MG	Brand	PA QL 4 per day
FARYDAK	CAP 10MG	Brand	PA
FARYDAK	CAP 15MG	Brand	PA
FARYDAK	CAP 20MG	Brand	PA
FRUZAQLA	CAP 1MG	Brand	PA QL 21 every 28 days
FRUZAQLA	CAP 5MG	Brand	PA QL 21 every 28 days
FLUTAMIDE	CAP 125MG	Generic	
FOTIVDA	CAP 0.89MG	Brand	PA QL 21 per month
FOTIVDA	CAP 1.34MG	Brand	PA QL 21 per month
GAVRETO	CAP 100MG	Brand	PA QL 4 per day
GEFITINIB	TAB 250MG	Generic	PA QL 1 per day
GILOTRIF	TAB 20MG	Brand	PA QL 1 per day
GILOTRIF	TAB 30MG	Brand	PA QL 1 per day
GILOTRIF	TAB 40mg	Brand	PA QL 1 per day
GLEOSTINE	CAP 5MG	Brand	PA
GLEOSTINE	CAP 10MG	Brand	PA
GLEOSTINE	CAP 40MG	Brand	PA
GLEOSTINE	CAP 100MG	Brand	PA
GOMEKLI	CAP 1MG	Brand	PA QL 4 per day
GOMEKLI	CAP 2MG	Brand	PA QL 4 per day
GOMEKLI	TAB 1MG	Brand	PA QL 4 per day
HERNEXEOS	TAB 60MG	Brand	PA QL 3 per day
HEXALEN	CAP 50MG	Brand	
HYCAMTIN	CAP 0.25MG	Brand	
HYCAMTIN	CAP 1MG	Brand	
HYDROXYUREA	CAP 500MG	Generic	
HYRNUO	TAB 10MG	Brand	PA QL 4 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
IBTROZI	CAP 200MG	Brand	PA QL 3 per day
ITOVEBI	TAB 9MG	Brand	PA QL 1 per day
ITOVEBI	TAB 3MG	Brand	PA QL 2 per day
IBRANCE	CAP 75MG	Brand	PA QL 0.75/day
IBRANCE	CAP 100MG	Brand	PA QL 0.75/day
IBRANCE	CAP 125MG	Brand	PA QL 0.75/day
IBRANCE	TAB 75MG	Brand	PA QL 0.75/day
IBRANCE	TAB 100MG	Brand	PA QL 0.75/day
IBRANCE	TAB 125MG	Brand	PA QL 0.75/day
ICLUSIG	TAB 10MG	Brand	PA QL 1 per day
ICLUSIG	TAB 15MG	Brand	PA QL 1 per day
ICLUSIG	TAB 30MG	Brand	PA QL 1 per day
ICLUSIG	TAB 45MG	Brand	PA QL 1 per day
IDHIFA	TAB 50MG	Brand	PA QL 1 per day
IDHIFA	TAB 100MG	Brand	PA QL 1 per day
IMATINIB MESYLATE	TAB 100MG	Generic	QL 3 per day
IMATINIB MESYLATE	TAB 400MG	Generic	QL 1 per day
IMBRUVICA	TAB 560MG	Brand	PA QL 1 per day
IMBRUVICA	CAP 140MG	Brand	PA
IMBRUVICA	CAP 70MG	Brand	PA QL 1 per day
IMBRUVICA	SOL 70 MG/ML	Brand	PA QL 8 ML per day
INLYTA	TAB 1MG	Brand	PA QL 8 per day
INLYTA	TAB 5MG	Brand	PA QL 4 per day
INLURIYO	TAB 200MG	Brand	PA QL 2 per day
INQOVI	TAB 35-100MG	Brand	PA QL 5 per month
INREBIC	CAP 100MG	Brand	PA QL 4 per day
IWILFIN	TAB 192MG	Brand	PA QL 8 per day
JAKAFI	TAB 5MG	Brand	PA QL 2 tabs per day
JAKAFI	TAB 10MG	Brand	PA QL 2 tabs per day
JAKAFI	TAB 15MG	Brand	PA QL 2 tabs per day
JAKAFI	TAB 20MG	Brand	PA QL 2 tabs per day
JAKAFI	TAB 25MG	Brand	PA QL 2 tabs per day
JAYPIRCA	TAB 50MG	Brand	PA QL 3 per day
JAYPIRCA	TAB 100MG	Brand	PA QL 3 per day
KOMZIFTI	CAP 200MG	Brand	PA QL 3 per day
KISQALI	TAB 200 DOSE	Brand	PA QL 2.25 per day
KISQALI	TAB 400 DOSE	Brand	PA QL 2.25 per day
KISQALI	TAB 600 DOSE	Brand	PA QL 2.25 per day
KOSELUGO	CAP 5MG	Brand	PA

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
KOSELUGO	CAP 7.5MG	Brand	PA
KOSELUGO	CAP 10MG	Brand	PA QL 8 per day
KOSELUGO	CAP 25MG	Brand	PA QL 4 per day
KRAZATI	TAB 200MG	Brand	PA QL 6 per day
LAPATINIB (generic Tykerb)	TAB 250MG	Generic	PA QL 5 per day
LAZCLUZE	TAB 80MG	Brand	PA QL 2 per day
LAZCLUZE	TAB 240MG	Brand	PA QL 1 per day
LENALIDOMIDE (generic Revlimid)	CAP 2.5MG	Generic	PA QL 1 per day
LENALIDOMIDE (generic Revlimid)	CAP 5MG	Generic	PA QL 1 per day
LENALIDOMIDE (generic Revlimid)	CAP 10MG	Generic	PA QL 1 per day
LENALIDOMIDE (generic Revlimid)	CAP 15MG	Generic	PA QL 1 per day
LENALIDOMIDE (generic Revlimid)	CAP 20MG	Generic	PA QL 1 per day
LENALIDOMIDE (generic Revlimid)	CAP 25MG	Generic	PA QL 1 per day
LENVIMA	CAP 4MG	Brand	PA QL 1 per day
LENVIMA	CAP 8MG	Brand	PA QL 2 per day
LENVIMA	CAP 10MG	Brand	PA QL 1 per day
LENVIMA	CAP 12MG	Brand	PA QL 3 per day
LENVIMA	CAP 14 MG	Brand	PA QL 2 per day
LENVIMA	CAP 18MG	Brand	PA QL 3 per day
LENVIMA	CAP 20 MG	Brand	PA QL 2 per day
LENVIMA	CAP 24MG	Brand	PA QL 3 per day
LETROZOLE	TAB 2.5MG	Generic	
LEUKERAN	TAB 2MG	Brand	
LEUPROLIDE	INJ 1MG/0.2	Generic	PA
LEUPROLIDE	INJ 22.5MG	Generic	PA QL 1 per 84 days
LIFYORLI	CAP 125MG	Brand	PA QL 0.65 per day
LIFYORLI	CAP 150MG	Brand	PA QL 0.97 per day
LOMUSTINE	CAP 100MG	Generic	
LOMUSTINE	CAP 10MG	Generic	
LOMUSTINE	CAP 40MG	Generic	
LONSURF	TAB 15-6.14MG	Brand	PA
LONSURF	TAB 20-8.19MG	Brand	PA
LOQTORZI	INJ 240/6ML	Brand	PA
LORBRENA	TAB 25MG	Brand	PA QL 3 tabs per day
LORBRENA	TAB 100MG	Brand	PA QL 1 tab per day
LUMAKRAS	TAB 120MG	Brand	PA QL 8 per day
LUMAKRAS	TAB 240MG	Brand	PA QL 4 per day
LUMAKRAS	TAB 320MG	Brand	PA QL 3 per day
LYNPARZA	CAP 50MG	Brand	PA QL 8 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
LYNPARZA	TAB 100MG	Brand	PA QL 4 per day
LYNPARZA	TAB 150MG	Brand	PA QL 4 per day
LYSODREN	TAB 500MG	Brand	
LYTGOBI	TAB 4MG (12 MG DAILY DOSE)	Brand	PA QL 3 per day
LYTGOBI	TAB 4 MG (16 MG DAILY DOSE)	Brand	PA QL 4 per day
LYTGOBI	TAB 4 MG (20 MG DAILY DOSE)	Brand	PA QL 5 per day
MATULANE	CAP 50MG	Brand	PA
MEGESTROL AC	SUS 400MG/10	Generic	
MEGESTROL AC	SUS 40MG/ML	Generic	
MEGESTROL AC	TAB 20MG	Generic	
MEGESTROL AC	TAB 40MG	Generic	
MEKINIST	SOL 0.05/ML	Brand	PA QL 40ML per day
MEKINIST	TAB 0.5MG	Brand	PA QL 3 per day
MEKINIST	TAB 2MG	Brand	PA QL 1 per day
MEKTOVI	TAB 15MG	Brand	PA 6 per day
MODEYSO	CAP 125MG	Brand	PA 20 per 28 days
MYLERAN	TAB 2MG	Brand	
NERLYNX	TAB 40MG	Brand	PA QL 6 per day
NINLARO	CAP 2.3MG	Brand	PA QL 1 per day
NINLARO	CAP 3MG	Brand	PA QL 1 per day
NINLARO	CAP 4MG	Brand	PA QL 1 per day
NILOTINIB HCL	CAP 200MG	Generic	PA
NUBEQA	TAB 300MG	Brand	PA QL 4 per day
ODOMZO	CAP 200MG	Brand	PA QL 1 per day
OJEMDA	TAB 100MG	Brand	PA QL 0.86 per day
OJEMDA	SUS 25MG/ML	Brand	PA QL 2mls per day
OJJAARA	TAB 100MG	Brand	PA QL 1 per day
OJJAARA	TAB 150MG	Brand	PA QL 1 per day
OJJAARA	TAB 200MG	Brand	PA QL 1 per day
ONUREG	TAB 200MG	Brand	PA QL 14 per 28 days
ONUREG	TAB 300MG	Brand	PA QL 14 per 28 days
ORSERDU	TAB 86MG	Brand	PA QL 3 per day
ORSERDU	TAB 345MG	Brand	PA QL 1 per day
OGSIVEO	TAB 50MG	Brand	PA QL 6 per day
OGSIVEO	TAB 100MG	Brand	PA QL 2 per day
OGSIVEO	TAB 150MG	Brand	PA QL 2 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PEMAZYRE	TAB 4.5MG	Brand	PA QL 0.67 per day
PAZOPANIB	TAB 200MG	Generic	PA QL 4 per day
PAZOPANIB	TAB 400MG	Brand	PA QL 2 per day
PEMAZRYE	TAB 9MG	Brand	PA QL 0.67 per day
PEMAZYRE	TAB 13.5MG	Brand	PA QL 0.67 per day
PIQRAY	200MG TAB DOSE	Brand	PA QL 1 per day
PIQRAY	250MG TAB DOSE	Brand	PA QL 2 per day
PIQRAY	300MG TAB DOSE	Brand	PA QL 2 per day
POMALYST	CAP 1MG	Brand	PA
POMALYST	CAP 2MG	Brand	PA
POMALYST	CAP 3MG	Brand	PA
POMALYST	CAP 4MG	Brand	PA
QINLOCK	TAB 50MG	Brand	PA QL 3 per day
REVUFORJ	TAB 110MG	Brand	PA QL 2 per day
REZLIDHIA	CAP 150MG	Brand	PA QL per day
ROMVIMZA	CAP 20MG	Brand	PA QL 0.29 per day (8 per 28 days
ROMVIMZA	CAP 14MG	Brand	PA QL 0.29 per day (8 per 28 days
ROMVIMZA	CAP 30MG	Brand	PA QL 0.29 per day (8 per 28 days
ROZLYTREK	CAP 100MG	Brand	PA QL 1 per day
ROZLYTREK	CAP 200MG	Brand	PA QL 3 per day
RUBRACA	TAB 200MG	Brand	PA QL 4 per day
RUBRACA	TAB 250MG	Brand	PA QL 4 per day
RUBRACA	TAB 300MG	Brand	PA QL 4 per day
RYDAPT	CAP 25MG	Brand	PA QL 8 per day
SCEMBLIX	TAB 20 MG	Brand	PA QL 2 per day
SCEMBLIX	TAB 40 MG	Brand	PA QL 2 per day
SCEMBLIX	TAB 100 MG	Brand	PA QL 4 per day
SORAFENIB (generic Nexavar)	TAB 200MG	Generic	PA QL 4 per day
STIVARGA	TAB 40 MG	Brand	PA QL 4 per day
SUNITINIB	CAP 12.5MG	Generic	PA QL 1 per day
SUNITINIB	CAP 25MG	Generic	PA QL 1 per day
SUNITINIB	CAP 37.5MG	Generic	PA QL 1 per day
SUNITINIB	CAP 50MG	Generic	PA QL 1 per day
TABLOID	TAB 40MG	Brand	PA
TABRECTA	TAB 150MG	Brand	PA QL 4 per day
TABRECTA	TAB 200MG	Brand	PA QL 4 per day
TAFINLAR	TAB 10MG	Brand	PA QL 4 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
TAFINLAR	CAP 50MG	Brand	PA QL 4 per day
TAFINLAR	CAP 75MG	Brand	PA QL 4 per day
TAGRISSO	TAB 40MG	Brand	PA QL 1 per day
TAGRISSO	TAB 80MG	Brand	PA QL 1 per day
TALZENNA	CAP 0.25MG	Brand	PA QL 3 caps per day
TALZENNA	CAP 0.5MG	Brand	PA QL 1 per day
TALZENNA	CAP 0.75MG	Brand	PA QL 1 per day
TALZENNA	CAP 1MG	Brand	PA QL 1 cap per day
TAMOXIFEN	TAB 10MG	Generic	
TAMOXIFEN	TAB 20MG	Generic	
TASIGNA	CAP 200MG	Brand	PA
TAZVERIK	TAB 200MG	Brand	PA QL 8 per day
TEMOZOLOMIDE	CAP 100MG	Generic	
TEMOZOLOMIDE	CAP 140MG	Generic	
TEMOZOLOMIDE	CAP 180MG	Generic	
TEMOZOLOMIDE	CAP 20MG	Generic	
TEMOZOLOMIDE	CAP 250MG	Generic	
TEMOZOLOMIDE	CAP 5MG	Generic	
TEPMETKO	TAB 225MG	Brand	PA QL 2 per day
TIBSOVO	TAB 250MG	Brand	PA QL 2 per day
TOREMIFENE	TAB 60MG	Generic	
TRETINOIN	CAP 10MG	Generic	
TRUSELTIQ	CAP 50MG	Brand	PA QL 2 per day
TRUSELTIQ	CAP 75MG	Brand	PA QL 3 per day
TRUSELTIQ	CAP 100MG	Brand	PA QL 1 per day
TRUSELTIQ	CAP 125MG	Brand	PA QL 2 per day
TRUQAP	TAB 160MG	Brand	PA QL 4 per day
TRUQAP	TAB 200MG	Brand	PA QL 4 per day
TUKYSA	TAB 50MG	Brand	PA QL 4 per day
TUKYSA	TAB 150MG	Brand	PA QL 4 per day
TURALIO	CAP 125MG	Brand	PA QL 4 per day
UKONIQ	TAB 200MG	Brand	PA QL 4 per day
VANFLYTA	TAB 17.7MG & 26.5MG	Brand	PA QL 2 per day
VENCLEXTA	TAB 10MG	Brand	PA QL 4 per day
VENCLEXTA	TAB 50MG	Brand	PA QL 4 per day
VENCLEXTA	TAB 100MG	Brand	PA QL 6per day
VENCLEXTA	TAB STARTER PACK	Brand	PA QL 1 fill per 180 days
VERZENIO	TAB 50MG	Brand	PA QL 2 tabs per day
VERZENIO	TAB 150MG	Brand	PA QL 2 tabs per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
VERZENIO	TAB 200MG	Brand	PA QL 2 tabs per day
VORANIGO	TAB 10MG	Brand	PA QL 2 per day
VORANIGO	TAB 40MG	Brand	PA QL 2 per day
VITRAKVI	CAP 25MG	Brand	PA QL 6 caps per day
VITRAKVI	CAP 100MG	Brand	PA QL 2 caps per day
VITRAKVI	SOLN 20MG/ML	Brand	PA QL 10mls per day
VIZIMPRO	TAB 15MG	Brand	PA QL 1 tab per day
VIZIMPRO	TAB 30MG	Brand	PA QL 1 tab per day
VIZIMPRO	TAB 45MG	Brand	PA QL 1 tab per day
VONJO	CAP 100MG	Brand	PA QL 4 per day
WELIREG	TAB 40MG	Brand	PA QL 3 per day
XALKORI	CAP 200MG	Brand	PA QL 4 per day
XTANDI	TAB 40MG	Brand	PA QL 4 per day
XOSPATA	TAB 40MG	Brand	PA QL 3 per day
XPOVIO	THERAPY PACK 20MG (80MG TWICE WEEKLY)	Brand	PA QL 32 caps per month
XPOVIO	THERAPY PACK 20MG (60MG TWICE WEEKLY)	Brand	PA QL 24 tabs per month
XPOVIO	THERAPY PACK 80MG (80MG ONCE WEEKLY)	Brand	PA QL 8 per 28 days
ZEJULA	CAP 200MG	Brand	PA QL 1 per day
ZEJULA	CAP 300MG	Brand	PA QL 1 per day
ZELBORAF	TAB 240MG	Brand	PA QL 8 per day
ZOLINZA	CAP 100MG	Brand	PA
ZYDELIG	TAB 100MG	Brand	PA QL 2 per day
ZYDELIG	TAB 150MG	Brand	PA QL 2 per day
ZYKADIA	TAB 150MG	Brand	PA QL 3 per day
ZYKADIA	CAP 150MG	Brand	PA QL 3 per day
PROGESTÁGENOS			
DEPO PROVERA	INJ 400/ML	Brand	
FIRST-PROGESTERONE	VAG SUP 100MG	Brand	PA
FIRST-PROGESTERONE	VAG SUP 200MG	Brand	PA
HYDROXYPROG	POW CAPROATE	Generic	
MEDROXYPR AC	INJ 150MG/ML	Generic	QL 1 injection per 90 days
MEDROXYPR AC	TAB 2.5MG	Generic	90-day supply available
MEDROXYPR AC	TAB 5MG	Generic	90-day supply available
MEDROXYPR AC	TAB 10MG	Generic	90-day supply available
NORETHIN ACE	TAB 5MG	Generic	90-day supply available
PROGESTERONE	CAP 100MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PROGESTERONE	CAP 200MG	Generic	90-day supply available
MEDICAMENTOS ENDOCRINOS Y METABÓLICOS			
SUPRARRENALES			
BAQSIMI ONE POW	3MG DOSE	Brand	
BAQSIMI TWO POW	3MG DOSE	Brand	
BAYCADRON	ELX 0.5/5ML	Generic	
BUDESONIDE	CAP 3MG DR	Generic	
BUDES/FORMOT	AER 80-4.5	Generic	QL 0.73 grams per day
BUDES/FORMOT	AER 160-4.5	Generic	QL 0.73 grams per day
BREYNA	AER 80-4.5	Generic	QL 0.73 grams per day
BREYNA	AER 160-4.5	Generic	QL 0.73 grams per day
DELTASONE	TAB 20MG	Generic	
DEXAMETHASONE	ELX 0.5/5ML	Generic	
DEXAMETHASONE	TAB 0.5MG	Generic	
DEXAMETHASONE	TAB 0.75MG	Generic	
DEXAMETHASONE	TAB 1MG	Generic	
DEXAMETHASONE	TAB 1.5MG	Generic	
DEXAMETHASONE	TAB 2MG	Generic	
DEXAMETHASONE	TAB 4MG	Generic	
DEXAMETHASONE	TAB 6MG	Generic	
DEXAMETHASONE	ELX 0.5/5ML	Generic	
DEXAMETHASONE	CON 1MG/ML	Brand	
DEXAMETHASONE	SOL 0.5/5ML	Generic	
FLUDROCORTISONE	TAB 0.1MG	Generic	
HYDROCORTISONE	TAB 10MG	Generic	
HYDROCORTISONE	TAB 5MG	Generic	
HYDROCORTISONE	TAB 20MG	Generic	
HYDROCORTISON	INJ 100MG	Generic	2 vials per fill
METHYLPREDNISOLONE	TAB 4MG	Generic	
METHYLPREDNISOLONE	TAB 8MG	Generic	
METHYLPREDNISOLONE	TAB 16MG	Generic	
METHYLPREDNISOLONE	TAB 32MG	Generic	
METHYLPREDNISOLONE	PAK 4MG	Generic	
PHENTERMINE HCL-TOPIRAMATE	CAP 3.75-23MG	Generic	PA
PHENTERMINE HCL-TOPIRAMATE	CAP 7.5-46MG	Generic	PA
PHENTERMINE HCL-TOPIRAMATE	CAP 11.25-69MG	Generic	PA
PHENTERMINE HCL-TOPIRAMATE	CAP 15-92MG	Generic	PA
POMBILITI	SOL 105MG	Brand	PA
PREDNISOLONE SODIUM PHOSPHATE	SOL 5MG/5ML	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PREDNISOLONE SODIUM PHOSPHATE	SOL 5MG/5ML	Generic	
PREDNISOLONE	SOL 15MG/5ML	Generic	
PREDNISOLONE	SYP 15MG/5ML	Generic	
PREDNISONE	TAB 1MG	Generic	
PREDNISONE	TAB 2.5MG	Generic	
PREDNISONE	TAB 5MG	Generic	
PREDNISONE	TAB 10MG	Generic	
PREDNISONE	TAB 20MG	Generic	
PREDNISONE	TAB 50MG	Generic	
PREDNISONE	SOL 5MG/5ML	Generic	
PREDNISONE	PAK 5MG	Generic	
PREDNISONE	PAK 10MG	Generic	
QSYMIA	CAP 3.75-23MG	Brand	PA
QSYMIA	CAP 7.5-46MG	Brand	PA
QSYMIA	CAP 11.25-69MG	Brand	PA
QSYMIA	CAP 15-92MG	Brand	PA
RIVFLOZA	INJ 160 MG/ML	Brand	PA QL 0.036per day
RIVFLOZA	INJ 128/0.8 ML	Brand	PA QL 0.036per day
RIVFLOZA	INJ 80/.05ML	Brand	PA QL 0.036per day
SEPHIENCE	POW 250MG	Brand	PA
SEPHIENCE	POW 1000	Brand	PA
SOLU-CORTEF	INJ 100MG	Brand	
SOLU-CORTEF	INJ 250MG	Brand	2 vials per fill
SOLU-CORTEF	INJ 500MG	Brand	2 vials per fill
SOLU-CORTEF	INJ 1000MG	Brand	2 vials per fill
ANDRÓGENOS			
DANAZOL	CAP 50MG	Generic	
DANAZOL	CAP 100MG	Generic	
DANAZOL	CAP 200MG	Generic	
FIRST-TESTOSTERONE	OIN 2%	Brand	PA
METHITEST	TAB 10MG	Brand	PA
OXANDROLONE	TAB 2.5MG	Generic	PA
TESTIM	GEL 1%(50MG)	Brand	PA
TESTOSTERONE CYPIONATE	INJ 100MG/ML	Generic	QL 91-day supply available
TESTOSTERONE CYPIONATE	INJ 200MG/ML	Generic	QL 91-day supply available
TESTOSTERONE ENATHATE	INJ 200MG/ML	Generic	QL 91-day supply available
TESTOSTERONE	GEL 1%(25MG)	Generic	PA

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
TESTOSTERONE	GEL 1%(50MG)	Generic	PA
TESTOSTERONE	GEL PUMP 1%	Generic	PA
TESTOSTERONE	INJ 250MG/ML	Generic	PA
TESTOSTERONE TD	GEL 20.25 MG/ACT (1.62%)	Generic	QL 5 grams per day
ESTRÓGENOS			
COMBIPATCH	DIS .05/.14	Brand	QL 0.29 per day
COMBIPATCH	DIS .05/.25	Brand	QL 0.29 per day
ESTRADIOL	CRE 0.1MG/GM	Generic	90-day supply available
ESTRADIOL	TAB 0.5MG	Generic	90-day supply available
ESTRADIOL	TAB 1MG	Generic	90-day supply available
ESTRADIOL	TAB 2MG	Generic	90-day supply available
ESTRADIOL (Generic Climara)	PATCH WKLY 0.025MG	Generic	QL 4 per month; 90-day supply available
ESTRADIOL (Generic Climara)	PATCH WKLY 0.0375MG	Generic	QL 4 per month; 90-day supply available
ESTRADIOL (Generic Climara)	PATCH WKLY 0.05MG	Generic	QL 4 per month; 90-day supply available
ESTRADIOL (Generic Climara)	PATCH WKLY 0.06MG	Generic	QL 4 per month; 90-day supply available
ESTRADIOL (Generic Climara)	PATCH WKLY 0.075MG	Generic	QL 4 per month; 90-day supply available
ESTRADIOL (Generic Climara)	PATCH WKLY 0.1MG	Generic	QL 4 per month; 90-day supply available
ESTRADIOL (Generic Vivelle Dot)	PATCH TW 0.025MG	Generic	QL 16 per month; 90-day supply available
ESTRADIOL (Generic Vivelle Dot)	PATCH TW 0.0375MG	Generic	QL 16 per month; 90-day supply available
ESTRADIOL (Generic Vivelle Dot)	PATCH TW 0.05MG	Generic	QL 16 per month; 90-day supply available
ESTRADIOL (Generic Vivelle Dot)	PATCH TW 0.075MG	Generic	QL 16 per month; 90-day supply available
ESTRADIOL (Generic Vivelle Dot)	PATCH TW 0.1MG	Generic	QL 16 per month; 90-day supply available
ESTRADIOL TD	GEL 0.25 MG/0.25GM (0.1%)	Generic	QL 1 per day
ESTRADIOL TD	GEL 0.5 MG/0.5GM (0.1%)	Generic	QL 1 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ESTRADIOL TD	0.75 MG/0.75GM (0.1%)	Generic	QL 1 per day
ESTRADIOL TD	GEL 1 MG/GM (0.1%)	Generic	QL 1 per day
ESTRADIOL TD	GEL 1.25 MG/1.25GM (0.1%)	Generic	QL 1.25 per day
ESTRA/NORETH	TAB 0.5-0.1MG	Generic	
ESTRA/NORETH	TAB 1-0.5MG	Generic	
ESTRADIOL VALERATE	INJ 10MG/ML	Generic	90-day supply available
ESTRADIOL VALERATE	INJ 200MG/5	Generic	90-day supply available
ESTRADIOL VALERATE	INJ 20MG/ML	Generic	90-day supply available
ESTRADIOL VALERATE	INJ 40MG/ML	Generic	90-day supply available
DEPO-ESTRADIOL	INJ 5MG/ML	Brand	90-day supply available
ESTRING	MIS 2MG	Brand	90-day supply available
ESTROPIPATE	TAB 0.75MG	Generic	
ESTROPIPATE	TAB 1.5MG	Generic	
ESTROPIPATE	TAB 3MG	Generic	
MENEST	TAB 0.3MG	Brand	90-day supply available
MENEST	TAB 0.625MG	Brand	90-day supply available
MENEST	TAB 1.25MG	Brand	90-day supply available
YUVAFEM	TAB 10MCG	Generic	90-day supply available
ANTICONCEPTIVOS			
***a menos que se indique lo contrario: QL para medicamentos genéricos, suministro máximo de 91 días en el primer surtido; en surtidos posteriores, suministro de hasta 12 meses. QL para medicamentos de marca, suministro máximo de 91 días en todos los surtidos**			
AFTERA	TAB 1.5MG	Generic	*QL
ALTAVERA	TAB	Generic	*QL
ALYACEN	TAB 1/35	Generic	*QL
ALYACEN	TAB 7/7/7	Generic	*QL
AMETHIA	TAB	Generic	*QL
AMETHIA LO	TAB	Generic	*QL
AMETHYST	TAB 90-20MCG	Generic	*QL
APRI	TAB	Generic	*QL
ARANELLE	TAB	Generic	*QL

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ASHLYNA	TAB	Generic	*QL
AUBRA	TAB 0.1-0.02	Generic	*QL
AVIANE	TAB	Generic	*QL
AZURETTE	TAB 28-DAY	Generic	*QL
BALZIVA	TAB	Generic	*QL
BRIELLYN	TAB	Generic	*QL
CAMILA	TAB 0.35MG	Generic	*QL
CAMRESE	TAB	Generic	*QL
CAMRESE LO	TAB	Generic	*QL
CAZIANT	PAK	Generic	*QL
CESIA	PAK	Generic	*QL
CHATEAL	TAB 0.15/30	Generic	*QL
CRYSELLE-28	TAB 28 TABS	Generic	*QL
CYCLAFEM	TAB 1/35	Generic	*QL
CYCLAFEM	TAB 7/7/7	Generic	*QL
CYRED	TAB	Generic	*QL
DASETTA	TAB 1/35	Generic	*QL
DASETTA	TAB 7/7/7	Generic	*QL
DAYSEE	TAB	Generic	*QL
DEBLITANE	TAB 0.35MG	Generic	*QL
DELYLA	TAB 0.1-0.02	Generic	*QL
DESO/ETHINYL	TAB ESTRADIO	Generic	*QL
DROSPIR/ETHI	TAB 3-0.03MG	Generic	*QL
DROSPIRE/ETH TAB ESTR/LEV	TAB	Generic	*QL
DROSPIRENONE	TAB ETHY EST	Generic	*QL
ECONTRA EZ	TAB 1.5MG	Generic	*QL
ELINEST	TAB	Generic	*QL
ELLA	TAB 30MG	Brand	QL 3 tabs per 31 days
ELURYNG (generic Nuvaring)	VA RING 0.120-0.015MG/HR	Generic	QL 1 per 21 days; 90 day supply per fill
EMOQUETTE	TAB	Generic	*QL
ENPRESSE-28	TAB	Generic	*QL
ENSKYCE	TAB	Generic	*QL
ERRIN	TAB 0.35MG	Generic	*QL
ESTARYLLA	TAB 0.25-35	Generic	*QL
FALLBACK	TAB 1.5MG	Generic	*QL
FALMINA	TAB	Generic	*QL
FAYOSIM	TAB	Generic	*QL
GIANVI	TAB 3-0.02MG	Generic	*QL

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
GILDAGIA	TAB 0.4-35	Generic	*QL
GILDESS	TAB 1/20	Generic	*QL
GILDESS	TAB 1.5/30	Generic	*QL
GILDESS 24	TAB FE 1/20	Generic	*QL
GILDESS FE	TAB 1/20	Generic	*QL
GILDESS FE	TAB 1.5/30	Generic	*QL
HEATHER	TAB 0.35MG	Generic	*QL
INTROVALE	TAB	Generic	*QL
JENCYCLA	TAB 0.35MG	Generic	*QL
JOLESSA	TAB	Generic	*QL
JOLIVETTE	TAB 0.35MG	Generic	*QL
JULEBER	TAB	Generic	*QL
JUNEL 1.5/30	TAB	Generic	*QL
JUNEL 1/20	TAB	Generic	*QL
JUNEL FE	TAB 1/20	Generic	*QL
JUNEL FE	TAB 1.5/30	Generic	*QL
JUNEL FE 24	TAB 1/20	Generic	*QL
KARIVA	TAB 28-DAY	Generic	*QL
KELNOR	TAB 1/35	Generic	*QL
KIMIDESS	TAB	Generic	*QL
KURVELO	TAB 0.15/30	Generic	*QL
LARIN	TAB 1/20	Generic	*QL
LARIN	TAB 1.5/30	Generic	*QL
LARIN 24	TAB FE 1/20	Generic	*QL
LARIN FE	TAB 1/20	Generic	*QL
LARIN FE	TAB 1.5/30	Generic	*QL
LAYOLIS FE	CHW	Generic	*QL
LEENA	TAB	Generic	*QL
LESSINA	TAB	Generic	*QL
LEVO-ETH EST	TAB 90-20MCG	Generic	*QL
LEVONEST	TAB	Generic	*QL
LEVONOR/ETHI	TAB 0.1-0.02	Generic	*QL
LEVONOR/ETHI	TAB ESTRADIO	Generic	*QL
LEVONORGESTR	TAB 0.75MG	Generic	*QL
LEVONORGESTR	TAB 1.5MG	Generic	*QL
LEVORA-28	TAB 0.15/30	Generic	*QL
LO LOESTRIN	TAB	Brand	*QL
LO MINASTRIN	PAK FE	Brand	*QL
LOMEDIA 24	TAB FE	Generic	*QL

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
LORYNA	TAB 3-0.02MG	Generic	*QL
LOW-OGESTREL	TAB	Generic	*QL
LUTERA	TAB	Generic	*QL
LYZA	TAB 0.35MG	Generic	*QL
MARLISSA	TAB 0.15/30	Generic	*QL
MIBELAS 24	CHW FE	Generic	*QL
MICROGESTIN	TAB 1/20	Generic	*QL
MICROGESTIN	TAB 1.5/30	Generic	*QL
MICROGESTIN	TAB FE 1/20	Generic	*QL
MICROGESTIN	TAB FE1.5/30	Generic	*QL
MONO-LINYAH	TAB 0.25-35	Generic	*QL
MONONESSA	TAB	Generic	*QL
MY WAY	TAB 1.5MG	Generic	*QL
MYZILRA	TAB	Generic	*QL
NECON	TAB 0.5/35	Generic	*QL
NECON	TAB 1/35	Generic	*QL
NECON	TAB 1/50-28	Generic	*QL
NECON	TAB 10/11-28	Generic	*QL
NECON	TAB 7/7/7	Generic	*QL
NEXT CHOICE	TAB 1.5MG	Generic	*QL
NIKKI	TAB 3-0.02MG	Generic	*QL
NONOXYNOL-9	GEL 4%	Generic	*QL
NORA-BE	TAB 0.35MG	Generic	*QL
NORETH/ETHIN	TAB 1/20	Generic	*QL
NORETH/ETHIN	CHW FE	Generic	*QL
NORETH/ETHIN	TAB FE 1/20	Generic	*QL
NORETHINDRON	TAB 0.35MG	Generic	*QL
NORGEST/ETHI	TAB 0.25/35	Generic	*QL
NORGEST/ETHI	TAB ESTRADIO	Generic	*QL
NORINYL	TAB 1+50-28	Generic	*QL
NORLYROC	TAB 0.35MG	Generic	*QL
NORTREL	TAB 0.5/35	Generic	*QL
NORTREL	TAB 1/35	Generic	*QL
NORTREL	TAB 7/7/7	Generic	*QL
OCELLA	TAB 3-0.03MG	Generic	*QL
OGESTREL	TAB	Generic	*QL
OPILL	TAB 0.075MG	Generic	QL 1 per day; 90-day supply available
OPCICON	TAB 1.5MG	Generic	*QL

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ORSYTHIA	TAB	Generic	*QL
ORTHO TRI-CYCLN LO	TAB	Generic	*QL
PHILITH	TAB 0.4-35	Generic	*QL
PIMTREA	TAB	Generic	*QL
PIRMELLA	TAB 1/35	Generic	*QL
PIRMELLA	TAB 7/7/7	Generic	*QL
PLAN B	TAB 0.75MG	Brand	QL 6 tabs per 31 days
PLAN B	TAB 1.5MG	Brand	QL 3 tabs per 31 days
PORTIA-28	TAB	Generic	*QL
PREVIFEM	TAB	Generic	*QL
QUASENSE	TAB	Generic	*QL
RAJANI	TAB	Generic	*QL
RECLIPSEN	TAB	Generic	*QL
RIVELSA	TAB	Generic	*QL
SAFYRAL	TAB	Brand	*QL
SETLAKIN	TAB	Generic	*QL
SHAROBEL	TAB 0.35MG	Generic	*QL
SOLIA	TAB	Generic	*QL
SPRINTEC 28	TAB 28-DAY	Generic	*QL
SRONYX	TAB	Generic	*QL
SYEDA	TAB 3-0.03MG	Generic	*QL
TAKE ACTION	TAB 1.5MG	Generic	*QL
TARINA FE	TAB 1/20	Generic	*QL
TILIA FE	TAB	Generic	*QL
TRI-ESTARYLL	TAB	Generic	*QL
TRI-LEGEST	TAB FE	Generic	*QL
TRI-LINYAH	TAB	Generic	*QL
TRINESSA	TAB	Generic	*QL
TRI-PREVIFEM	TAB	Generic	*QL
TRI-SPRINTEC	TAB	Generic	*QL
TRIVORA-28	TAB	Generic	*QL
VELIVET	PAK	Generic	*QL
VESTURA	TAB 3-0.02MG	Generic	*QL
VIORELE	TAB	Generic	*QL
VYFEMLA	TAB 0.4-35	Generic	*QL
WERA	TAB 0.5/35	Generic	*QL
WYMZYA FE	CHW 0.4MG-35	Generic	*QL
XULANE	DIS 150-35	Generic	Max 90-day supply per fill
ZARAH	TAB 3-0.03MG	Generic	*QL

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ZENCHENT	TAB	Generic	*QL
ZENCHENT FE	CHW 0.4MG-35	Generic	*QL
ZOVIA	TAB 1/35E	Generic	*QL
ZOVIA	TAB 1/50E	Generic	*QL
INHIBIDORES DE LA ALFA-GLUCOSIDASA			
ACARBOSE	TAB 50MG	Generic	QL 3 per day
ACARBOSE	TAB 100MG	Generic	QL 3 per day
ACARBOSE	TAB 25MG	Generic	QL 3 per day
MEDICAMENTOS ANTIHIPOGLUCÉMICOS, VARIOS			
DEX4	CHW 1GM	Brand	
DEX4	GLUCOSE CHW QK DISLV	Brand	
DIAZOXIDE	SUS 50MG/ML	Generic	
GLUCOSE	CHW 4GM various flavors	Generic	
GLUCOSE BITS	CHW 1GM	Brand	
GLUTOSE 15	GEL 40%	Generic	
GLUTOSE 45	GEL 40%	Generic	
INSTA-GLUCOS	GEL 77.4%	Brand	
BIGUANIDAS			
METFORMIN	TAB 500MG	Generic	90-day supply available
METFORMIN	TAB 850MG	Generic	90-day supply available
METFORMIN	TAB 1000MG	Generic	90-day supply available
METFORMIN	TAB 500MG ER	Generic	90-day supply available
METFORMIN	TAB 750MG ER	Generic	90-day supply available
COMBINACIÓN ANTIDIABÉTICA			
GLIPIZIDE/METFORMIN	TAB 2.5-250M	Generic	
GLIPIZIDE/METFORMIN	TAB 2.5-500M	Generic	
GLIPIZIDE/METFORMIN	TAB 5-500MG	Generic	
GLYBURIDE/METFORMIN	TAB 1.25-250	Generic	
GLYBURIDE/METFORMIN	TAB 2.5-500	Generic	
GLYBURIDE/METFORMIN	TAB 5-500MG	Generic	
PIOGLITAZONE/METFORMIN	TAB 15-500MG	Generic	QL 3 per day
PIOGLITAZONE/METFORMIN	TAB 15-850MG	Generic	QL 3 per day
GLUCAGÓN			
GLUCAGEN	INJ HYPOKIT	Brand	QL 2 kits per month
GLUCAGON	KIT 1MG	Brand	QL 2 kits per month
GLUCAGON EMR	1MG SOL	Brand	QL 2 per month

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
GVOKE (auto-injector)	0.5MG/0.1ML	Brand	QL 2 per month (0.2ML/month)
GVOKE (auto-injector)	1MG/0.2ML	Brand	QL 2 per month (0.4ML/month)
GVOKE (Prefilled Syringe)	PFS 0.5MG/0.1ML	Brand	QL 2 per month (0.2ML/month)
GVOKE (Prefilled Syringe)	PFS 1MG/0.2ML	Brand	QL 2 per month (0.4ML/month)
ZEGALOGUE (auto-injector)	0.6MG/0.6ML	Brand	QL 2 per month (1.2ML/month)
ZEGALOGUE (Prefilled Syringe)	PFS 0.6MG/0.6ML	Brand	QL 2 per month (1.2ML/month)
MEDICAMENTOS DE LA GONADOTROPIN-RELEASING HORMONE (GNRH, HORMONA LIBERADORA DE GONADOTROPINA)			
CAMCEVI	INJ 42MG	Brand	PA
LUPANETA	KIT 11.25-5	Brand	PA
LUPANETA	KIT 3.75-5	Brand	PA
LUPR DEP-PED	INJ 11.25MG	Brand	PA
LUPR DEP-PED	INJ 15MG	Brand	PA
LUPR DEP-PED	INJ 30MG	Brand	PA QL 1 per day
LUPR DEP-PED	INJ 7.5MG	Brand	PA
LUPRON DEPOT	INJ 11.25MG	Brand	PA QL 1 per 90 days
LUPRON DEPOT	INJ 22.5MG	Brand	PA QL 1 per 90 days
LUPRON DEPOT	INJ 3.75MG	Brand	PA
LUPRON DEPOT	INJ 30MG	Brand	PA
LUPRON DEPOT	INJ 45MG	Brand	PA
LUPRON DEPOT (pediatric kit)	INJ 45MG	Brand	PA QL 0.006 per day; Max 168 day supply per fill
LUPRON DEPOT	INJ 7.5MG	Brand	PA
ORGOVYX	TAB 120MG	Brand	PA QL 1 per day
ORILISSA	TAB 150MG	Brand	PA QL 1 per day
ORILISSA	TAB 200MG	Brand	PA QL 2 per day
INCRETIN MIMETICS			
ADLYXIN	INJ 20MCG	Brand	PA; QL 0.215mls per day
ADLYXIN	INJ 10/20MCG	Brand	PA; QL 6 per 180 days
BYDUREON	INJ	Brand	PA QL 0.143mls per day
BYDUREON	INJ BCISE	Brand	PA QL 0.122mls per day
BYETTA	INJ 10MCG	Brand	PA QL 2.4mls per month
BYETTA	INJ 5MCG	Brand	PA QL 1.2mls per month

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
LIRAGLUTIDE	INJ 18MG/3ML	Generic	ST required with alogliptan, Steglatro, Segluromet, Dapagliflozin, or Xigduo XR. QL 0.3mls per day
MOUNJARO	INJ 2.5MG/0.5ML	Brand	PA QL .08 per day
MOUNJARO	INJ 5MG/0.5ML	Brand	PA QL .08 per day
MOUNJARO	7.5MG/0.ML	Brand	PA QL .08 per day
MOUNJARO	10MG/0.5ML	Brand	PA QL .08 per day
MOUNJARO	12.5MG/0.5ML	Brand	PA QL .08 per day
MOUNJARO	15MG/0.5ML	Brand	PA QL .08 per day
OZEMPIC	INJ 2/1.5ML	Brand	PA QL 0.054 per day
OZEMPIC	INJ 2MG/3ML	Brand	PA QL 0.108 per day
OZEMPIC	INJ 4MG/3ML	Brand	PA QL 0.108 per day
OZEMPIC	INJ 8MG/3ML	Brand	PA QL 0.108 per day
TANZEUM	INJ 30MG	Brand	PA QL 0.143mls per day
TANZEUM	INJ 50MG	Brand	PA QL 0.143mls per day
TRULICITY	INJ 0.75MG/.05ML	Brand	PA QL 4 syringes/month
TRULICITY	INJ 01.5MG/.05ML	Brand	PA QL 4 syringes/month
TRULICITY	INJ 3MG/0.5ML	Brand	PA QL 4 syringes/month
TRULICITY	INJ 4.5MG/0.5ML	Brand	PA QL 4 syringes/month
WEGOVY	INJ 0.25MG	Brand	PA QL 0.08mls per day
WEGOVY	INJ 0.5MG	Brand	PA QL 0.08mls per day
WEGOVY	INJ 1MG	Brand	PA QL 0.08mls per day
WEGOVY	INJ 1.7MG	Brand	PA QL 0.11mls per day
WEGOVY	INJ 1.7MG	Brand	PA QL 0.11mls per day
ZEPBOUND	SOLN 2.5 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN 5 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN AUTO-INJECTOR 2.5 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN PEN-INJECTOR 2.5 MG/0.6ML		PA QL 0.086 per day
ZEPBOUND	SOLN AUTO-INJECTOR 5 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN PEN-INJECTOR 5 MG/0.6ML	Brand	PA QL 0.086 per day
ZEPBOUND	SOLN AUTO-INJECTOR 7.5 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN PEN-INJECTOR 7.5 MG/0.6ML	Brand	PA QL 0.086 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ZEPBOUND	SOLN AUTO-INJECTOR 10 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN PEN-INJECTOR 10 MG/0.6ML	Brand	PA QL 0.086 per day
ZEPBOUND	SOLN AUTO-INJECTOR 12.5 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN PEN-INJECTOR 12.5 MG/0.6ML	Brand	PA QL 0.086 per day
ZEPBOUND	SOLN AUTO-INJECTOR 15 MG/0.5ML	Brand	PA QL 2 per 28 days
ZEPBOUND	SOLN PEN-INJECTOR 15 MG/0.6ML	Brand	PA QL 0.086 per day
INSULINAS			
ADMELOG	INJ 100U/ML	Brand	90-day supply available
ADMELOG SOLO	INJ 100U/ML	Brand	90-day supply available
HUMALOG	INJ 100/ML	Brand	90-day supply available
HUMALOG	KWIK INJ 100/ML	Brand	90-day supply available
HUMALOG	KWIK INJ 200/ML	Brand	90-day supply available
HUMALOG	MIX INJ 50/50	Brand	90-day supply available
HUMALOG	MIX INJ 50/50KWP	Brand	;90-day supply available
HUMALOG MIX	INJ 75/25 KWIKPEN	Brand	90-day supply available
HUMALOG JR	INJ 100/ML	Brand	90-day supply available
HUMULIN	INJ 70/30	Brand	90-day supply available
HUMULIN	INJ 70/30KWP	Brand	90-day supply available
HUMULIN	N INJ U-100	Brand	90-day supply available
HUMULIN	N INJ U-100KWP	Brand	90-day supply available
HUMULIN	PEN INJ 70/30	Brand	90-day supply available
HUMULIN	R INJ U-100	Brand	90-day supply available
HUMULIN	R INJ 5-500 (pens)	Brand	PA; 90-day supply available
INSULIN ASPA (generic Novolog vial)	MIX INJ 70/30	Generic	90-day supply available
INSULIN ASPA (generic Novolog pen)	INJ FLEXPEN 70/30	Generic	90-day supply available
INSULIN ASPA	INJ 100 UNIT/ML	Generic	90-day supply available
INSULIN ASPA	INJ FLEXPEN 100 UNIT/ML	Generic	90-day supply available
INSULIN GLARG (generic Semglee pen)	INJ 100U/ML	Generic	90-day supply available
INSULIN GLARG (generic Semglee vial)	SOL 100U/ML	Generic	90-day supply available
INSULIN LISP (generic Humalog pen)	MIX INJ 75/25	Generic	90-day supply available
INSULIN LISP	INJ 100 UNIT/ML	Generic	90-day supply available
INSULIN LISP	INJ 100 UNIT/ML	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
INSULIN LISP	INJ 100/ML JUNIOR	Brand	90-day supply available
LANTUS	INJ 100/ML	Brand	90-day supply available
LANTUS SOLOSTAR	INJ 100/ML (pen)	Brand	90-day supply available
NOVOLIN	INJ 70/30	Brand	90-day supply available
NOVOLIN	N INJ RELION	Brand	90-day supply available
NOVOLIN	N INJ U-100	Brand	90-day supply available
NOVOLIN	R INJ RELION	Brand	90-day supply available
NOVOLIN	R INJ U-100	Brand	90-day supply available
NOVOLIN	R INJ 100 UNIT (pen)	Brand	90-day supply available
NOVOLIN	70/30 INJ RELION	Brand	90-day supply available
NOVOLOG RELION	INJ 70/30	Brand	90-day supply available
NOVOLOG MIX	INJ FLEXPEN	Brand	90-day supply available
REZVOGLAR	INJ 100 UNIT/ML (pen)	Brand	90-day supply available
SOLIQUA	INJ 10/33	Brand	PA
INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 (DPP-4)			
ALOGLIPTIN	TAB 6.25MG	Brand	ST
ALOGLIPTIN	TAB 12.5MG	Brand	ST
ALOGLIPTIN	TAB 25MG	Brand	ST
ALOGLIPTIN-METFORMIN HCL	TAB 12.5-500 MG	Generic	ST QL 2 per day
ALOGLIPTIN-METFORMIN HCL	TAB 12.5-1000 MG	Generic	ST QL 2 per day
ALOGLIPTIN-PIOGLITAZONE	TAB 12.5-15 MG	Generic	ST QL 1 per day
ALOGLIPTIN-PIOGLITAZONE	TAB 12.5-30 MG	Generic	ST QL 1 per day
ALOGLIPTIN-PIOGLITAZONE	TAB 12.5-45 MG	Generic	ST QL 1 per day
ALOGLIPTIN-PIOGLITAZONE	TAB 25-15 MG	Generic	ST QL 1 per day
ALOGLIPTIN-PIOGLITAZONE	TAB 25-30 MG	Generic	ST QL 1 per day
ALOGLIPTIN-PIOGLITAZONE	TAB 25-45MG	Generic	ST QL 1 per day
MEGLITINIDAS			
NATEGLINIDE	TAB 60MG	Generic	
NATEGLINIDE	TAB 120MG	Generic	
INHIBIDORES DEL COTRANSPORTADOR DE SODIO-GLUCOSA 2 (SGLT2)			
QTERN	TAB 5-5MG	Brand	PA QL 1 per day
QTERN	TAB 10-5MG	Brand	PA QL 1 per day
STEGLATRO	TAB 5MG	Brand	ST Required with Metformin AND Pioglitazone OR Glipizide,

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
			Glyburide, Glimepiride QL 1 per day
STEGLATRO	TAB 15MG	Brand	ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 1 per day
SEGLUROMET	TAB 2.5-500MG	Brand	ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day
SEGLUROMET	TAB 2.5-1000MG	Brand	ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day
SEGLUROMET	TAB 7.5-500MG	Brand	ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day
SEGLUROMET	TAB 7.5-1000MG	Brand	ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day
XIGDUO XR	TAB 2.5-1000	Brand	PA QL 2 per day
XIGDUO XR	TAB 5-500MG	Brand	PA QL 1 per day
XIGDUO XR	TAB 5-1000MG	Brand	PA QL 2 per day
XIGDUO XR	TAB 10-500MG	Brand	PA QL 1 per day
XIGDUO XR	TAB 10-1000	Brand	PA QL 1 per day
SULFONILUREAS			
GLIMEPIRIDE	TAB 1MG	Generic	QL 4 per day; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
GLIMEPIRIDE	TAB 2MG	Generic	QL 4 per day; 90-day supply available
GLIMEPIRIDE	TAB 4MG	Generic	QL 2 per day; 90-day supply available
GLIPIZIDE	TAB 5MG	Generic	90-day supply available
GLIPIZIDE	TAB 10MG	Generic	90-day supply available
GLIPIZIDE ER	TAB 2.5MG	Generic	90-day supply available
GLIPIZIDE ER	TAB 5MG	Generic	90-day supply available
GLIPIZIDE ER	TAB 10MG	Generic	90-day supply available
GLYBURID MCR	TAB 1.5MG	Generic	90-day supply available
GLYBURID MCR	TAB 3MG	Generic	90-day supply available
GLYBURID MCR	TAB 6MG	Generic	90-day supply available
GLYBURIDE	TAB 1.25MG	Generic	90-day supply available
GLYBURIDE	TAB 2.5MG	Generic	90-day supply available
GLYBURIDE	TAB 5MG	Generic	90-day supply available
TIAZOLIDINEDIONAS			
PIOGLITAZONE	TAB 15MG	Generic	QL 1 per day; 90-day supply available
PIOGLITAZONE	TAB 30MG	Generic	QL 1 per day; 90-day supply available
PIOGLITAZONE	TAB 45MG	Generic	QL 1 per day; 90-day supply available
MEDICAMENTOS ANTITIROIDEOS			
METHIMAZOLE	TAB 5MG	Generic	
METHIMAZOLE	TAB 10MG	Generic	
POT IODIDE	SOL 1GM/ML	Generic	
PROPYLTHIOUR	TAB 50MG	Generic	
SSKI	SOL 1GM/ML	Brand	
MEDICAMENTOS TIROIDEOS			
ARMOUR THYROID	TAB 15MG	Brand	
ARMOUR THYROID	TAB 30MG	Brand	
ARMOUR THYROID	TAB 60MG	Brand	
ARMOUR THYROID	TAB 90MG	Brand	
ARMOUR THYROID	TAB 120MG	Brand	
ARMOUR THYROID	TAB 180MG	Brand	
ARMOUR THYROID	TAB 240MG	Brand	
ARMOUR THYROID	TAB 300MG	Brand	
LEVOTHYROXINE	TAB 25MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 50MCG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
LEVOTHYROXINE	TAB 75MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 88MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 100MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 112MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 125MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 137MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 150MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 175MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 200MCG	Generic	90-day supply available
LEVOTHYROXINE	TAB 300MCG	Generic	90-day supply available
LEVOXYL	TAB 25MCG	Generic	90-day supply available
LEVOXYL	TAB 50MCG	Generic	90-day supply available
LEVOXYL	TAB 75MCG	Generic	90-day supply available
LEVOXYL	TAB 88MCG	Generic	90-day supply available
LEVOXYL	TAB 100MCG	Generic	90-day supply available
LEVOXYL	TAB 112MCG	Generic	90-day supply available
LEVOXYL	TAB 125MCG	Generic	90-day supply available
LEVOXYL	TAB 137MCG	Generic	90-day supply available
LEVOXYL	TAB 150MCG	Generic	90-day supply available
LEVOXYL	TAB 175MCG	Generic	90-day supply available
LEVOXYL	TAB 200MCG	Generic	90-day supply available
LIOTHYRONINE	TAB 5MCG	Generic	
LIOTHYRONINE	TAB 25MCG	Generic	
LIOTHYRONINE	TAB 50MCG	Generic	
NP THYROID	TAB 30MG	Generic	
NP THYROID	TAB 60MG	Generic	
NP THYROID	TAB 90MG	Generic	
SYNTHROID	TAB 25MCG	Brand	90-day supply available
SYNTHROID	TAB 50MCG	Brand	90-day supply available
SYNTHROID	TAB 75MCG	Brand	90-day supply available
SYNTHROID	TAB 88MCG	Brand	90-day supply available
SYNTHROID	TAB 100MCG	Brand	90-day supply available
SYNTHROID	TAB 112MCG	Brand	90-day supply available
SYNTHROID	TAB 125MCG	Brand	90-day supply available
SYNTHROID	TAB 137MCG	Brand	90-day supply available
SYNTHROID	TAB 150MCG	Brand	90-day supply available
SYNTHROID	TAB 175MCG	Brand	90-day supply available
SYNTHROID	TAB 200MCG	Brand	90-day supply available
SYNTHROID	TAB 300MCG	Brand	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
THYROLAR-1	TAB 60MG	Brand	
THYROLAR-1/2	TAB 30MG	Brand	
THYROLAR-1/4	TAB 15MG	Brand	
THYROLAR-2	TAB 120MG	Brand	
THYROLAR-3	TAB 180MG	Brand	
UNITHROID DIRECT	TAB 25MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 50MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 75MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 88MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 100MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 112MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 125MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 150MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 175MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 200MCG	Generic	90-day supply available
UNITHROID DIRECT	TAB 300MCG	Generic	90-day supply available
UNITHROID	TAB 25MCG	Generic	90-day supply available
UNITHROID	TAB 50MCG	Generic	90-day supply available
UNITHROID	TAB 75MCG	Generic	90-day supply available
UNITHROID	TAB 88MCG	Generic	90-day supply available
UNITHROID	TAB 100MCG	Generic	90-day supply available
UNITHROID	TAB 112MCG	Generic	90-day supply available
UNITHROID	TAB 125MCG	Generic	90-day supply available
UNITHROID	TAB 137MCG	Generic	90-day supply available
UNITHROID	TAB 150MCG	Generic	90-day supply available
UNITHROID	TAB 175MCG	Generic	90-day supply available
UNITHROID	TAB 200MCG	Generic	90-day supply available
UNITHROID	TAB 300MCG	Generic	90-day supply available
OXITÓCICOS			
METHYLERGON	TAB 0.2MG	Generic	
MIFEPRISTONE	TAB 200MG	Generic	QL 1 per fill
DERIVADOS ERGÓTICOS AGONISTAS DOPAMINÉRGICOS			
CABERGOLINE	TAB 0.5MG	Generic	QL 20 per month
AGONISTAS-ANTAGONISTAS DE ESTRÓGENO			
RALOXIFENE	TAB 60MG	Generic	

OSTEOPOROSIS

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ALENDRONATE	TAB 5MG	Generic	QL 1 per day; 90-day supply available
ALENDRONATE	TAB 10MG	Generic	QL 1 per day; 90-day supply available
ALENDRONATE	TAB 35MG	Generic	QL 4 per 30 days; 12 per 77 days
ALENDRONATE	TAB 70MG	Generic	QL 4 per 30 days; 12 per 77 days
CALCITONIN	SPR 200/ACT	Generic	QL 3.7mls per 30 days
ETIDRONATE DISODIUM	TAB 200MG	Generic	
ETIDRONATE DISODIUM	TAB 400MG	Generic	
IBANDRONATE	TAB 150MG	Generic	QL 1 per 30 days
RISEDRONATE	TAB 5MG	Generic	ST (Alendronate) QL 1 per day
RISEDRONATE	TAB 35MG	Generic	ST (Alendronate) QL 4 per 30 days
RISEDRONATE	TAB 150MG	Generic	ST (Alendronate) QL 1 per 23 days
TYMLOS	INJ	Brand	PA QL 0.052ml per day
OTROS MEDICAMENTOS TERAPÉUTICOS VARIOS			
CINACALCET	TAB 30MG	Generic	
CINACALCET	TAB 60MG	Generic	
CINACALCET	TAB 90MG	Generic	
DALFAMPRIDINE	TAB 10MG ER	Generic	PA
FILSPARI	TAB 200MG	Brand	PA QL 1 TAB per day
FILSPARI	TAB 400MG	Brand	PA QL 1 TAB per day
FISH OIL	CAP 1000MG	Generic	90-day supply available
FISH OIL	CAP 1200MG	Generic	90-day supply available
FISH OIL	CAP 500MG	Generic	90-day supply available
FISH OIL	CAP 300MG	Generic	90-day supply available
FISH OIL	CAP 435MG	Generic	90-day supply available
FISH OIL	CAP 900MG	Brand	90-day supply available
KERENDIA	TAB 10MG	Brand	PA
LEVOCARNITINE	TAB 330MG	Generic	
LEVOCARNITINE	SOL 1GM/10ML	Generic	
MELATONIN	TAB 200MCG	Brand	
MELATONIN	TAB 300MCG	Generic	
MELATONIN	TAB 1MG	Generic	
MELATONIN	TAB 3MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
MELATONIN	TAB 5MG	Generic	
MELATONIN	TAB 10MG	Generic	
MELATONIN	TAB 12MG	Brand	
MELATONIN	ER TAB 1MG	Brand	
MELATONIN	ER TAB 3MG	Brand	
MELATONIN	ER TAB 10MG	Generic	
MELATONIN	CHEW TAB 2.5MG	Generic	
MELATONIN	CHEW TAB 5MG	Brand	
MELATONIN	DIS TAB 500MCG	Brand	
MELATONIN	DIS TAB 3MG	Generic	
MELATONIN	DIS TAB 5MG	Generic	
MELATONIN	DIS TAB 10MG	Generic	
MELATONIN	DIS TAB 12MG	Brand	
MELATONIN	SL TAB 1MG	Brand	
MELATONIN	SL TAB 3MG	Brand	
MELATONIN	SL TAB 5MG	Generic	
MELATONIN	SL TAB 10MG	Generic	
MELATONIN	LIQ 1MG/ML	Generic	
MELATONIN	LIQ 1MG/4ML (2.5/10ML)	Brand	
MELATONIN	LIQ 3MG/0.9ML	Brand	
MELATONIN	LIQ 3.5MG/2ML (1.75MG/ML)	Brand	
MELATONIN	LIQ 5MG/ML	Brand	
MELATONIN	LIQ 5MG/15ML	Generic	
MELATONIN	LIQ 10MG/ML	Brand	
MELATONIN	CAP 1MG	Brand	
MELATONIN	CAP 3MG	Generic	
MELATONIN	CAP 5MG	Generic	
MELATONIN	CAP 10MG	Generic	
MELATONIN	SL LOZ 5MG	Brand	
OMEGA III	CAP EPA+DHA	Generic	
PYRUKYND	TAB 5MG	Brand	PA QL 2 per day
PYRUKYND	TAB 20MG	Brand	PA QL 2 per day
PYRUKYND	TAB 50MG	Brand	PA QL 2 per day
PYRUKYND	TAB 5MG TP	Brand	PA QL 1 per day
PYRUKYND	TAB 20MGx5MG	Brand	PA QL 1 per day
PYRUKYND	TAB 50MGx20MG	Brand	PA QL 1 per day
REZDIFFRA	TAB 60MG	Brand	PA QL 1 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
REZDIFFRA	TAB 80MG	Brand	PA QL 1 per day
REZDIFFRA	TAB 100MG	Brand	PA QL 1 per day
REZUROCK	TAB 200MG	Brand	PA QL 1 per day
SAM-E.P.A.	CAP 500MG	Generic	
SAPROPTERIN	POW 100MG	Generic	PA
SAPROPTERIN	POW 500MG	Generic	PA
SAPROPTERIN	TAB 100MG	Generic	PA
SKYCLARYS	CAP 50MG	Brand	PA QL 3 per day
SUPER DHA	CAP GEMS	Generic	
SUPER OMEGA	CAP 500MG	Generic	90-day supply available
SUPER OMEGA	CAP -3	Generic	90-day supply available
SUPER OMEGA	CAP-EPA	Generic	90-day supply available
TOLVAPTAN	TAB 15MG	Generic	PA QL 2 per day
TOLVAPTAN	TAB 30MG	Generic	PA QL 2 per day
TOLVAPTAN	PAK 15MG	Generic	PA QL 2 per day
TOLVAPTAN	PAK 30-15MG	Generic	PA QL 2 per day
TOLVAPTAN	PAK 45-15MG	Generic	PA QL 2 per day
TOLVAPTAN	PAK 60-30MG	Generic	PA QL 2 per day
TOLVAPTAN	PAK 90-30MG	Generic	PA QL 2 per day
VANRAFIA	0.75MG TAB	Brand	PA QL 1 per day
VIJOICE	TAB 50MG	Brand	PA QL 1 per day
VIJOICE	TAB 125MG	Brand	PA QL 1 per day
VIJOICE	TAB 250MG	Brand	PA QL 2 per day
VOYXACT	INJ 400/2ML	Brand	PA QL 0.072 per day
VOXZOGO	INJ 0.4MG	Brand	PA
VOXZOGO	INJ 0.56MG	Brand	PA
VOXZOGO	INJ 1.2MG	Brand	PA
XACDURO	INJ 1-1GM	Brand	PA
PITUITARIOS			
CRENESSITY	CAP 50MG	Brand	PA QL 2 per day
CRENESSITY	CAP 100MG	Brand	PA QL 2 per day
CRENESSITY	SOL 50MG/ML	Brand	PA QL 2 per day
DESMOPRESSIN	TAB 0.1MG	Generic	QL 6 per day
DESMOPRESSIN	TAB 0.2MG	Generic	QL 6 per day
DESMOPRESSIN	INJ 4MCG/ML	Generic	PA
DESMOPRESSIN	SOL 0.01%	Generic	PA
DESMOPRESSIN	SPR 0.01%	Generic	PA
STIMATE	SOL 1.5MG/ML	Brand	PA
AGONISTAS DE LA SOMATOTROPINA			

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
INCRELEX	INJ 40MG/4ML	Brand	PA
OCTREOTIDE	INJ 100MCG	Generic	
OCTREOTIDE	INJ 1000MCG	Generic	
OCTREOTIDE	SOL 80MG	Generic	
SIGNIFOR	INJ 0.3MG/ML	Brand	PA
SIGNIFOR	INJ 0.6MG/ML	Brand	PA
SIGNIFOR	INJ 0.9MG/ML	Brand	PA
ZOMACTON	INJ 5MG	Brand	PA
ZOMACTON	INJ 10MG	Brand	PA
ANTAGONISTAS DE LA SOMATOTROPINA			
SOMAVERT	INJ 10MG	Brand	PA
SOMAVERT	INJ 15MG	Brand	PA
SOMAVERT	INJ 20MG	Brand	PA
SOMAVERT	INJ 25MG	Brand	PA
SOMAVERT	INJ 30MG	Brand	PA
VITAMINA D			
CALCITRIOL	CAP 0.25MCG	Generic	
CALCITRIOL	CAP 0.5MCG	Generic	
CALCITRIOL	SOL 1MCG/ML	Generic	
CHILD VIT D	CHW 400UNIT	Generic	90-day supply available
D 400	CHW 400UNIT	Generic	90-day supply available
D-3 GUMMY	CHW 400UNIT	Generic	90-day supply available
D3 KIDS	CHW 400UNIT	Generic	90-day supply available
D-VI-SOL	LIQ 400UNIT	Brand	90-day supply available
D-VITA	LIQ 400UNIT	Generic	90-day supply available
ERGOCALCIFER	DRO 8000/ML	Generic	90-day supply available
ERGOCALCIFER	SOL 8000/ML	Generic	90-day supply available
JUST D	LIQ 400UNIT	Generic	90-day supply available
PARICALCITOL	CAP 1 MCG	Generic	PA QL 15 per 31 days
PARICALCITOL	CAP 2 MCG	Generic	PA QL 15 per 31 days
PHYTONADIONE	TAB 5MG	Generic	QL 5 tabs per fill; ST (warfarin)
THERA-D	TAB 4000UNIT	Brand	90-day supply available
VITAJOY DALY	CHW D 1000IU	Generic	90-day supply available
VITAMIN D	CHW 400UNIT	Generic	90-day supply available
VITAMIN D	TAB 5000IU	Generic	90-day supply available
VITAMIN D	CAP 5000UNT	Generic	90-day supply available
VITAMIN D2	TAB 400UNT	Generic	90-day supply available
VITAMIN D3	TAB 800UNT	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
VITAMIN D3	TAB 1000UNIT	Generic	90-day supply available
VITAMIN D3	TAB 2000UNIT	Generic	90-day supply available
VITAMIN D3	TAB 3000UNIT	Generic	90-day supply available
VITAMIN D3	TAB 400UNIT	Generic	90-day supply available
VITAMIN D3	TAB 5000UNIT	Generic	90-day supply available
VITAMIN D3	TAB 50000UNIT	Brand	90-day supply available
VITAMIN D3	CAP 400UNIT	Generic	90-day supply available
VITAMIN D3	CAP 5000UNIT	Generic	90-day supply available
VITAMIN D3	CAP 10000UNT	Generic	90-day supply available
VITAMIN D3	CAP 2000UNIT	Generic	90-day supply available
VITAMIN D3	CHW 1000UNIT	Generic	90-day supply available
VITAMIN D3	CHW 400UNIT	Generic	90-day supply available
VITAMIN D3	DRO 400UNIT	Generic	90-day supply available
VIT D GUMMIE	CHW 400UNIT	Generic	90-day supply available
VITAMINA E			
VITAMIN E	CAP 400 UNIT	Generic	
VITAMIN E	TAB 400 UNIT	Generic	
VITAMIN E	CAP 450MG (1000 UNIT)	Generic	
VITAMIN E	CAP 670MG, (1000 UNIT)	Generic	
VITAMIN E	CAP 1000 UNIT	Generic	
MEDICAMENTOS CARDIOVASCULARES			
MEDICAMENTOS CARDIOTÓNICOS			
DIGOXIN	TAB 0.125MG	Generic	90-day supply available
DIGOXIN	TAB 0.25MG	Generic	90-day supply available
DIGOXIN	SOL 50MCG/ML	Generic	90-day supply available
MEDICAMENTOS CARDÍACOS, VARIOS			
ATTRUBY	PAK 356MG	Brand	PA QL 4 per day
CAMZYOS	2.5MG	Brand	PA QL 1 per day
CAMZYOS	5MG	Brand	PA QL 1 per day
CAMZYOS	10MG	Brand	PA QL 1 per day
CAMZYOS	15MG	Brand	PA QL 1 per day
CORLANOR	TAB 5MG	Brand	PA QL 2 per day
CORLANOR	TAB 7.5MG	Brand	PA QL 2 per day
CORLANOR	SOL 5MG/5ML	Brand	PA QL 10ml per day
IVABRADINE	TAB 5MG	Generic	PA QL 2 per day
IVABRADINE	TAB 7.5MG	Generic	PA QL 2 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
RANOLAZINE	TAB ER 500MG	Generic	QL 2 per day
RANOLAZINE	TAB ER 1000MG	Generic	QL 2 per day
SACUBITRIL-VALSARTAN (generic Entresto)	TAB 24-26MG	Generic	QL 2 per day
SACUBITRIL-VALSARTAN (generic Entresto)	TAB 49-51MG	Generic	QL 2 per day
SACUBITRIL-VALSARTAN (generic Entresto)	TAB 97-103MG	Generic	QL 2 per day
VYNDAMAX	CAP 61MG	Brand	PA QL 1 per day
NITRATOS Y NITRITOS			
ISOSORBIDE DINITRATE	TAB 5MG	Generic	90-day supply available
ISOSORBIDE DINITRATE	TAB 10MG	Generic	90-day supply available
ISOSORBIDE DINITRATE	TAB 20MG	Generic	90-day supply available
ISOSORBIDE DINITRATE	TAB 30MG	Generic	90-day supply available
ISOSORBIDE MONONITRATE	TAB 10MG	Generic	90-day supply available
ISOSORBIDE MONONITRATE	TAB 20MG	Generic	90-day supply available
ISOSORBIDE MONONITRATE	TAB 30MG ER	Generic	90-day supply available
ISOSORBIDE MONONITRATE	TAB 60MG ER	Generic	90-day supply available
ISOSORBIDE MONONITRATE	TAB 120MG ER	Generic	90-day supply available
MINITRAN	DIS 0.1MG/HR	Generic	
MINITRAN	DIS 0.2MG/HR	Generic	
MINITRAN	DIS 0.4MG/HR	Generic	
MINITRAN	DIS 0.6MG/HR	Generic	
MYQORZO	TAB 5MG	Brand	PA QL 1per day
MYQORZO	TAB 10MG	Brand	PA QL 1per day
MYQORZO	TAB 15MG	Brand	PA QL 1per day
MYQORZO	TAB 20MG	Brand	PA QL 1per day
NITRO-BID	OIN 2%	Brand	
NITRO-DUR	DIS 0.3MG/HR	Brand	
NITRO-DUR	DIS 0.8MG/HR	Brand	
NITROGLYCERIN	INJ 5MG/ML	Generic	
NITROGLYCERIN	DIS 0.1MG/HR	Generic	
NITROGLYCERIN	DIS 0.2MG/HR	Generic	
NITROGLYCERIN	DIS 0.4MG/HR	Generic	
NITROGLYCERIN	DIS 0.6MG/HR	Generic	
NITROGLYCERIN	SPR 0.4MG	Generic	
NITROGLYCERIN	SPR LINGUAL	Generic	
NITROGLYCERIN	SUB 0.3MG	Generic	
NITROGLYCERIN	SUB 0.4MG	Generic	
NITROGLYCERIN	SUB 0.6MG	Generic	
VYNDAQEL	20MG CAP	Brand	PA QL: 4 per day
BETABLOQUEADORES ADRENÉRGICOS			

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ACEBUTOLOL	CAP 200MG	Generic	90-day supply available
ACEBUTOLOL	CAP 400MG	Generic	90-day supply available
ATENOLOL	TAB 25MG	Generic	90-day supply available
ATENOLOL	TAB 50MG	Generic	90-day supply available
ATENOLOL	TAB 100MG	Generic	90-day supply available
BISOPROLOL FUMARATE	TAB 5MG	Generic	90-day supply available
BISOPROLOL FUMARATE	TAB 10MG	Generic	90-day supply available
CARVEDILOL	TAB 3.125MG	Generic	90-day supply available
CARVEDILOL	TAB 6.25MG	Generic	90-day supply available
CARVEDILOL	TAB 12.5MG	Generic	90-day supply available
CARVEDILOL	TAB 25MG	Generic	90-day supply available
LABETALOL	TAB 100MG	Generic	90-day supply available
LABETALOL	TAB 200MG	Generic	90-day supply available
LABETALOL	TAB 300MG	Generic	90-day supply available
LABETALOL	INJ 10MG/2ML	Brand	
METOPROLOL TARTRATE	TAB 25MG	Generic	90-day supply available
METOPROLOL TARTRATE	TAB 37.5MG	Generic	90-day supply available
METOPROLOL TARTRATE	TAB 50MG	Generic	90-day supply available
METOPROLOL TARTRATE	TAB 75MG	Generic	90-day supply available
METOPROLOL TARTRATE	TAB 100MG	Generic	90-day supply available
METOPROLOL	TAB 25MG ER	Generic	90-day supply available
METOPROLOL	TAB 50MG ER	Generic	90-day supply available
METOPROLOL	TAB 100MG ER	Generic	90-day supply available
METOPROLOL	TAB 200MG ER	Generic	90-day supply available
NADOLOL	TAB 20MG	Generic	90-day supply available
NADOLOL	TAB 40MG	Generic	90-day supply available
NADOLOL	TAB 80MG	Generic	90-day supply available
PINDOLOL	TAB 5MG	Generic	90-day supply available
PINDOLOL	TAB 10MG	Generic	90-day supply available
PROPRANOLOL	CAP 60MG ER	Generic	90-day supply available
PROPRANOLOL	CAP 80MG ER	Generic	90-day supply available
PROPRANOLOL	CAP 120MG ER	Generic	90-day supply available
PROPRANOLOL	CAP 160MG ER	Generic	90-day supply available
PROPRANOLOL	TAB 10MG	Generic	90-day supply available
PROPRANOLOL	TAB 20MG	Generic	90-day supply available
PROPRANOLOL	TAB 40MG	Generic	90-day supply available
PROPRANOLOL	TAB 60MG	Generic	90-day supply available
PROPRANOLOL	TAB 80MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PROPRANOLOL	SOL 20MG/5ML	Generic	AR PA required >12; 90-day supply available
PROPRANOLOL	SOL 40MG/5ML	Generic	AR PA required >12; 90-day supply available
SORINE	TAB 80MG	Generic	90-day supply available
SORINE	TAB 120MG	Generic	90-day supply available
SORINE	TAB 160MG	Generic	90-day supply available
SORINE	TAB 240MG	Generic	90-day supply available
SOTALOL AF	TAB 80MG	Generic	90-day supply available
SOTALOL AF	TAB 120MG	Generic	90-day supply available
SOTALOL AF	TAB 160MG	Generic	90-day supply available
SOTALOL HCL	TAB 80MG	Generic	90-day supply available
SOTALOL HCL	TAB 120MG	Generic	90-day supply available
SOTALOL HCL	TAB 160MG	Generic	90-day supply available
SOTALOL HCL	TAB 240MG	Generic	90-day supply available
BLOQUEADORES DE LOS CANALES DE CALCIO			
AMLODIPINE	TAB 2.5MG	Generic	90-day supply available
AMLODIPINE	TAB 5MG	Generic	90-day supply available
AMLODIPINE	TAB 10MG	Generic	90-day supply available
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 2.5-10MG	Generic	QL 1 per day
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 5-10MG	Generic	QL 1 per day
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 5-20MG	Generic	QL 1 per day
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 5-40MG	Generic	QL 1 per day
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 10-20MG	Generic	QL 1 per day
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 10-40MG	Generic	QL 1 per day
CARDAMYST	SPR 2x70MG	Brand	PA QL 2 doses per fill; 6 doses per 365 days
CARTIA XT	CAP 120/24HR	Generic	90-day supply available
CARTIA XT	CAP 180/24HR	Generic	90-day supply available
CARTIA XT	CAP 240/24HR	Generic	90-day supply available
CARTIA XT	CAP 300/24HR	Generic	90-day supply available
DILT-CD	CAP 120MG	Generic	90-day supply available
DILT-CD	CAP 180MG	Generic	90-day supply available
DILT-CD	CAP 240MG	Generic	90-day supply available
DILT-CD	CAP 300MG	Generic	90-day supply available
DILTIAZEM	TAB 30MG	Generic	90-day supply available
DILTIAZEM	TAB 60MG	Generic	90-day supply available
DILTIAZEM	TAB 90MG	Generic	90-day supply available
DILTIAZEM	TAB 120MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
DILTIAZEM	CAP 60MG ER	Generic	90-day supply available
DILTIAZEM	CAP 90MG ER	Generic	90-day supply available
DILTIAZEM	CAP 120MG ER	Generic	90-day supply available
DILTIAZEM	CAP 180MG ER	Generic	90-day supply available
DILTIAZEM	CAP 240MG ER	Generic	90-day supply available
DILTIAZEM	CAP 120MG/24	Generic	90-day supply available
DILTIAZEM	CAP 180MG/24	Generic	90-day supply available
DILTIAZEM	CAP 240MG/24	Generic	90-day supply available
DILTIAZEM	CAP 300MG/24	Generic	90-day supply available
DILTIAZEM	CAP 360MG/24	Generic	90-day supply available
DILTIAZEM	CAP 360MG ER	Generic	90-day supply available
DILTIAZEM	CAP 420MG/24	Generic	90-day supply available
DILTIAZEM	CAP 120MG CD	Generic	90-day supply available
DILTIAZEM	CAP 180MG CD	Generic	90-day supply available
DILTIAZEM	CAP 240MG CD	Generic	90-day supply available
DILTIAZEM	CAP 300MG ER	Generic	90-day supply available
DILTIAZEM	CAP 300MG CD	Generic	90-day supply available
DILTIAZEM	CAP 360MG CD	Generic	90-day supply available
DILT-XR	CAP 120MG	Generic	90-day supply available
DILT-XR	CAP 180MG	Generic	90-day supply available
DILT-XR	CAP 240MG	Generic	90-day supply available
DILTZAC	CAP 120MG/24	Generic	90-day supply available
DILTZAC	CAP 180MG/24	Generic	90-day supply available
DILTZAC	CAP 240MG/24	Generic	90-day supply available
DILTZAC	CAP 300MG/24	Generic	90-day supply available
DILTZAC	CAP 360MG/24	Generic	90-day supply available
FELODIPINE	TAB 2.5MG ER	Generic	90-day supply available
FELODIPINE	TAB 5MG ER	Generic	90-day supply available
FELODIPINE	TAB 10MG ER	Generic	90-day supply available
NIFEDIAC CC	TAB 30MG ER	Generic	90-day supply available
NIFEDIAC CC	TAB 60MG ER	Generic	90-day supply available
NIFEDICAL XL	TAB 30MG	Generic	90-day supply available
NIFEDICAL XL	TAB 60MG	Generic	90-day supply available
NIFEDIPINE	CAP 10MG	Generic	90-day supply available
NIFEDIPINE	CAP 20MG	Generic	90-day supply available
NIFEDIPINE	TAB 30MG ER	Generic	90-day supply available
NIFEDIPINE	TAB 60MG ER	Generic	90-day supply available
NIFEDIPINE	TAB 90MG ER	Generic	90-day supply available
TAZTIA XT	CAP 120MG/24	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
TAZTIA XT	CAP 180MG/24	Generic	90-day supply available
TAZTIA XT	CAP 240MG/24	Generic	90-day supply available
TAZTIA XT	CAP 300MG/24	Generic	90-day supply available
TAZTIA XT	CAP 360MG/24	Generic	90-day supply available
VERAPAMIL	TAB 40MG	Generic	90-day supply available
VERAPAMIL	TAB 80MG	Generic	90-day supply available
VERAPAMIL	TAB 120MG	Generic	90-day supply available
VERAPAMIL	TAB 120MG ER	Generic	90-day supply available
VERAPAMIL	TAB 180MG ER	Generic	90-day supply available
VERAPAMIL	TAB 240MG ER	Generic	90-day supply available
VERAPAMIL	INJ 2.5MG/ML	Generic	90-day supply available
VERAPAMIL	CAP 100MG ER	Generic	90-day supply available
VERAPAMIL	CAP 120MG ER	Generic	90-day supply available
VERAPAMIL	CAP 120MG SR	Generic	90-day supply available
VERAPAMIL	CAP 180MG ER	Generic	90-day supply available
VERAPAMIL	CAP 180MG SR	Generic	90-day supply available
VERAPAMIL	CAP 200MG ER	Generic	90-day supply available
VERAPAMIL	CAP 240MG ER	Generic	90-day supply available
VERAPAMIL	CAP 240MG SR	Generic	90-day supply available
VERAPAMIL	CAP 300MG ER	Generic	90-day supply available
VERAPAMIL	CAP 360MG SR	Generic	90-day supply available
ANTIARRÍTMICOS			
ADENOSINE	INJ 6MG/2ML	Generic	
ADENOSINE	INJ 12MG/4ML	Generic	
AMIODARONE	TAB 200MG	Generic	90-day supply available
AMIODARONE	INJ 50MG/ML	Generic	
AMIODARONE	INJ 150MG/3M	Generic	
DISOPYRAMIDE	CAP 100MG	Generic	
DISOPYRAMIDE	CAP 150MG	Generic	
DOFETILIDE	CAP 125MCG	Generic	
DOFETILIDE	CAP 250MCG	Generic	
DOFETILIDE	CAP 500MCG	Generic	
FLECAINIDE	TAB 50MG	Generic	
FLECAINIDE	TAB 100MG	Generic	
FLECAINIDE	TAB 150MG	Generic	
LIDOCAINE	INJ 20MG/ML	Generic	
MEXILETINE	CAP 150MG	Generic	
MEXILETINE	CAP 200MG	Generic	
MEXILETINE	CAP 250MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
MULTAQ	TAB 400MG	Brand	PA QL 2 per day
NORPACE	CAP 100MG CR	Brand	
NORPACE	CAP 150MG CR	Brand	
PACERONE	TAB 200MG	Generic	90-day supply available
PROCAINAMIDE	INJ 100MG/ML	Generic	
PROCAINAMIDE	INJ 500MG/ML	Generic	
PROPAFENONE	TAB 150MG	Generic	
PROPAFENONE	TAB 225MG	Generic	
PROPAFENONE	TAB 300MG	Generic	
QUINIDINE GLUCONATE	TAB 324MG CR	Generic	
QUINIDINE GLUCONATE	TAB 324MG ER	Generic	
QUINIDINE SULFATE	TAB 200MG	Generic	
QUINIDINE SULFATE	TAB 300MG	Generic	
ANTAGONISTAS DE LOS RECEPTORES DE ANGIOTENSINA II			
CANDESARTAN	TAB 4MG	Generic	PA 90-day supply available
CANDESARTAN	TAB 8MG	Generic	PA 90-day supply available
CANDESARTAN	TAB 16MG	Generic	PA 90-day supply available
CANDESARTAN	TAB 32MG	Generic	PA 90-day supply available
CANDESARTAN/HCTZ	TAB 16-12.5MG	Generic	PA; 90-day supply available
CANDESARTAN/HCTZ	TAB 32-12.5MG	Generic	PA; 90-day supply available
CANDESARTAN/HCTZ	TAB 32-25MG	Generic	PA; 90-day supply available
IRBESARTAN	TAB 75MG	Generic	90-day supply available
IRBESARTAN	TAB 150MG	Generic	90-day supply available
IRBESARTAN	TAB 300MG	Generic	90-day supply available
LOSARTAN POTASSIUM	TAB 25MG	Generic	90-day supply available
LOSARTAN POTASSIUM	TAB 50MG	Generic	90-day supply available
LOSARTAN POTASSIUM	TAB 100MG	Generic	90-day supply available
OLMESARTAN MEDOXOMIL	TAB 5MG	Generic	90-day supply available
OLMESARTAN MEDOXOMIL	TAB 20MG	Generic	90-day supply available
OLMESARTAN MEDOXOMIL	TAB 40MG	Generic	90-day supply available
OLMESARTAN MEDOXOMIL/HCTZ	TAB 20-12.5MG	Generic	90-day supply available
OLMESARTAN MEDOXOMIL/HCTZ	TAB 40-12.5MG	Generic	90-day supply available
OLMESARTAN MEDOXOMIL/HCTZ	TAB 40-25MG	Generic	90-day supply available
TELMISARTAN	TAB 20MG	Generic	
TELMISARTAN	TAB 40MG	Generic	
TELMISARTAN	TAB 80MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
VALSARTAN	TAB 40MG	Generic	90-day supply available
VALSARTAN	TAB 80MG	Generic	90-day supply available
VALSARTAN	TAB 160MG	Generic	90-day supply available
VALSARTAN	TAB 320MG	Generic	90-day supply available
VALSARTAN/HCTZ	TAB 80-12.5MG	Generic	90-day supply available
VALSARTAN/HCTZ	TAB 160-12.5MG	Generic	90-day supply available
VALSARTAN/HCTZ	TAB 160-25MG	Generic	90-day supply available
VALSARTAN/HCTZ	TAB 320-12.5MG	Generic	90-day supply available
VALSARTAN/HCTZ	TAB 320-25MG	Generic	90-day supply available
INHIBIDORES DE LA ENZIMA CONVERTIDORA DE ANGIOTENSINA			
BENAZEPRIL	TAB 5MG	Generic	90-day supply available
BENAZEPRIL	TAB 10MG	Generic	90-day supply available
BENAZEPRIL	TAB 20MG	Generic	90-day supply available
BENAZEPRIL	TAB 40MG	Generic	90-day supply available
CAPTOPRIL	TAB 12.5MG	Generic	90-day supply available
CAPTOPRIL	TAB 25MG	Generic	90-day supply available
CAPTOPRIL	TAB 50MG	Generic	90-day supply available
CAPTOPRIL	TAB 100MG	Generic	90-day supply available
ENALAPRIL	TAB 2.5MG	Generic	90-day supply available
ENALAPRIL	TAB 5MG	Generic	90-day supply available
ENALAPRIL	TAB 10MG	Generic	90-day supply available
ENALAPRIL	TAB 20MG	Generic	90-day supply available
FOSINOPRIL	TAB 10MG	Generic	90-day supply available
FOSINOPRIL	TAB 20MG	Generic	90-day supply available
FOSINOPRIL	TAB 40MG	Generic	90-day supply available
LISINOPRIL	TAB 2.5MG	Generic	90-day supply available
LISINOPRIL	TAB 5MG	Generic	90-day supply available
LISINOPRIL	TAB 10MG	Generic	90-day supply available
LISINOPRIL	TAB 20MG	Generic	90-day supply available
LISINOPRIL	TAB 30MG	Generic	90-day supply available
LISINOPRIL	TAB 40MG	Generic	90-day supply available
RAMIPRIL	CAP 10MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
RAMIPRIL	CAP 1.25MG	Generic	90-day supply available
RAMIPRIL	CAP 2.5MG	Generic	90-day supply available
RAMIPRIL	CAP 5MG	Generic	90-day supply available
AGONISTAS ALFA CENTRALES			
CLONIDINE	TAB 0.1MG	Generic	90-day supply available
CLONIDINE	TAB 0.2MG	Generic	90-day supply available
CLONIDINE	TAB 0.3MG	Generic	90-day supply available
GUANFACINE	TAB 1MG	Generic	90-day supply available
GUANFACINE	TAB 2MG	Generic	90-day supply available
METHYLDOPA	TAB 250MG	Generic	90-day supply available
METHYLDOPA	TAB 500MG	Generic	90-day supply available
COMBINACIÓN DE MEDICAMENTOS PARA HIPERTENSIÓN			
ATENOLOL/CHLORTHALIDONE	TAB 50-25MG	Generic	QL 90-day supply available
ATENOLOL/CHLORTHALIDONE	TAB 100-25MG	Generic	QL 90-day supply available
BENAZEPRIL/HYDROCHLOROTHIAZIDE	TAB 5-6.25	Generic	QL 90-day supply available
BENAZEPRIL/HYDROCHLOROTHIAZIDE	TAB 10-12.5	Generic	QL 90-day supply available
BENAZEPRIL/HYDROCHLOROTHIAZIDE	TAB 20-12.5	Generic	QL 90-day supply available
BENAZEPRIL/HYDROCHLOROTHIAZIDE	TAB 20-25MG	Generic	QL 90-day supply available
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TAB 2.5/6.25	Generic	QL 90-day supply available
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TAB 5-6.25MG	Generic	QL 90-day supply available
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TAB 10/6.25	Generic	QL 90-day supply available
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TAB 25-15MG	Generic	QL 90-day supply available
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TAB 50-15MG	Generic	QL 90-day supply available
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TAB 50-25MG	Generic	QL 90-day supply available
ENALAPRIL/HYDROCHLOROTHIAZIDE	TAB 5-12.5MG	Generic	QL 90-day supply available
ENALAPRIL/HYDROCHLOROTHIAZIDE	TAB 10-25MG	Generic	QL 90-day supply available
IRBESARTAN/HYDROCHLOROTHIAZIDE	TAB 300-12.5	Generic	QL 90-day supply available
IRBESARTAN/HYDROCHLOROTHIAZIDE	TAB 150-12.5	Generic	QL 90-day supply available
LISINOPRIL/HYDROCHLOROTHIAZIDE	TAB 10-12.5	Generic	QL 90-day supply available
LISINOPRIL/HYDROCHLOROTHIAZIDE	TAB 20-12.5	Generic	QL 90-day supply available
LISINOPRIL/HYDROCHLOROTHIAZIDE	TAB 20-25MG	Generic	QL 90-day supply available
LOSARTAN/HYDROCHLOROTHIAZIDE	TAB 50-12.5	Generic	QL 90-day supply available
LOSARTAN/HYDROCHLOROTHIAZIDE	TAB 100-12.5	Generic	QL 90-day supply available
LOSARTAN/HYDROCHLOROTHIAZIDE	TAB 100-25	Generic	QL 90-day supply available
METOPROLOL/HYDROCHLOROTHIAZIDE	TAB 50-25MG	Generic	QL 90-day supply available
METOPROLOL/HYDROCHLOROTHIAZIDE	TAB 100-25MG	Generic	QL 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
METOPROLOL/HYDROCHLOROTHIAZIDE	TAB 100-50MG	Generic	QL 90-day supply available
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TAB 25/25	Generic	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAP 37.5-25	Generic	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TAB 37.5-25	Generic	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TAB 75-50MG	Generic	
VASODILATADORES DIRECTOS			
HYDRALAZINE	TAB 10MG	Generic	90-day supply available
HYDRALAZINE	TAB 25MG	Generic	90-day supply available
HYDRALAZINE	TAB 50MG	Generic	90-day supply available
HYDRALAZINE	TAB 100MG	Generic	90-day supply available
MINOXIDIL	TAB 2.5MG	Generic	90-day supply available
MINOXIDIL	TAB 10MG	Generic	90-day supply available
INHIBIDORES DE LA ANHIDRASA CARBÓNICA (EENT)			
ACETAZOLAMIDE	TAB 125MG	Generic	
ACETAZOLAMIDE	TAB 250MG	Generic	
ACETAZOLAMIDE	CAP 500MG ER	Generic	
BRINZOLAMIDE	SUS 1% OP	Generic	
DORZOLAMIDE/TIMOLOL MALEATE	SOL 22.3-6.8	Generic	
DORZOLAMIDE	SOL 2% OP	Generic	
METHAZOLAMIDE	TAB 25MG	Generic	
METHAZOLAMIDE	TAB 50MG	Generic	
DIURÉTICOS DE ASA			
BUMETANIDE	TAB 0.5MG	Generic	90-day supply available
BUMETANIDE	TAB 1MG	Generic	90-day supply available
BUMETANIDE	TAB 2MG	Generic	90-day supply available
BUMETANIDE	INJ 0.25/ML	Generic	90-day supply available
FUROSEMIDE	TAB 20MG	Generic	90-day supply available
FUROSEMIDE	TAB 40MG	Generic	90-day supply available
FUROSEMIDE	TAB 80MG	Generic	90-day supply available
FUROSEMIDE	INJ 10MG/ML	Generic	90-day supply available
FUROSEMIDE	INJ 20MG/2ML	Generic	90-day supply available
FUROSEMIDE	INJ 40MG/4ML	Generic	90-day supply available
FUROSEMIDE	INJ 100/10ML	Generic	90-day supply available
FUROSEMIDE	SOL 8MG/ML	Generic	90-day supply available
FUROSEMIDE	SOL 10MG/ML	Generic	90-day supply available
TORSEMIDE	TAB 5MG	Generic	90-day supply available
TORSEMIDE	TAB 10MG	Generic	90-day supply available
TORSEMIDE	TAB 20MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
TORSEMIDE	TAB 100MG	Generic	90-day supply available
DIURÉTICOS AHORRADORES DE POTASIO			
AMILORIDE/HYDROCHLOROTHIAZIDE	TAB 5-50	Generic	
AMILORIDE	TAB 5MG	Generic	90-day supply available
EPLERENONE	TAB 25MG	Generic	90-day supply available
EPLERENONE	TAB 50MG	Generic	90-day supply available
SPIRONOLACTONE	TAB 25MG	Generic	90-day supply available
SPIRONOLACTONE	TAB 50MG	Generic	90-day supply available
SPIRONOLACTONE	TAB 100MG	Generic	90-day supply available
DIURÉTICOS TIAZÍDICOS Y SIMILARES			
CHLORTHALIDONE	TAB 25MG	Generic	90-day supply available
CHLORTHALIDONE	TAB 50MG	Generic	90-day supply available
HYDROCHLOROTHIAZIDE	CAP 12.5MG	Generic	90-day supply available
HYDROCHLOROTHIAZIDE	TAB 12.5MG	Generic	90-day supply available
HYDROCHLOROTHIAZIDE	TAB 25MG	Generic	90-day supply available
HYDROCHLOROTHIAZIDE	TAB 50MG	Generic	90-day supply available
INDAPAMIDE	TAB 1.25MG	Generic	90-day supply available
INDAPAMIDE	TAB 2.5MG	Generic	90-day supply available
METOLAZONE	TAB 2.5MG	Generic	90-day supply available
METOLAZONE	TAB 5MG	Generic	90-day supply available
METOLAZONE	TAB 10MG	Generic	90-day supply available
AGONISTAS ALFA-ADRENÉRGICOS			
MIDODRINE	TAB 2.5MG	Generic	
MIDODRINE	TAB 5MG	Generic	
MIDODRINE	TAB 10MG	Generic	
EPINEFRINA			
EPINEPHRINE AUTO-INJECTOR	INJ 0.15MG	Generic	
EPINEPHRINE AUTO-INJECTOR	INJ 0.3MG	Generic	
MEDICAMENTOS ANTILIPÉMICOS, VARIOS			
ICOSAPENT	CAP 0.5GM	Generic	PA QL 2 per day
ICOSAPENT	CAP 1GM	Generic	PA QL 4 per day
NIACIN	TAB 500MG ER	Generic	
NIACIN ER	TAB 500MG	Generic	
NIACIN ER	TAB 1000MG	Generic	
NIACIN ER	TAB 750MG	Generic	
REDEMPLO	SOL 25/0.5ML	Brand	PA QL 0.006 per day; Max 84 day supply per fill
TRYNGOLZA	INJ 80MG/0.8	Brand	PA QL 0.8mls per 28 days

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
RESINAS SECUESTRADORAS DE ÁCIDOS BILIARES			
CHOLESTYRAM	POW 4GM	Generic	
CHOLESTYRAM	POW 4GM LITE	Generic	
COLESTIPOL	TAB 1GM	Generic	
COLESTIPOL	GRA 5GM	Generic	
PREVALITE	POW 4GM	Generic	
PREVALITE	POW 4GM PK	Generic	
INHIBIDORES DE LA ABSORCIÓN DE COLESTEROL			
EZETIMIBE	TAB 10MG	Generic	90-day supply available
DERIVADOS DEL ÁCIDO FÍBRICO			
FENOFIBRATE	TAB 48MG	Generic	90-day supply available
FENOFIBRATE	TAB 54MG	Generic	90-day supply available
FENOFIBRATE	TAB 145MG	Generic	
FENOFIBRATE	TAB 160MG	Generic	90-day supply available
FENOFIBRATE	CAP 43MG	Generic	90-day supply available
FENOFIBRATE	CAP 67MG	Generic	90-day supply available
FENOFIBRATE	CAP 134MG	Generic	90-day supply available
FENOFIBRATE	CAP 200MG	Generic	
FENOFIBRIC	CAP 45MG DR	Generic	90-day supply available
GEMFIBROZIL	TAB 600MG	Generic	90-day supply available
INHIBIDORES DE PCSK9			
PRALUENT	INJ 75MG/ML	Brand	PA QL 0.08 per day
PRALUENT	INJ 150MG/ML	Brand	PA QL 0.08 per day
REPATHA	PUSH INJ 420/3.5	Brand	PA; QL 1 device per month
REPATHA	SURE INJ 140MG/ML	Brand	PA; QL 2 pens per month
REPATHA	INJ 140MG/ML	Brand	PA; QL 2 pens per month
ESTATINAS			
ATORVASTATIN	TAB 10MG	Generic	90-day supply available
ATORVASTATIN	TAB 20MG	Generic	90-day supply available
ATORVASTATIN	TAB 40MG	Generic	90-day supply available
ATORVASTATIN	TAB 80MG	Generic	90-day supply available
LOVASTATIN	TAB 10MG	Generic	90-day supply available
LOVASTATIN	TAB 20MG	Generic	90-day supply available
LOVASTATIN	TAB 40MG	Generic	90-day supply available
PRAVASTATIN	TAB 10MG	Generic	90-day supply available
PRAVASTATIN	TAB 20MG	Generic	90-day supply available
PRAVASTATIN	TAB 40MG	Generic	90-day supply available
PRAVASTATIN	TAB 80MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ROSUVASTATIN	TAB 5MG	Generic	90-day supply available
ROSUVASTATIN	TAB 10MG	Generic	90-day supply available
ROSUVASTATIN	TAB 20MG	Generic	90-day supply available
ROSUVASTATIN	TAB 40MG	Generic	90-day supply available
SIMVASTATIN	TAB 5MG	Generic	90-day supply available
SIMVASTATIN	TAB 10MG	Generic	90-day supply available
SIMVASTATIN	TAB 20MG	Generic	90-day supply available
SIMVASTATIN	TAB 40MG	Generic	90-day supply available
SIMVASTATIN	TAB 80MG	Generic	90-day supply available
HIPERTENSIÓN PULMONAR			
ADEMPAS	TAB 0.5MG	Brand	PA
ADEMPAS	TAB 1MG	Brand	PA
ADEMPAS	TAB 1.5MG	Brand	PA
ADEMPAS	TAB 2MG	Brand	PA
ADEMPAS	TAB 2.5MG	Brand	PA
AMBRISENTAN	TAB 5MG	Generic	PA QL 1 per day
AMBRISENTAN	TAB 10MG	Generic	PA QL 1 per day
EPOPROSTENOL	INJ 0.5MG	Generic	PA
EPOPROSTENOL	INJ 1.5MG	Generic	PA
ORENITRAM	TAB MONTH 1	Brand	PA QL 1 pack per 365 days
ORENITRAM	TAB MONTH 2	Brand	PA QL 1 pack per 365 days
ORENITRAM	TAB MONTH 3	Brand	PA QL 1 pack per 365 days
ORENITRAM	TAB 0.125MG	Brand	PA
ORENITRAM	TAB 0.25MG	Brand	PA
ORENITRAM	TAB 1MG	Brand	PA
ORENITRAM	TAB 2.5MG	Brand	PA
ORENITRAM	TAB 5MG	Brand	PA
SILDENAFIL	TAB 20MG	Generic	PA QL 6per day
TADALAFIL	TAB 20MG	Generic	PA QL 2 per day
TREPROSTINIL	INJ 1MG/ML	Generic	PA
TREPROSTINIL	2.5MG/ML	Generic	PA
TREPROSTINIL	5MG/ML	Generic	PA
TREPROSTINIL	10MG/ML	Generic	PA
TYVASO DPI POW	16MCG	Brand	PA QL 4 per day
TYVASO DPI POW	32MCG	Brand	PA QL 4 per day
TYVASO DPI POW	48MCG	Brand	PA QL 4 per day
TYVASO DPI POW	64MCG	Brand	PA QL 4 per day
TYVASO DPI POW	32-48MCG	Brand	PA QL 8 per day
TYVASO DPI POW	16-32MCG	Brand	PA QL 7 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
TYVASO DPI POW	16-32-48	Brand	PA QL 9 per day
WINREVAIR (KIT 2 X 45 MG)	INJ 45MG	Brand	PA QL 0.048 per day
WINREVAIR	INJ 45MG	Brand	PA QL 0.048 per day
WINREVAIR (KIT 2 X 60 MG)	INJ 60MG	Brand	PA QL 0.048 per day
WINREVAIR	INJ 60MG	Brand	PA QL 0.048 per day
YUTREPIA	CAP 26.5MCG	Brand	PA QL 5 per day
YUTREPIA	CAP 53MCG	Brand	PA QL 5 per day
YUTREPIA	CAP 79.5MCG	Brand	PA QL 5 per day
YUTREPIA	CAP 106MCG	Brand	PA QL 5 per day
MEDICAMENTOS RESPIRATORIOS			
ANTIHISTAMÍNICOS			
ALA-HIST IR	TAB 2MG	Brand	
ALAVERT	TAB 10MG	Generic	QL 1 per day
ALER-DRYL	TAB 50MG	Generic	
BRINSUPRI	TAB 10MG	Brand	PA QL 1 per day
BRINSUPRI	TAB 25MG	Brand	PA QL 1 per day
CHLORPHENIRAMINE MALEATE	TAB 4MG	Generic	
DIPHENHYDRAMINE	CAP 25MG	Generic	
DIPHENHYDRAMINE	TAB 25MG	Generic	
DIPHENHYDRAMINE	LIQ 12.5/5ML	Generic	
CHLORPHENIRAMINE MALEATE	TAB 12MG CR	Generic	
DIPHENHYDRAMINE	TAB DYE-FREE	Generic	
DIPHENHYDRAMINE	LIQ 12.5/5ML	Generic	
DIPHENHYDRAMINE	CHW 12.5MG	Generic	
DIPHENHYDRAMINE	ELX 12.5/5ML	Generic	
DIPHENHYDRAMINE	LIQ 50/20ML	Generic	
CETIRIZINE	TAB 5MG	Generic	QL 1 per day; 90-day supply available
CETIRIZINE	SOL 1MG/ML(5mg/5ml)	Generic	90-day supply available
CYPROHEPTADINE	TAB 4MG	Generic	
CYPROHEPTADINE	SYP 2MG/5ML	Generic	
DIABET TUSS	SYP ALLERGY	Generic	
DIPHENHYDRAMINE	INJ 50MG/ML	Generic	
FEXOFENADINE	TAB 60MG	Generic	90-day supply available
FEXOFENADINE	TAB 180MG	Generic	90-day supply available
LORATADINE	TAB 10MG	Generic	90-day supply available
LORATADINE	SOL 5MG/5ML	Generic	90-day supply available
LORATADINE	SYP 5MG/5ML	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PIRFENIDONE	CAP 267MG	Generic	PA QL 3 per day
PIRFENIDONE	TAB 267MG	Generic	PA QL 3 per day
PIRFENIDONE	TAB 534MG	Generic	PA QL 3 per day
PIRFENIDONE	TAB 801MG	Generic	PA QL 3 per day
DESCONGESTIONANTES			
PSEUDOEPHEDRINE HCL	TAB 30MG	Generic	QL 8 per day
PSEUDOEPHEDRINE HCL	TAB 60MG	Generic	QL 4 per day
PSEUDOEPHEDRINE HCL	ER TAB 120MG	Generic	QL 2 per day
ESTEROIDES NASALES			
FLUNISOLIDE	SPR 0.025%	Generic	PA QL 25mls per 30 days
FLUTICASONE	SPR 50MCG	Generic	QL 16mls per 30 days
TRIAMCINOLONE NASAL	SPR 55MCG/AC	Generic	
SPRAY NASAL PARA ALERGIAS			
AZELASTINE HCL	NASAL SPRAY 0.1%	Generic	
IPRATROPIUM	NASAL SPRAY 0.03%	Generic	
TOS			
BENZONATATE	CAP 100MG	Generic	
BENZONATATE	CAP 200MG	Generic	
FIBROSIS QUÍSTICA			
ALYFTREK	TAB 4-20-50 MG	Brand	PA QL 3 per day
ALYFTREK	TAB 10-50-125 MG	Brand	PA QL 2 per day
KALYDECO	TAB 150MG	Brand	PA QL 2 per day
KALYDECO	PAK 5.8MG	Brand	PA QL 2 per day
KALYDECO	PAK 25MG	Brand	PA QL 2 per day
KALYDECO	PAK 50MG	Brand	PA QL 2 per day
KALYDECO	PAK 75MG	Brand	PA QL 2 per day
NEBUSAL	NEB 3%	Generic	
ORKAMBI	TAB 100-125MG	Brand	PA QL 4 tabs per day
ORKAMBI	TAB 200-125MG	Brand	PA QL 4 tabs per day
ORKAMBI	GRA 75-94MG	Brand	PA QL 2 per day
ORKAMBI	GRA 100-125MG	Brand	PA QL 2 per day
ORKAMBI	GRA 150-188MG	Brand	PA QL 2 per day
PULMOSAL	NEB 7%	Generic	
PULMOZYME	SOL 1MG/ML	Brand	QL 150mls per 31 days
SODIUM CHLORIDE	NEB 0.9%	Generic	
SODIUM CHLORIDE	NEB 3%	Generic	
SODIUM CHLORIDE	NEB 7%	Generic	
SYMDEKO	TAB 50-75MG	Brand	PA QL 2 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
SYMDEKO	TAB 100-150MG	Brand	PA QL 2 per day
TRIKAFTA	PAK 59.5MG	Brand	PA QL 2 per day
TRIKAFTA	PAK 75MG	Brand	PA QL 2 per day
TRIKAFTA	PAK 50-25-37.5MG	Brand	PA QL 3 per day
TRIKAFTA	PAK 100-50-75MG & 150MG	Brand	PA QL 3 per day
ANTICOLINÉRGICOS INHALADOS			
INCRUSE ELLIPTA	INH 62.5MCG	Brand	QL 1 per day
SPIRIVA	SPR RESPIMAT	Brand	PA QL 2 puffs per day
BETAAGONISTAS INHALADOS			
ALBUTEROL	AER HFA	Generic	QL 2 inhalers per month
ALBUTEROL	NEB 0.083%	Generic	90-day supply available
ALBUTEROL	NEB 0.5%	Generic	90-day supply available
ALBUTEROL	NEB 0.63MG/3	Generic	90-day supply available
ALBUTEROL	NEB 1.25MG/3	Generic	90-day supply available
SEREVENT DISKUS	AER 50MCG	Brand	
STRIVERDI	AER 2.5 MCG	Brand	
XOPENEX HFA	AER	Brand	QL 60-day supply per fill
COMBINACIÓN DE ANTICOLINÉRGICOS/BETAAGONISTAS INHALADOS			
ANORO ELLIPTA	AER 62.5-25	Brand	QL 2 per day
STIOLTO	AER RESPIMAT	Brand	QL 0.134 per day
COMBINACIÓN DE BETAAGONISTAS/ANTICOLINÉRGICOS INHALADOS			
IPRATROPIUM	SOL ALBUTER	Generic	
IPRATROPIUM	SOL SULFATE	Generic	
COMBINACIÓN DE ESTEROIDES/BETAAGONISTAS INHALADOS			
ADVAIR HFA	AER 45/21	Brand	AR 12 Years Max
ADVAIR HFA	AER 115/21	Brand	AR 12 Years Max
ADVAIR HFA	AER 230/21	Brand	AR 12 Years Max
FLUTICASONE-SALMETEROL (generic Advair)	AER 100/50	Generic	QL 2 per day
FLUTICASONE-SALMETEROL (generic Advair)	AER 250/50	Generic	QL 2 per day
FLUTICASONE-SALMETEROL (generic Advair)	AER 500/50	Generic	QL 2 per day
FLUTICASONE INH SALMETEROL (GENERIC AIRDUO)	AER 55/14	Generic	QL 2 inhalers per month
FLUTICASONE INH SALMETEROL (GENERIC AIRDUO)	AER 113-14	Generic	QL 2 inhalers per month
FLUTICASONE INH SALMETEROL (GENERIC AIRDUO)	AER 232-14	Generic	QL 2 inhalers per month

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
TRELEGY AER ELLIPTA	100-62.5-25MCG	Brand	ST QL 2 blister strips per day
TRELEGY AER ELLIPTA	200-62.5-25MCG	Brand	ST QL 2 blister strips per day
WIXELA INHU (generic Advair)	100/50	Generic	QL 2 per day
WIXELA INHU (generic Advair)	250/50	Generic	QL 2 per day
WIXELA INHU (generic Advair)	500/50	Generic	QL 2 per day
ESTEROIDES INHALADOS			
BECLOMETHASO	AER 40MCG	Brand	QL 0.177 per day ; 60 days per 365
BECLOMETHASO	AER 80MCG	Brand	QL 60 days per 365
BUDESONIDE	SUS 0.25MG/2	Generic	QL 4 per day
BUDESONIDE	SUS 0.5MG/2	Generic	QL 4 per day
BUDESONIDE	SUS 1MG/2ML	Generic	QL 2 per day
FLUTICASONE PROPIONATE	HFA AER 44 MCG	Brand	QL 1 inhaler per month 60 days per fill
FLUTICASONE PROPIONATE	HFA AER 110 MCG	Brand	QL 1 inhaler per month 60 days per fill
FLUTICASONE PROPIONATE	HFA AER 220 MCG	Brand	QL 2 inhalers per month 60 days per fill
QVAR REDIHALER	AER 40MCG	Brand	QL 2 puffs per day; 60-day supply per fill
QVAR REDIHALER	AER 80MCG	Brand	QL up to 60-day supply per fill
MODIFICADORES DE LEUCOTRIENOS			
MONTELUKAST	TAB 10MG	Generic	90-day supply available
MONTELUKAST	CHW 4MG	Generic	90-day supply available
MONTELUKAST	CHW 5MG	Generic	90-day supply available
MONTELUKAST	GRA 4MG	Generic	90-day supply available
ZAFIRLUKAST	TAB 10MG	Generic	
ZAFIRLUKAST	TAB 20MG	Generic	
OTROS MEDICAMENTOS PARA ASMA/EPOC			
ALBUTEROL	TAB 4MG ER	Generic	
ALBUTEROL	TAB 2MG	Generic	
ALBUTEROL	TAB 4MG	Generic	
ALBUTEROL	SYP 2MG/5ML	Generic	
ARALAST NP	INJ 500MG	Brand	PA
ARALAST NP	INJ 1000MG	Brand	PA
ELIXOPHYLLIN	ELX 80/15ML	Brand	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
METAPROTEREN	SYP 10MG/5ML	Generic	
NUCALA (Auto-injector)	100MG/ML	Brand	PA QL1 per 28 days
NUCALA (Prefilled syringe)	40MG/0.4ML	Brand	PA QL 1 per 28 days
NUCALA (Prefilled syringe)	100MG/ML	Brand	PA QL1 per 28 days
ROFLUMILAST	TAB 250MCG	Generic	PA QL 1 per day
ROFLUMILAST	TAB 500MCG	Generic	PA QL 1 per day
TERBUTALINE	TAB 2.5MG	Generic	
TERBUTALINE	TAB 5MG	Generic	
THEOCHRON	TAB 100MG CR	Generic	
THEOCHRON	TAB 200MG CR	Generic	
THEOCHRON	TAB 300MG CR	Generic	
THEOPHYLLINE	TAB 100MG ER	Generic	
THEOPHYLLINE	TAB 100MG CR	Generic	
THEOPHYLLINE	TAB 200MG ER	Generic	
THEOPHYLLINE	TAB 200MG CR	Generic	
THEOPHYLLINE	TAB 300MG ER	Generic	
THEOPHYLLINE	TAB 450MG ER	Generic	
THEOPHYLLINE	TAB 400MG ER	Generic	
THEOPHYLLINE	TAB 600MG ER	Generic	
XOLAIR	INJ 75MG/0.5ML	Brand	PA QL 2 per 28 days
XOLAIR	INJ 150MG/ML	Brand	PA QL 4 per 28 days
XOLAIR	INJ 300/2ML	Brand	PA QL 0.072per day
ZEMAIRA	INJ 1000MG	Brand	PA
MEDICAMENTOS GASTROINTESTINALES			
CATÁRTICOS Y LAXANTES			
(La lista no es exhaustiva. Solo se incluyen productos representativos)			
BISACODYL	SUPP, TAB, TAB EC,	Generic	
CASCARA SAGRADA	CAP 450MG	Generic	
DOCUSATE SODIUM	CAP, SOFTGEL, SOL, SYRUP, TAB	Generic	
ENEMA		Generic	
EX-LAX	CHEW 15MG	Brand	
EX-LAX	TAB 25MG	Brand	
FLEET	PED ENEMA	Brand	
FLEET	ENEMA	Brand	
GLYCERIN	SUPP	Generic	
IQIRVO	TAB	Brand	PA QL 1 per day
KONSYL	CAP	Generic	
LIVDELZI	CAP	Brand	PA QL 1 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
MAGNESIUM CITRATE	SOLN	Generic	
METAMUCIL	PACKET, WAFER	Generic	
MILK OF MAGNESIUM	SUSP	Generic	
MINERAL OIL	ENEMA, LAXATIVE	Generic	
SALINE	LAXATIVE	Generic	
POLYETHYLENE GLYCOL	POWDER, PACKET	Generic	
PSYLLIUM FIBER	TAB, POWDER	Generic	
SENNA	TAB, LAXATIVE	Generic	
SENNA-DOCUSATE SODIUM	TAB	Generic	
GAVILYTE-C	SOLN	Generic	
GAVILYTE-G	SOLN	Generic	
GAVILYTE-N	SOLN	Generic	
OCALIVA	TAB 5MG	Brand	PA QL 1 per day
OCALIVA	TAB 10MG	Brand	PA QL 1 per day
ONELAX	SUP 10MG	Brand	
PEDIA-LAX	LIQ 50MG	Brand	
PERDIEM	TAB 15MG	Brand	
TRILYTE	SOL	Generic	
ANTACIDS AND ADSORBENTS			
(List not all encompassing. Representative products listed only)			
ALCALAK	CHW 420MG	Generic	
ALMACONE SUS	SUSP 200-200-20 MG/5ML	Generic	
ANTACID	TAB, GELCAP, CHEW TAB, SUSP	Generic	
CALC ANTACID	CHW 1000MG	Generic	
CALC ANTACID	CHW 500MG	Generic	
CALC ANTACID	CHW 750MG	Generic	
CALCIUM CARB	CHW 500MG	Generic	
CALCIUM CARB	TAB 648MG	Generic	
CHILD SOOTHE	CHW 400MG	Generic	
CHILDRENS	CHW PEPTO	Generic	
COMFORT GEL	SUS	Generic	
MAALOX	LIQ, CHEW	Generic	
MAG OXIDE	TAB 400MG	Generic	
PINK BISMUTH	TAB 262MG	Generic	
SODIUM BICAR	TAB 10GR	Generic	
SODIUM BICAR	TAB 650MG	Generic	
SOOTHE	TAB 262MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
SOOTHE ULTRA	TAB 525MG	Generic	
STOMACH RELF	TAB 262MG	Generic	
STOMACH RLF	CHW 400MG	Generic	
MEDICAMENTOS ANTIDIARREICOS			
LOPERAMIDE	CAP 2MG	Generic	
ANTICOLINÉRGICOS/ANTIESPASMÓDICOS			
BELLA/OPIUM	SUP 16.2-30	Generic	QL 1 per 180 days
BELLA/OPIUM	SUP 16.2-60	Generic	QL 1 per 180 days
BISMUTH SUBSALICYLATE	CHW TAB 262MG	Generic	
DAPSONE	TAB 100MG	Generic	
DAPSONE	TAB 25MG	Generic	
DICYCLOMINE	CAP 10MG	Generic	
DICYCLOMINE	SOL 10MG/5ML	Generic	
DICYCLOMINE	TAB 20MG	Generic	
ED-SPAZ	TAB 0.125MG	Generic	
HYOMAX-SL	SUB 0.125MG	Generic	
HYOSCYAMINE	DRO 0.125/ML	Generic	
HYOSCYAMINE	ELX 0.125/5	Generic	
HYOSCYAMINE	SUB 0.125MG	Generic	
HYOSCYAMINE	TAB 0.375 ER	Generic	
HYOSCYAMINE	TAB 0.375 SR	Generic	
HYOSYNE	DRO 0.125/ML	Generic	
HYOSYNE	ELX 0.125/5	Generic	
IPRATROPIUM	SOL 0.02%INH	Generic	
NULEV	TAB 0.125MG	Generic	
OSCIMIN	TAB 0.125MG	Generic	
OSCIMIN	SUB 0.125MG	Generic	
OSCIMIN SR	TAB 0.375MG	Generic	
PROPANTHELIN	TAB 15MG	Generic	
SYMAX FASTAB	TAB 0.125MG	Generic	
SYMAX-SL	SUB 0.125MG	Generic	
SYMAX-SR	TAB 0.375MG	Generic	
TROSPIUM	TAB 20MG	Generic	ST required with oxybutynin or solifenacin.
VOQUEZNA	DUEL PAK	Brand	PA QL 8 per day
ANTAGONISTAS DE LA HISTAMINA H2			
ACID CONTROL	TAB 10MG	Generic	90-day supply available
ACID REDUCER	TAB 10MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ACID REDUCER	TAB 200MG	Generic	90-day supply available
ACID REDUCER	TAB 20MG	Generic	90-day supply available
ACID RELIEF	TAB 200MG	Generic	90-day supply available
CIMETIDINE	SOL 300/5ML	Generic	Covered for members 12 and younger. 90-day supply available
CIMETIDINE	TAB 200MG	Generic	90-day supply available
CIMETIDINE	TAB 300MG	Generic	90-day supply available
CIMETIDINE	TAB 400MG	Generic	90-day supply available
CIMETIDINE	TAB 800MG	Generic	90-day supply available
EQL HEARTBRN	TAB 10MG	Generic	90-day supply available
FAMOTIDINE	TAB 10MG	Generic	90-day supply available
FAMOTIDINE	TAB 20MG	Generic	90-day supply available
FAMOTIDINE	TAB 40MG	Generic	90-day supply available
FAMOTIDINE	SUS 40ML/5ML	Generic	AR PA required > 12; 90-day supply available
HEARTBRN REL	TAB 200MG	Generic	90-day supply available
HEARTBURN	TAB 20MG	Generic	90-day supply available
NIZATIDINE	SOL 15MG/ML	Generic	AR PA required > 12; 90-day supply available
SM ACID REDU	TAB 200MG	Generic	90-day supply available
PROSTAGLANDINAS			
MISOPROSTOL	TAB 100MCG	Generic	
MISOPROSTOL	TAB 200MCG	Generic	
PROTECTORES			
SUCRALFATE	TAB 1GM	Generic	
SUCRALFATE	SUS 1GM/10ML	Generic	
INHIBIDORES DE LA BOMBA DE PROTONES			
ESOMEPRAZOLE MAG	CAP 20MG DR	Generic	QL 1 per day
ESOMEPRAZOLE MAG	CAP 40MG DR	Generic	
FIRST-OMEPRA	SUS 2MG/ML	Brand	AR PA > 12
LANSOPRAZOLE (First-lansoprazole)	SUS 3MG/ML	Brand	AR > 12 not covered
LANSOPRAZOLE	CAP 15MG DR	Generic	QL 1 per day
LANSOPRAZOLE	CAP 30MG DR	Generic	QL 1 per day
OMEPRAZOLE	CAP 10MG	Generic	
OMEPRAZOLE	CAP 20MG	Generic	
OMEPRAZOLE	CAP 40MG	Generic	
OMEPRAZOLE + (First-omeprazole)	SUS SYRSPEND	Brand	AR PA Required > 12
OMEPRAZOLE	TAB 20MG ODT	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PANTOPRAZOLE	TAB 20MG	Generic	QL 2 per day
PANTOPRAZOLE	TAB 40MG	Generic	
RABEPRAZOLE	TAB 20MG	Generic	
ANTINÁUSEAS			
AMBIZINE	TAB 25MG	Generic	
COMPAZINE	SUP 25MG	Generic	
APREPITANT	CAP 40MG	Generic	QL 1 per 30 days
APREPITANT	CAP 80MG	Generic	PA
APREPITANT	CAP 125MG	Generic	PA
APREPITANT	PAK 80 & 125	Generic	PA
COMPRO	SUP 25MG	Generic	
DIMENHYDRIN	TAB 50MG	Generic	
DRAMAMINE	TAB 25MG	Generic	
DRIMINATE	TAB 50MG	Generic	
DRONABINOL	CAP 2.5MG	Generic	PA QL 4 per day
DRONABINOL	CAP 5MG	Generic	PA QL 4 per day
DRONABINOL	CAP 10MG	Generic	PA QL 4 per day
EMEND	SUSP 125 MG	Brand	PA
GRANISETRON	INJ 0.1MG/ML	Generic	PA
GRANISETRON	INJ 4MG/4ML	Generic	PA
GRANISETRON	INJ 1MG/ML	Generic	PA
GRANISETRON	TAB 1 MG	Generic	ST (ondansetron); QL 2 per day
GRANISOL	SOL 2MG/10ML	Brand	PA
MECLIZINE	CHW 25MG	Generic	
MECLIZINE	TAB 12.5MG	Generic	
MECLIZINE	TAB 25MG	Generic	
MEDI-MECLIZI	TAB 25MG	Generic	
MOTION RELF	CHW 25MG	Generic	
MOTION SICK	TAB 50MG	Generic	
MOTION-TIME	CHW 25MG	Generic	
ONDANSETRON	SOL 4MG/5ML	Generic	AR > 12 not covered
ONDANSETRON	TAB 4MG ODT	Generic	QL 3 per day
ONDANSETRON	TAB 8MG ODT	Generic	QL 3 per day
ONDANSETRON	TAB 4MG	Generic	QL 3 per day
ONDANSETRON	TAB 8MG	Generic	QL 3 per day
ONDANSETRON	TAB 24MG	Generic	QL 1 per day
PHENADOZ	SUP 12.5MG	Generic	AR PA required < 2
PHENADOZ	SUP 25MG	Generic	AR PA required < 2

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PHENERGAN	SUP 12.5MG	Generic	AR PA required < 2
PHENERGAN	SUP 25MG	Generic	AR PA required < 2
PHENERGAN	SUP 50MG	Generic	AR PA required < 2
PROCHLORPER	SUP 25MG	Generic	
PROCHLORPER	TAB 5MG	Generic	
PROCHLORPER	TAB 10MG	Generic	
PROMETHAZINE	TAB 12.5MG	Generic	AR PA required < 2
PROMETHAZINE	TAB 25MG	Generic	AR PA required < 2
PROMETHAZINE	TAB 50MG	Generic	AR PA required < 2
PROMETHAZINE	SYP 6.25/5ML	Generic	AR PA required < 2
PROMETHAZINE	SOL 6.25/5ML	Generic	AR PA required < 2
PROMETHAZINE	INJ 25MG/ML	Generic	AR PA required < 2
PROMETHAZINE	INJ 50MG/ML	Generic	AR PA required < 2
PROMETHAZINE	SUP 12.5MG	Generic	AR PA required < 2
PROMETHAZINE	SUP 25MG	Generic	AR PA required < 2
PROMETHEGAN	SUP 12.5MG	Generic	AR PA required < 2
PROMETHEGAN	SUP 25MG	Generic	AR PA required < 2
TRAVEL SICK	CHW 25MG	Generic	
TRAVEL SICK	TAB 50MG	Generic	
TRAV-TABS	TAB 50MG	Generic	
TRIPTONE	TAB 50MG	Generic	
WAL-DRAM	TAB 50MG	Generic	
WAL-DRAM II	TAB 25MG	Generic	
DIGESTIVOS			
CREON	CAP 3000UNIT	Brand	PA
CREON	CAP 6000UNIT	Brand	PA
CREON	CAP 12000UNT	Brand	PA
CREON	CAP 24000UNT	Brand	PA
CREON	CAP 36000UNT	Brand	PA
PANCREAZE	CAP 37000UNT	Brand	PA
PANCREAZE	CAP 4200UNIT	Brand	PA
PANCREAZE	CAP 10500UNT	Brand	PA
PANCREAZE	CAP 16800UNT	Brand	PA
PANCREAZE	CAP 21000UNT	Brand	PA
ZENPEP	CAP 3000UNIT	Brand	PA
ZENPEP	CAP 5000UNIT	Brand	PA
ZENPEP	CAP 10000UNT	Brand	PA
ZENPEP	CAP 15000UNT	Brand	PA
ZENPEP	CAP 20000UNT	Brand	PA

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ZENPEP	CAP 25000UNT	Brand	PA
ZENPEP	CAP 40000UNT	Brand	PA
ZENPEP	CAP 60000UNT	Brand	PA
MEDICAMENTOS COLELITOLÍTICOS			
URSODIOL	CAP 300MG	Generic	
URSODIOL	TAB 250MG	Generic	
URSODIOL	TAB 500MG	Generic	
ANTIINFLAMATORIOS INTESTINALES			
BALSALAZIDE	CAP 750MG	Generic	
MESALAMINE	ENE 4GM	Generic	
MESALAMINE	SUPP 1000MG	Generic	QL 42 per fill
MESALAMINE (generic Apriso)	CAP 0.375GM	Generic	ST (sulfasalazine, balsalazide)
MESALAMINE (generic Asacol HD)	TAB 800MG DR	Generic	ST (sulfasalazine, balsalazide); QL 6 per day
MESALAMINE (generic Lialda)	TAB 1.2GM	Generic	ST (sulfasalazine, balsalazide)
MESALAMINE (generic Delzicol)	CAP 400MG	Generic	ST (sulfasalazine, balsalazide)
MESALAMINE (generic Pentasa)	CAP 500MG ER	Generic	PA
OMVOH	INJ 100MG/ML	Brand	PA QL 0.072 per day
OMVOH	INJ 200MG/2ML	Brand	PA QL 0.072 per day
PENTASA	CAP 250MG CR	Brand	PA
SULFADIAZINE	TAB 500MG	Generic	
SULFASALAZIN	TAB 500MG	Generic	
SULFASALAZIN	TAB 500MG DR	Generic	
SULFAZINE	TAB 500MG	Generic	
SULFAZINE EC	TAB 500MG	Generic	
QUELANTES DE FOSFATO			
CALCIUM ACETATE	CAP 667MG	Generic	
CALCIUM ACETATE	TAB 667MG	Generic	
LANTHANUM	CHW 500MG	Generic	PA
LANTHANUM	CHW 750MG	Generic	PA
LANTHANUM	CHW 1000MG	Generic	PA
SEVELAMER CARBONATE	TAB 800MG	Generic	
SEVELAMER	PAK 2.4 GM	Generic	PA
SEVELAMER	PAK 0.8GM	Generic	PA
SEVELAMER HCL	TAB 800MG	Generic	PA

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PROCINÉTICOS			
METOCLOPRAMIDE	TAB 5MG	Generic	
METOCLOPRAMIDE	TAB 10MG	Generic	
METOCLOPRAMIDE	INJ 5MG/ML	Generic	
METOCLOPRAMIDE	INJ 10MG/2ML	Generic	
METOCLOPRAMIDE	SOL 5MG/5ML	Generic	
METOCLOPRAMIDE	SOL 10/10ML	Generic	
MEDICAMENTOS GENITOURINARIOS			
INCONTINENCIA/FRECUENCIA URINARIA			
OXYBUTYNIN	TAB 5MG	Generic	
OXYBUTYNIN	SYP 5MG/5ML	Generic	
OXYBUTYNIN	TAB 5MG ER	Generic	
OXYBUTYNIN	TAB 10MG ER	Generic	
OXYBUTYNIN	TAB 15MG ER	Generic	
OXYTROL/WOMN	DIS 3.9MG/24	Brand	ST
SOLIFENACIN (generic Vesicare)	TAB 5 MG	Generic	PA QL 1 per day
SOLIFENACIN (generic Vesicare)	TAB 10 MG	Generic	PA QL 1 per day
TOLTERODINE	TAB 1MG	Generic	ST required with oxybutynin or solifenacin.
TOLTERODINE	TAB 2MG	Generic	ST required with oxybutynin or solifenacin.
TOLTERODINE ER	CAP 2MG	Generic	ST required with oxybutynin or solifenacin.
TOLTERODINE ER	CAP 4MG	Generic	ST required with oxybutynin or solifenacin.
PARASIMPATICOMIMÉTICOS (COLINÉRGICOS)			
BETHANECHOL	TAB 5MG	Generic	
BETHANECHOL	TAB 10MG	Generic	
BETHANECHOL	TAB 25MG	Generic	
BETHANECHOL	TAB 50MG	Generic	
PILOCARPINE	TAB 5MG	Generic	
PILOCARPINE	TAB 7.5MG	Generic	
PYRIDOSTIGMINE BROMIDE	TAB 60MG	Generic	
PYRIDOSTIGMINE BROMIDE	TAB ER 105MG	Brand	
PYRIDOSTIGMINE BROMIDE	TAB 180MG	Generic	
PYRIDOSTIGMINE BROMIDE	SOL 60MG/5ML	Generic	AR < 13
REGONOL	INJ 5MG/ML	Brand	
ANTICONCEPTIVOS (EJ. ESPUMAS, DISPOSITIVOS)			

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CERVICAL CAP	Various	Brand	QL 1 per 180 days
FEMALE CONDOMS	Various	Various	
FC2 FEMALE CONDOM	Various	Various	
MALE CONDOMS	Various	Various	
ORTHO COIL	DPR KIT 50	Brand	QL 1 per 180 days
ORTHO COIL	DPR KIT 100	Brand	QL 1 per 180 days
ORTHO COIL	DPR KIT 105	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 55	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 60	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 65	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 70	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 75	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 80	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 85	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 90	Brand	QL 1 per 180 days
ORTHO FLAT	DPR KIT 95	Brand	QL 1 per 180 days
ORTHO FLEX	DPR 65MM	Brand	QL 1 per 180 days
ORTHO FLEX	DPR 70MM	Brand	QL 1 per 180 days
ORTHO FLEX	DPR 75MM	Brand	QL 1 per 180 days
ORTHO FLEX	DPR 80MM	Brand	QL 1 per 180 days
SPONGE	VAGINAL SPONGE	Brand	
VCF VAGINAL	AER CONTRACP	Generic	
WIDE-SEAL	DPR KIT 60	Brand	QL 1 per 180 days
WIDE-SEAL	DPR KIT 65	Brand	QL 1 per 180 days
WIDE-SEAL	DPR KIT 70	Brand	QL 1 per 180 days
WIDE-SEAL	DPR KIT 75	Brand	QL 1 per 180 days
WIDE-SEAL	DPR KIT 80	Brand	QL 1 per 180 days
WIDE-SEAL	DPR KIT 85	Brand	QL 1 per 180 days
WIDE-SEAL	DPR KIT 95	Brand	QL 1 per 180 days
MEDICAMENTOS CONTRA INFECCIONES VAGINALES			
CLINDAMYCIN	CRE 2% VAG	Generic	
METRONIDAZOLE	GEL 0.75%VAG	Generic	
VANDAZOLE	GEL 0.75%	Generic	
ALCALINIZANTES			
CITRIC ACID/SODIUM CITRATE	SOL	Generic	
CYTRA K CRYSTALS	PACK	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CYTRA-2	SOL	Generic	
CYTRA-3	SYP	Generic	
CYTRA-K	SOL	Generic	
POTASSIUM CITRATE/CITRIC ACID	SOL	Generic	
NEUT	INJ 4%	Brand	
POTASSIUM CITRATE	TAB 540MG ER	Generic	
POTASSIUM CITRATE	TAB 1080MG	Generic	
POTASSIUM CITRATE	TAB 1620MG	Generic	
POTASSIUM CITRATE/CITRIC ACID	PACK	Generic	
SOD BICARB	INJ 8.4%	Generic	
SOD BICARB	INJ 4.2%	Generic	
SOD BICARB	INJ 7.5%	Generic	
VIRTRATE-2	SOL 500-334	Generic	
VIRTRATE-2	SOL	Generic	
VIRTRATE-K	SOL 1100-334	Generic	
VIRTRATE-K	SOL	Generic	
SOLUCIONES DE IRRIGACIÓN			
ARGYL SALINE	SOL 0.9%	Generic	
ARGYL SALINE	SOL 100ML	Generic	
CURITY SALIN	SOL 0.9% IRR	Generic	
SODIUM CHLOR	SOL 0.9% IRR	Generic	
STERIL WATER	SOL IRRIG	Generic	
MEDICAMENTOS URINARIOS VARIOS			
ELMIRON	CAP 100MG	Brand	PA
MIRABEGRON	TAB ER 25MG	Generic	AR 64< QL 1 per day
MIRABEGRON	TAB ER 50MG	Generic	AR 64< QL 1 per day
PHENAZO	TAB 200MG	Generic	
PHENAZOPYRID	TAB 100MG	Generic	
PHENAZOPYRID	TAB 200MG	Generic	
MEDICAMENTOS PARA LA BENIGN PROSTATIC HYPERPLASIA (BPH, HIPERPLASIA DE PRÓSTATA			
ALFUZOSIN	ER TAB 10MG	Generic	90-day supply available
DOXAZOSIN	TAB 1MG	Generic	90-day supply available
DOXAZOSIN	TAB 2MG	Generic	90-day supply available
DOXAZOSIN	TAB 4MG	Generic	90-day supply available
DOXAZOSIN	TAB 8MG	Generic	90-day supply available
DUTASTERIDE	CAP 0.5MG	Generic	90-day supply available
FINASTERIDE	TAB 1 MG	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
FINASTERIDE	TAB 5MG	Generic	90-day supply available
FOSFOMYCIN TROMETHAMINE	PAK 3GM	Generic	QL 3g per 30 days
PRAZOSIN	HCL CAP 1MG	Generic	90-day supply available
PRAZOSIN	HCL CAP 2MG	Generic	90-day supply available
PRAZOSIN	HCL CAP 5MG	Generic	90-day supply available
TAMSULOSIN	CAP 0.4MG	Generic	90-day supply available
TERAZOSIN	CAP 1MG	Generic	90-day supply available
TERAZOSIN	CAP 2MG	Generic	90-day supply available
TERAZOSIN	CAP 5MG	Generic	90-day supply available
TERAZOSIN	CAP 10MG	Generic	90-day supply available
MEDICAMENTOS PARA EL CENTRAL NERVOUS SYSTEM (CNS, SISTEMA NERVIOSO CENTRAL)			
ANSIOLÍTICOS, SEDANTES E HIPNÓTICOS, VARIOS			
COMPOZ	TAB 50MG	Generic	
DIPHENHYDRAM	TAB 50MG	Generic	
DOXYLAMINE SUCCINATE (SLEEP)	TAB 25MG	Generic	
ESZOPICLONE	TAB 1MG	Generic	QL 15 Caps per 30 days
ESZOPICLONE	TAB 2MG	Generic	QL 15 Caps per 30 days
ESZOPICLONE	TAB 3MG	Generic	QL 15 Caps per 30 days
HYDROXYZINE HCL	TAB 10MG	Generic	
HYDROXYZINE HCL	TAB 25MG	Generic	
HYDROXYZINE HCL	TAB 50MG	Generic	
HYDROXYZINE HCL	SYP 10MG/5ML	Generic	
HYDROXYZINE HCL	SOL 10MG/5ML	Generic	
HYDROXYZINE PAMOATE	CAP 25MG	Generic	
HYDROXYZINE PAMOATE	CAP 50MG	Generic	
HYDROXYZINE PAMOATE	CAP 100MG	Generic	
IBUPROFEN PM	TAB 200-38MG	Generic	
MOTRIN PM	TAB 200-38MG	Generic	
RAMELTEON	TAB 8MG	Generic	QL 1 per day
SLEEP AID	CAP 50MG	Generic	
SLEEP AID	TAB 25MG	Generic	
ZALEPLON	CAP 5MG	Generic	QL 15 Caps per 30 days
ZALEPLON	CAP 10MG	Generic	QL 15 Caps per 30 days
ZOLPIDEM	TAB 5MG	Generic	QL 15 per 30 days
ZOLPIDEM	TAB ER 6.25 MG	Generic	QL 15 per 23 days
ZOLPIDEM	TAB 10MG	Generic	QL 15 per 30 days
ZOLPIDEM	TAB ER 12.5 MG	Generic	QL 15 per 23 days
BENZODIACEPINAS			

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CLOBAZAM	TAB 10MG	Generic	PA
CLOBAZAM	TAB 20MG	Generic	PA
CLOBAZAM	SUS 2.5MG/ML	Generic	PA
CLONAZEPAM	TAB 0.5MG	Generic	
CLONAZEPAM	TAB 1MG	Generic	
CLONAZEPAM	TAB 2MG	Generic	
DIAZEPAM	GEL 2.5MG	Generic	
DIAZEPAM	GEL 10MG	Generic	
DIAZEPAM	GEL 20MG	Generic	
LORAZEPAM	INJ 2MG/ML	Generic	
LORAZEPAM	INJ 4MG/ML	Generic	
MIDAZOLAM	INJ 5MG/5ML	Generic	QL 36/180 days
MIDAZOLAM	INJ 5MG/ML	Generic	QL 36/180 days
MIDAZOLAM	INJ 10MG/0.7ML	Brand	
MIDAZOLAM	INJ 10MG/2ML	Generic	QL 36/180 days
MIDAZOLAM	INJ 50MG/10ML	Generic	QL 36/180 days
TRIAZOLAM	TAB 0.125MG	Generic	QL 2 per month
TRIAZOLAM	TAB 0.25MG	Generic	QL 2 per month
BARBITÚRICOS (ANSIOLÍTICOS, SEDANTES/HIPNÓTICOS)			
PHENOBARB	TAB 15MG	Generic	
PHENOBARB	TAB 16.2MG	Generic	
PHENOBARB	TAB 30MG	Generic	
PHENOBARB	TAB 32.4MG	Generic	
PHENOBARB	TAB 60MG	Generic	
PHENOBARB	TAB 64.8MG	Generic	
PHENOBARB	TAB 97.2MG	Generic	
PHENOBARB	TAB 100MG	Generic	
PHENOBARB	ELX 20MG/5ML	Generic	
PHENOBARB	SOL 20MG/5ML	Generic	
MEDICAMENTOS PARA EL TDAH/ANTINARCOLÉPTICOS/ANTIOBESIDAD/ANOREXÍGENOS			
ANFETAMINAS			
AMPHETAMINE (Generic Adderall IR)	TAB 5MG	Generic	QL 3 per day
AMPHETAMINE (Generic Adderall IR)	TAB 7.5MG	Generic	QL 3 per day
AMPHETAMINE (Generic Adderall IR)	TAB 10MG	Generic	QL 3 per day
AMPHETAMINE (Generic Adderall IR)	TAB 12.5MG	Generic	QL 3 per day
AMPHETAMINE (Generic Adderall IR)	TAB 15MG	Generic	QL 3 per day
AMPHETAMINE (Generic Adderall IR)	TAB 20MG	Generic	QL 3 per day
AMPHETAMINE (Generic Adderall IR)	TAB 30MG	Generic	QL 3 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
AMPHETAMINE (Generic Adderall XR)	CAP 5MG ER	Generic	QL 2 per day
AMPHETAMINE (Generic Adderall XR)	CAP 10MG ER	Generic	QL 2 per day
AMPHETAMINE (Generic Adderall XR)	CAP 15MG ER	Generic	QL 2 per day
AMPHETAMINE (Generic Adderall XR)	CAP 20MG ER	Generic	QL 2 per day
AMPHETAMINE (Generic Adderall XR)	CAP 25MG ER	Generic	QL 2 per day
AMPHETAMINE (Generic Adderall XR)	CAP 30MG ER	Generic	QL 2 per day
DEXTROAMPHETAMINE (Dexedrine IR)	TAB 5MG	Generic	
DEXTROAMPHETAMINE (Dexedrine IR)	TAB 10MG	Generic	
DEXTROAMPHETAMINE	CAP 5MG ER	Generic	QL 2 PER DAY
DEXTROAMPHETAMINE	CAP 10MG ER	Generic	QL 2 PER DAY
DEXTROAMPHETAMINE	CAP 15MG ER	Generic	QL 2 PER DAY
LISDEXAMFETAMINE (generic Vyvanse)	CAP 10MG	Generic	QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug.
LISDEXAMFETAMINE (generic Vyvanse)	CAP 20MG	Generic	QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug.
LISDEXAMFETAMINE (generic Vyvanse)	CAP 30MG	Generic	QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug.
LISDEXAMFETAMINE (generic Vyvanse)	CAP 40MG	Generic	QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug.
LISDEXAMFETAMINE (generic Vyvanse)	CAP 50MG	Generic	QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
			AND a long-acting methylphenidate drug.
LISDEXAMFETAMINE (generic Vyvanse)	CAP 60MG	Generic	QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug.
LISDEXAMFETAMINE (generic Vyvanse)	CAP 70 MG	Generic	QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug.
METILFENIDATOS			
DEXMETHYLPHENIDATE	TAB 2.5MG	Generic	
DEXMETHYLPHENIDATE	TAB 5MG	Generic	
DEXMETHYLPHENIDATE	TAB 10MG	Generic	
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 5MG ER	Generic	QL 2 PER DAY
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 10MG ER	Generic	QL 2 PER DAY
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 15MG ER	Generic	QL 2 PER DAY
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 20MG ER	Generic	QL 2 PER DAY
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 25MG ER	Generic	QL 2 PER DAY
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 30MG ER	Generic	QL 2 PER DAY
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 35MG ER	Generic	QL 2 PER DAY
DEXMETHYLPHENIDATE (generic Focalin XR)	CAP 40MG ER	Generic	QL 2 PER DAY
METHYLPHENIDATE (generic Ritalin IR)	TAB 5MG	Generic	
METHYLPHENIDATE (generic Ritalin IR)	TAB 10MG	Generic	
METHYLPHENIDATE (generic Ritalin IR)	TAB 20MG	Generic	
METHYLPHENIDATE (generic Concerta)	TAB 18MG ER	Generic	QL 2per day
METHYLPHENIDATE (generic Concerta)	TAB 27MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Concerta)	TAB 36MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Concerta)	TAB 54MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Metadate CD)	CAP 10MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Metadate CD)	CAP 20MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Metadate CD)	CAP 30MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Metadate CD)	CAP 40MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Metadate CD)	CAP 50MG ER	Generic	QL 2 per day
METHYLPHENIDATE (generic Metadate CD)	CAP 60MG ER	Generic	QL 2 per day
METHYLPHENIDATE	TAB 10MG ER	Generic	QL 2 per day
METHYLPHENIDATE	TAB 20MG ER	Generic	QL 2 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
METHYLPHENIDATE	SOL 5MG/5ML	Generic	AR PA> 12
METHYLPHENIDATE	SOL 10MG/5ML	Generic	AR PA> 12
METHYLPHENIDATE HCL	TAB ER 24HR 18 MG	Generic	QL 1 Per day
METHYLPHENIDATE HCL	TAB ER 24HR 27 MG	Generic	QL 1 Per day
METHYLPHENIDATE HCL	TAB ER 24HR 36 MG	Generic	QL 1 Per day
METHYLPHENIDATE HCL	TAB ER 24HR 54 MG	Generic	QL 1 Per day
ESTIMULANTES RESPIRATORIOS Y DEL SISTEMA NERVIOSO CENTRAL (CNS)			
CAFFEINE CIT	INJ 60MG/3ML	Generic	AR PA >1
CAFFEINE CIT	SOL 20MG/ML	Generic	AR PA >1
CAFFEINE CIT	SOL 60MG/3ML	Generic	AR PA >1
MEDICAMENTOS PSICOTERAPEÚTICOS Y NEUROLÓGICOS, VARIOS			
MEDICAMENTOS CONTRA LA DEPENDENCIA DEL ALCOHOL			
ACAMPRO CAL	TAB 333MG	Generic	QL 6 per day
DISULFIRAM	TAB 250MG	Generic	
DISULFIRAM	TAB 500MG	Generic	
MEDICAMENTOS PARA LA DEMENCIA			
DONEPEZIL	TAB 5MG	Generic	QL 1 per day
DONEPEZIL	TAB 10MG	Generic	QL 1 per day
DONEPEZIL	TAB 5MG ODT	Generic	QL 1 per day
DONEPEZIL	TAB 10MG ODT	Generic	QL 1 per day
GALANTAMINE	TAB 4MG	Generic	
GALANTAMINE	TAB 8MG	Generic	
GALANTAMINE	TAB 12MG	Generic	
GALANTAMINE	CAP 8MG ER	Generic	
GALANTAMINE	CAP 16MG ER	Generic	
GALANTAMINE	CAP 24MG ER	Generic	
LEQEMBI IQLK	INJ 360/1.8	Brand	PA QL 0.26 per day
MEMANTINE	TAB HCL 5MG	Generic	
MEMANTINE	TAB HCL 10MG	Generic	
RIVASTIGMINE	CAP 1.5MG	Generic	
RIVASTIGMINE	CAP 3MG	Generic	
RIVASTIGMINE	CAP 4.5MG	Generic	
RIVASTIGMINE	CAP 6MG	Generic	
ESCLEROSIS MÚLTIPLE			
DIMETHYL FUMARATE	CAP 120MG	Generic	
DIMETHYL FUMARATE	CAP 240MG	Generic	
DIMETHYL FUMARATE	MIS STARTER	Generic	
FINGOLIMOD	CAP 0.5MG	Generic	PA QL 1 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
GLATIRAMER (Generic Copaxone 20 mg)	INJ 20MG/ML	Generic	QL 30 syringes per 30 days
GLATIRAMER (Generic Copaxone 40mg)	INJ 40MG/ML	Generic	QL 12 syringes per 28 days
MAYZENT	START PAK 0.25MG	Brand	PA 12 tabs per 180 days
MAYZENT	START PAK 0.25MG	Brand	PA 7 tabs per 180 days
MAYZENT	TAB 0.25MG	Brand	PA 4 tabs per day
MAYZENT	TAB 1MG	Brand	PA QL 1 tab per day
MAYZENT	TAB 2MG	Brand	PA 1 tab per day
MEDICAMENTOS PARA DEJAR DE FUMAR			
BUPROPION	TAB 150MG SR	Generic	QL 2 per day
NICOTINE	GUM 2MG	Generic	QL 24 pieces per day max 180 days per 365 days
NICOTINE	GUM 4MG	Generic	QL 24 pieces per day; 180 days per 365 days
NICOTINE	PATCH 7MG/24HR	Generic	QL 1 patch per day; 180 days per 365 days
NICOTINE	LOZENGE 2MG	Generic	QL 20 lozenges per day; 180 days per 365 days
NICOTINE	LOZENGE 4MG	Generic	QL 20 lozenges per day; 180 days per 365 days
NICOTINE	PATCH 21MG/24H	Generic	QL 1 patch per day; 180 days per 365 days
NICOTINE	PATCH 14MG/24H	Generic	QL 1 patch per day; 180 days per 365 days
NICOTINE SYS	KIT TRANSDER	Generic	QL 1 patch per day; 180 days per 365 days; 56-day supply per fill
VARENICLINE (generic Chantix)	PAK 1MG	Generic	QL 2 per day
VARENICLINE (generic Chantix)	TAB 0.5MG	Generic	QL 2 per day
VARENICLINE (generic Chantix)	TAB 1MG	Generic	QL 2 per day
ANALGÉSICOS Y ANESTÉSICOS			
ANALGÉSICOS Y ANTIPIRÉTICOS, VARIOS			
(La lista no es exhaustiva. Solo se incluyen productos representativos)			
ACETAMINOPHEN	CAP, CHEW, DROPS, ELIX, GELCAP, SOLN, SUPP, SUSP, TAB	Generic	
ACETAMINOPHEN/CAFF/PYRILAMINE	TAB	Generic	
BUTALBITAL-ACETAMINOPHEN	TAB 50-300 MG	Brand	PA

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
BUTALBITAL-ACETAMINOPHEN	TAB 50-325 MG	Brand	PA
SALICILATOS			
(La lista no es exhaustiva. Solo se incluyen productos representativos)			
ASPIRIN	TAB, CHEW, TAB EC, SUP	Generic	90-day supply available
CHILD ASPIRIN	CHW 81MG	Generic	90-day supply available
CHOLINE MAG TRISALICYLATE	TAB, LIQ	Generic	90-day supply available
SALSALATE	TAB 500MG	Generic	90-day supply available
SALSALATE	TAB 750MG	Generic	90-day supply available
AGONISTAS PARCIALES OPIOIDES			
BRIXADI (WEEKLY)	SOLN 08MG/0.16ML	Brand	QL 0.023 per day
BRIXADI (WEEKLY)	SOLN 16MG/0.32ML	Brand	QL 0.046 per day
BRIXADI (WEEKLY)	SOLN 24MG/0.48ML	Brand	QL 0.069 per day
BRIXADI (WEEKLY)	SOLN 32MG/0.64ML	Brand	QL 0.092 per day
BRIXADI (MONTHLY)	SOLN 64MG/0.18ML	Brand	QL 0.007 per day
BRIXADI (MONTHLY)	SOLN 96MG/0.27ML	Brand	QL 0.01 per day
BRIXADI (MONTHLY)	SOLN 128MG/0.36ML	Brand	QL 0.013 per day
BUPRENORPHINE/NALOXONE	SUB 2-0.5MG	Generic	QL 3 per day
BUPRENORPHINE/NALOXONE	SUB 8-2MG	Generic	QL 4 per day
BUPRENORPHINE/NALOXONE	FILM 2-0.5MG	Generic	QL 90 per 23 days
BUPRENORPHIINE/NALOXONE	FILM 4-1MG	Generic	1 per day
BUPRENORPHINE/NALOXONE	FILM 8-2MG	Generic	4 per day
BUPRENORPHINE/NALOXONE	FILM 12-3MG	Generic	2 per day
BUPRENORPHINE TD	PATCH WEEKLY	Generic	PA QL 0.143
BUPRENORPHINE	SUB 2MG	Generic	
BUPRENORPHINE	SUB 8MG	Generic	QL 4 per day
SUBLOCADE	SOLN 100MG/0.5ML	Brand	QL 0.02 per day
SUBLOCADE	SOLN 300MG/1.5ML	Brand	QL 0.06 per day
VIVITROL	INJ	Brand	QL 0.04 per day
ZUBSOLV	SUB 0.7-0.18MG	Brand	, QL 3 per day
ZUBSOLV	SUB 1.4-0.36MG	Brand	QL 3 per day
ZUBSOLV	SUB 2.9-0.71MG	Brand	QL 3 per day
ZUBSOLV	SUB 5.7-1.4MG	Brand	QL 3 per day
ZUBSOLV	SUB 8.6-2.1MG	Brand	QL 2 per day
ZUBSOLV	SUB 11.4-2.9MG	Brand	QL 2 per day
OPIOIDES			
APAP/CODEINE	TAB 300-15MG	Generic	QL 13 per day
APAP/CODEINE	TAB 300-30MG	Generic	QL 13 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
APAP/CODEINE	TAB 300-60MG	Generic	QL 13 per day
APAP/CODEINE	SOL 120-12/5	Generic	QL 166mls per day
CODEINE SULF	TAB 30MG	Generic	QL 26 tabs per day
CODEINE SULF	TAB 60MG	Generic	QL 13 tabs per day
DILAUDID-HP	INJ 250MG	Brand	
ENDOCET	TAB 5-325MG	Generic	QL 12 per day
ENDOCET	TAB 7.5-325	Generic	QL 12 per day
ENDOCET	TAB 7.5-500M	Generic	QL 8 per day
ENDOCET	TAB 10-325MG	Generic	QL 12 per day
ENDOCET	TAB 10-650MG	Generic	QL 6 per day
ENDODAN	TAB 4.8355-325MG	Generic	QL 12 per day
FENTANYL	DIS 12MCG/HR	Generic	PA QL 11 per month
FENTANYL	DIS 25MCG/HR	Generic	PA QL 11 per month
FENTANYL	DIS 37.5MCG	Generic	PA QL 11 per month
FENTANYL	DIS 50MCG/HR	Generic	PA QL 11 per month
FENTANYL	DIS 62.5MCG	Generic	PA QL 11 per month
FENTANYL	DIS 75MCG/HR	Generic	PA QL 11 per month
FENTANYL	DIS 87.5MCG	Generic	PA QL 11 per month
FENTANYL	DIS 100MCG/H	Generic	PA QL 11 per month
HYDROCODONE/APAP	TAB 10-325MG	Generic	QL 12 per day
HYDROCODONE/APAP	TAB 2.5-500	Generic	QL 8 per day
HYDROCODONE/APAP	TAB 5-500MG	Generic	QL 8 per day
HYDROCODONE/APAP	TAB 7.5-500	Generic	QL 8 per day
HYDROCODONE/APAP	TAB 7.5-650	Generic	QL 6 per day
HYDROCODONE/APAP	TAB 10-650MG	Generic	QL 6 per day
HYDROCODONE/APAP	TAB 10-660MG	Generic	QL 6 per day
HYDROCODONE/APAP	TAB 7.5-750	Generic	QL 5 per day
HYDROCODONE/APAP	TAB 5-325MG	Generic	QL 12 per day
HYDROCODONE/APAP	TAB 7.5-325	Generic	QL 12 per day
HYDROCODONE/APAP	SOL 7.5-325	Generic	QL 184mls per day
HYDROCODONE/APAP	SOL 5-217/10	Generic	
HYDROCODONE/IBUPROFEN	TAB 7.5-200	Generic	QL 16 tabs per day
HYDROMORPHONE	INJ 1MG/ML	Generic	QL 30mls per day
HYDROMORPHONE	INJ 2MG/ML	Generic	QL 15mls per day
HYDROMORPHONE	INJ 4MG/ML	Generic	QL 7mls per day
HYDROMORPHONE	INJ 10MG/ML	Generic	QL 3mls per day
HYDROMORPHONE	INJ 50MG/5ML	Generic	QL 3mls per day
HYDROMORPHONE	INJ 500/50ML	Generic	QL 3mls per day
LORCET	TAB 5-325MG	Generic	QL 12 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
LORCET HD	TAB 10-325MG	Generic	QL 12 per day
LORCET PLUS	TAB 7.5-325	Generic	QL 12 per day
LORTAB	TAB 10-325MG	Generic	QL 12 per day
LORTAB	TAB 5-325MG	Generic	QL 12 per day
LORTAB	TAB 7.5-325	Generic	QL 12 per day
MORPHINE SULFATE	TAB 15MG	Generic	QL 8 tabs per day
MORPHINE SULFATE	TAB 30MG	Generic	QL 4 tabs per day
MORPHINE SULFATE	TAB 15MG ER	Generic	PA QL 3 per day
MORPHINE SULFATE	TAB 30MG ER	Generic	PA QL 3 per day
MORPHINE SULFATE	TAB 60MG ER	Generic	PA QL 3 per day
MORPHINE SULFATE	TAB 100MG ER	Generic	PA QL 3 per day
MORPHINE SULFATE	TAB 200MG ER	Generic	PA QL 3 per day
MORPHINE SULFATE	INJ 1MG/ML	Generic	QL 120mls per day
MORPHINE SULFATE	INJ 2MG/ML	Generic	QL 60mls per day
MORPHINE SULFATE	INJ 4MG/ML	Generic	QL 30mls per day
MORPHINE SULFATE	INJ 5MG/ML	Generic	QL 24mls per day
MORPHINE SULFATE	INJ 150/30ML	Generic	QL 24mls per day
MORPHINE SULFATE	INJ 25MG/ML	Generic	QL 4mls per day
MORPHINE SULFATE	INJ 50MG/ML	Generic	QL 2mls per day
MORPHINE SULFATE	SOL 10MG/5ML	Generic	QL 60mls per day
MORPHINE SULFATE	SOL 20MG/5ML	Generic	QL 30mls per day
MORPHINE SULFATE	SOL 100/5ML	Generic	QL 6mls per day
MORPHINE SULFATE	SUP 5MG	Generic	24 per day
MORPHINE SULFATE	SUP 10MG	Generic	12 per day
MORPHINE SULFATE	SUP 20MG	Generic	6 per day
MORPHINE SULFATE	SUP 30MG	Generic	4 per day
OXYCODONE/APAP	CAP 5-500MG	Generic	QL 8 per day
OXYCODONE/APAP	TAB 5-325MG	Generic	QL 12 per day
OXYCODONE/APAP	SOLN 5-325MG/5ML	Generic	QL 61mls per day
OXYCODONE/APAP	TAB 7.5-325	Generic	QL 10 per day
OXYCODONE/APAP	TAB 7.5-500	Generic	QL 8 per day
OXYCODONE/APAP	TAB 10-325MG	Generic	QL 8 per day
OXYCODONE/APAP	TAB 10-650MG	Generic	QL 6 per day
OXYCODONE/ASA	TAB	Generic	QL 12 per day
OXYCODONE	TAB 5MG	Generic	QL 16 per day
OXYCODONE	TAB 10MG	Generic	QL 8 per day
OXYCODONE	TAB 15MG	Generic	QL 5 per day
OXYCODONE	TAB 20MG	Generic	QL 4 per day
OXYCODONE	TAB 30MG	Generic	QL 2 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
OXYCODONE	CON 100/5ML	Generic	QL 4mls per day
OXYCODONE	CON 20MG/ML	Generic	QL 4mls per day
OXYCODONE	SOL 5MG/5ML	Generic	QL 80mls per day
OXYCODONE	TAB 10MG ER	Generic	PA QL 3 per day
OXYCODONE	TAB 20MG ER	Generic	PA QL 3 per day
OXYCODONE	TAB 40MG ER	Generic	PA QL 3 per day
OXYCODONE	TAB 80MG ER	Generic	PA QL 3 per day
OXYCONTIN	TAB 10MG CR	Brand	PA QL 3 per day
OXYCONTIN	TAB 15MG CR	Brand	PA QL 3 per day
OXYCONTIN	TAB 20MG CR	Brand	PA QL 3 per day
OXYCONTIN	TAB 30MG CR	Brand	PA QL 3 per day
OXYCONTIN	TAB 40MG CR	Brand	PA QL 3 per day
OXYCONTIN	TAB 60MG CR	Brand	PA QL 3 per day
OXYCONTIN	TAB 80MG CR	Brand	PA QL 3 per day
ROXICET	TAB 5-325MG	Generic	QL 12 per day
TRAMADL/APAP	TAB 37.5-325	Generic	QL 10 per day
TRAMADOL HCL	TAB 50MG	Generic	QL 8 per day
INHIBIDORES DEL TUMOR NECROSIS FACTOR (TNF, FACTOR DE NECROSIS TUMORAL)			
ENBREL	INJ 25MG	Brand	PA QL 8mls per month
ENBREL	INJ 25/0.5ML	Brand	PA QL 2mls per 28 days
ENBREL	INJ 50MG/ML	Brand	PA QL 4mls per 28 days
ENBREL MINI	INJ 50MG/ML	Brand	PA QL 4mls per 28 days
ENBREL SRCLK	INJ 50MG/ML	Brand	PA QL 4mls per 28 days
GENOTROPIN	INJ 0.2MG	Brand	PA
NORDITROPIN	INJ 5/1.5ML	Brand	PA
NORDITROPIN	INJ 10/1.5ML	Brand	PA
NORDITROPIN	INJ 15/1.5ML	Brand	PA
NORDITROPIN	INJ 30/3ML	Brand	PA
NUTROPIN AQ	INJ NUSPIN 5	Brand	PA
NUTROPIN AQ	INJ 10MG/2ML	Brand	PA
NUTROPIN AQ	INJ 20MG/2ML	Brand	PA
OMNITROPE	INJ 5/1.5ML	Brand	PA
OMNITROPE	INJ 10/1.5ML	Brand	PA
MEDICAMENTOS ANTIRREUMÁTICOS MODIFICADORES DE LA ENFERMEDAD			
ADALIMUMAB-ADBM	PFS 10mg/0.2ml	Generic	PA QL 0.03 per day
ADALIMUMAB-ADBM	PFS 20mg/0.4ml	Generic	PA QL 0.03 per day
HADLIMA	INJ 40/0.8ML	Brand	PA QL 0.06 per day
HADLIMA	PUSH INJ 40/0.8ML	Brand	PA QL 0.06 per day
HADLIMA	INJ 40/0.4ML	Brand	PA QL 0.03 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
HADLIMA	PUSH INJ 40/0.4ML	Brand	PA QL 0.03 per day
LEFLUNOMIDE	TAB 10MG	Generic	
LEFLUNOMIDE	TAB 20MG	Generic	
SIMLANDI 2PN KIT	INJ 40/0.4ML	Brand	PA QL 0.08 per day
SIMLANDI 1 PN KIT	INJ 40/0.4ML	Brand	PA QL 0.08 per day
SIMLANDI KIT	20/0.2ML	Brand	PA QL 0.072 per day
SIMLANDI KIT	80/0.8ML	Brand	PA QL 0. 072 per day
OTEZLA	TAB 30MG	Brand	PA QL 2 tabs per day
OTEZLA	TAB 10/20/30	Brand	PA QL 1 per 180 days
OTEZLA	TAB 10/20	Brand	PA QL 1 per 365 days
OTEZLA	TAB 20MG	Brand	PA QL 2 per day
OTEZLA XR	TAB 75MG	Brand	PA QL 1 per day
OTEZLA XR 28 DAY	PAK	Brand	PA QL 1 per 180 days
YUSIMRY	INJ 40/0.8ML	Brand	PA QL 0.06 per day
BIOLÓGICOS VARIOS			
AVTOZMA	INJ 162/0.9	Brand	PA QL 0.072 per day
COSENTYX (Pre-filled Syringe)	PFS 75MG/0.5ML	Brand	PA QL 1 per month
COSENTYX	INJ 150MG/ML	Brand	PA QL 1 per month
COSENTYX PEN	INJ 150MG/ML	Brand	PA QL 1 per month
COSENTYX UNOREADY		Brand	PA QL 0.072 per day
DUPIXENT	INJ 100/0.67	Brand	PA QL 2 injections per month
DUPIXENT	INJ 200/1.14	Brand	PA QL 2 per month
DUPIXENT PEN	INJ 200/1.14	Brand	PA QL 2 per month
DUPIXENT	INJ 300/2	Brand	PA QL 2 per month
DUPIXENT PEN	INJ 300/2	Brand	PA QL 2 per month
ENSPRYNG	INJ	Brand	PA QL 0.036 per day
FASENRA PEN (AUTO-INJECTOR)	INJ 30MG/ML	Brand	PA QL 0.02mls per day
FASENRA	INJ 10MG/0.5	Brand	PA QL 0.01 per day
NEMLUVIO	INJ 30MG	Brand	PA QL 1 per 28 days
TALTZ	INJ 80MG/ML	Brand	PA QL 0.036mls per day
TALTZ	INJ 20/0.25	Brand	PA QL 0.07 per day
TALTZ	40/0.5ML	Brand	PA QL 0.02 per day
TYENNE	INJ 162MG	Brand	PA QL 0.07
TYENNE	INJ 162/0.9	Brand	PA QL 0.07
ANTIINFLAMATORIOS NO ESTEROIDEOS (AINE)			
(La lista no es exhaustiva. Solo se incluyen productos representativos)			
CELECOXIB	CAP 100MG	Generic	QL 2 per day
CELECOXIB	CAP 200MG	Generic	QL 2 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
DICLOFENAC	GEL 1%	Generic	QL 300g per month
DICLOFEN POTASSIUM	TAB 50MG	Generic	
DICLOFENAC	TAB 25MG DR	Generic	
DICLOFENAC	TAB 50MG DR	Generic	
DICLOFENAC	TAB 75MG DR	Generic	
DICLOFENAC	TAB 100MG ER	Generic	
FLURBIPROFEN	TAB 50MG	Generic	
ETODOLAC	CAP 200MG	Generic	ST (meloxicam)
ETODOLAC	CAP 300MG	Generic	ST (meloxicam)
ETODOLAC	TAB 400MG	Generic	ST (meloxicam)
ETODOLAC	TAB 500MG	Generic	ST (meloxicam)
FLURBIPROFEN	TAB 100MG	Generic	
GENPRIL	TAB 200MG	Generic	
IBU-DROPS	DRO 40MG/ML	Generic	
IBUPROFEN	CAP 200MG	Generic	
IBUPROFEN	TAB 200MG	Generic	
IBUPROFEN	TAB 400MG	Generic	
IBUPROFEN	TAB 600MG	Generic	
IBUPROFEN	TAB 800MG	Generic	
IBUPROFEN	DRO 50/1.25	Generic	
IBUPROFEN	SUS 100/5ML	Generic	
IBUPROFEN IB	TAB 200MG	Generic	
IBUPROFEN JR	CHW 100MG	Generic	
INDOMETHACIN	CAP 25MG	Generic	
INDOMETHACIN	CAP 50MG	Generic	
INDOMETHACIN	CAP 75MG ER	Generic	
INDOMETHACIN	SUS 25MG/5ML	Generic	
KETOPROFEN	CAP 25MG	Generic	
KETOPROFEN	CAP 50MG	Generic	
KETOPROFEN	CAP 75MG	Generic	
MEDI-PROFEN	CAP 200MG	Generic	
MEDI-PROFEN	TAB 200MG	Generic	
MEDI-PROFEN	SUS 40MG/ML	Generic	
MEDI-PROFEN	SUS 100/5ML	Generic	
MELOXICAM	TAB 7.5MG	Generic	QL 2 per day
MELOXICAM	TAB 15MG	Generic	
MIDOL	CAP 200MG	Generic	
NABUMETONE	TAB 500MG	Generic	
NABUMETONE	TAB 750MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
NAPROXEN	TAB 250MG	Generic	
NAPROXEN	TAB 375MG	Generic	
NAPROXEN	TAB 500MG	Generic	
PROVIL	TAB 200MG	Generic	
SULINDAC	TAB 150MG	Generic	
SULINDAC	TAB 200MG	Generic	
MEDICAMENTOS PARA LA MIGRAÑA AGUDA			
QULIPTA	TAB 10MG	Brand	PA QL 1 per day
QULIPTA	TAB 30MG	Brand	PA QL 1 per day
QULIPTA	TAB 60MG	Brand	PA QL 1 per day
ELETRIPTAN	TAB 20MG	Generic	QL 12 per 23 days
ELETRIPTAN	TAB 40MG	Generic	QL 12 per 23 days
NARATRIPTAN	TAB 1MG	Generic	QL 9 per 30 days
NARATRIPTAN	TAB 2.5MG	Generic	QL 9 per 30 days
REYVOW	TAB 50MG	Brand	PA QL 4 per 23 days
REYVOW	TAB 100MG	Brand	PA QL 4 per 23 days
RIZATRIPTAN	TAB 5MG	Generic	QL 12 per 30 days
RIZATRIPTAN	TAB 5MG ODT	Generic	QL 12 per 30 days
RIZATRIPTAN	TAB 10MG	Generic	QL 12 per 30 days
RIZATRIPTAN	TAB 10MG ODT	Generic	QL 12 per 30 days
SUMATRIPTAN	SPR 5MG/ACT	Generic	QL 6 per 30 days
SUMATRIPTAN	SPR 20MG/ACT	Generic	QL 6 per 30 days
SUMATRIPTAN	TAB 25MG	Generic	QL 9 per 30 days
SUMATRIPTAN	TAB 50MG	Generic	QL 9 per 30 days
SUMATRIPTAN	TAB 100MG	Generic	QL 9 per 30 days
SUMATRIPTAN	INJ 4MG/0.5	Generic	
SUMATRIPTAN	INJ 6MG/0.5	Generic	QL 3mls per 30 days
UBRELVY	TAB 50MG	Brand	PA QL 8 per 30 days
UBRELVY	TAB 100MG	Brand	PA QL 8 per 30 days
ZOLMITRIPTAN	TAB 2.5MG	Generic	QL 12 per 30 days
ZOLMITRIPTAN	TAB 5MG	Generic	QL 12 per 30 days
MEDICAMENTOS PARA LA MIGRAÑA CRÓNICA			
AIMOVIG	INJ 70MG/ML	Brand	PA QL 1 per 28 days
AIMOVIG	INJ 140MG/ML	Brand	PA QL 1 per 28 days
AJOVY (Auto-Injector)	INJ 225 MG/1.5ML	Brand	PA QL 1 per 28 days
AJOVY (Prefilled Syringe)	INJ 225 MG/1.5ML	Brand	PA QL 1 per 28 days
EMGALITY (Auto-Injector)	INJ 120MG/ML	Brand	PA QL 1 per 28 days
EMGALITY (Prefilled Syringe)	INJ 120MG/ML	Brand	PA QL 1 per 28 days
EMGALITY (Auto-Injector)	INJ 100MG/ML	Brand	PA QL 1 per 28 days

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
MEDICAMENTOS PARA LA GOTA			
ALLOPURINOL	TAB 100MG	Generic	
ALLOPURINOL	TAB 300MG	Generic	
COLCHICINE	TAB 0.6MG	Generic	
COLCRYS	TAB 0.6MG	Brand	
FEBUXOSTAT	TAB 40MG	Generic	QL 1 per day
FEBUXOSTAT	TAB 80MG	Generic	QL 1 per day
URICOSÚRICOS			
PROBEN/COLCH	TAB 500-0.5	Generic	
PROBENECID	TAB 500MG	Generic	
ANTILÉPTICOS			
CARBAMAZEPINE	TAB 200MG	Generic	
CARBAMAZEPINE	CHW 100MG	Generic	
CARBAMAZEPINE	CHW 200MG	Generic	
CARBAMAZEPINE	SUS 100/5ML	Generic	
CARBAMAZEPINE	CAP 100MG ER	Generic	
CARBAMAZEPINE	CAP 200MG ER	Generic	
CARBAMAZEPINE	CAP 300MG ER	Generic	
CARBAMAZEPINE	TAB 100MG ER	Generic	
CARBAMAZEPINE	TAB 200MG ER	Generic	
CARBAMAZEPINE	TAB 400MG ER	Generic	
DILANTIN	CHW 50MG	Brand	
DILANTIN	CAP 30MG	Brand	
DILANTIN	CAP 100MG	Brand	
DILANTIN-125	SUS 125/5ML	Brand	
EPITOL	TAB 200MG	Generic	
ETHOSUXIMIDE	CAP 250MG	Generic	
ETHOSUXIMIDE	SOL 250/5ML	Generic	
FELBAMATE	TAB 400MG	Generic	
FELBAMATE	TAB 600MG	Generic	
FELBAMATE	SUS 600/5ML	Generic	
FOSPHENYTOIN	INJ 100/2ML	Generic	
FOSPHENYTOIN	INJ 500/10ML	Generic	
GABAPENTIN	CAP 100MG	Generic	QL 9 caps per day
GABAPENTIN	CAP 300MG	Generic	QL 9 caps per day
GABAPENTIN	CAP 400MG	Generic	QL 9 caps per day
GABAPENTIN	TAB 600MG	Generic	QL 6 per day
GABAPENTIN	TAB 800MG	Generic	QL 4.5 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
GABAPENTIN	SOL 250/5ML	Generic	
GABITRIL	TAB 12MG	Brand	
GABITRIL	TAB 16MG	Brand	
LACOSAMIDE	TAB 50MG	Generic	
LACOSAMIDE	TAB 100MG	Generic	QL 2 tabs per day
LACOSAMIDE	TAB 150MG	Generic	
LACOSAMIDE	TAB 200MG	Generic	
LACOSAMIDE	ORAL SOL 10MG/ML	Generic	AR PA > 12 years of age
LACOSAMIDE	INJ 200MG/20	Generic	
LEVETIRACETA	SOL 100MG/ML	Generic	
LEVETIRACETA	TAB 500MG	Generic	
LEVETIRACETA	TAB 750MG	Generic	
LEVETIRACETA	TAB 1000MG	Generic	
LEVETIRACETA	SOL 100MG/ML	Generic	
LEVETIRACETA	SOL 500/5ML	Generic	
LEVETIRACETA	TAB 500MG ER	Generic	
LEVETIRACETA	TAB 750MG ER	Generic	
METHSUXIMIDE	CAP 300MG	Generic	
OXCARBAZEPIN	TAB 150MG	Generic	
OXCARBAZEPIN	TAB 300MG	Generic	
OXCARBAZEPIN	TAB 600MG	Generic	
OXCARBAZEPIN	SUS 300MG/5M	Generic	AR PA > 12 years of age
PEGANONE	TAB 250MG	Brand	
PHENYTOIN	CHW 50MG	Generic	
PHENYTOIN	SUS 125/5ML	Generic	
PHENYTOIN	INJ 50MG/ML	Generic	
PHENYTOIN EX	CAP 100MG	Generic	
PHENYTOIN EX	CAP 200MG	Generic	
PHENYTOIN EX	CAP 300MG	Generic	
PREGABALIN (generic Lyrica)	CAP 25MG	Generic	QL 6 per day
PREGABALIN (generic Lyrica)	CAP 50MG	Generic	QL 6 per day
PREGABALIN (generic Lyrica)	CAP 75MG	Generic	QL 6 per day
PREGABALIN (generic Lyrica)	CAP 100MG	Generic	QL 6 per day
PREGABALIN (generic Lyrica)	CAP 150MG	Generic	QL 4 per day
PREGABALIN (generic Lyrica)	CAP 200MG	Generic	QL 3 per day
PREGABALIN (generic Lyrica)	CAP 225MG	Generic	QL 2 per day
PREGABALIN (generic Lyrica)	CAP 300MG	Generic	QL 2 per day
PREGABALIN (generic Lyrica)	SOL 20MG/ML	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PRIMIDONE	TAB 50MG	Generic	
PRIMIDONE	TAB 250MG	Generic	
TIAGABINE	TAB 2MG	Generic	
TIAGABINE	TAB 4MG	Generic	
TOPIRAGEN	TAB 25MG	Generic	
TOPIRAGEN	TAB 50MG	Generic	
TOPIRAGEN	TAB 100MG	Generic	
TOPIRAGEN	TAB 200MG	Generic	
TOPIRAMATE	TAB 25MG	Generic	
TOPIRAMATE	TAB 50MG	Generic	
TOPIRAMATE	TAB 100MG	Generic	
TOPIRAMATE	TAB 200MG	Generic	
TOPIRAMATE	CAP 15MG	Generic	
TOPIRAMATE	CAP 25MG	Generic	
TRILEPTAL	SUS 300MG/5M	Brand	AR PA > 12 years of age
VIGABATRIN (GENERIC SABRIL)	PAK 500MG	Generic	PA
VIGABATRIN (Generic Sabril)	TAB 500MG	Generic	PA
VIMPAT	SOL 10MG/ML	Brand	PA
ZONISAMIDE	CAP 25MG	Generic	
ZONISAMIDE	CAP 50MG	Generic	
ZONISAMIDE	CAP 100MG	Generic	
MEDICAMENTOS NEUROMUSCULARES			
AGENTES ANTICOLINÉRGICOS (CNS)			
BENZTROPINE	TAB 0.5MG	Generic	
BENZTROPINE	TAB 1MG	Generic	
BENZTROPINE	TAB 2MG	Generic	
BENZTROPINE	INJ 1MG/ML	Generic	
TRIHEXYPHEN	TAB 2MG	Generic	
TRIHEXYPHEN	TAB 5MG	Generic	
TRIHEXYPHEN	ELX 0.4MG/ML	Generic	
ANTIPARKINSONIANOS			
ENTACAPONE	TAB 200MG	Generic	
SELEGILINE	CAP 5MG	Generic	
SELEGILINE	TAB 5MG	Generic	
DOPAMINÉRGICOS			
BROMOCRIPTIN	CAP 5MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
BROMOCRIPTIN	TAB 2.5MG	Generic	
CARBIDOPA/LEVODOPA	TAB 10-100MG	Generic	
CARBIDOPA/LEVODOPA	TAB 25-100MG	Generic	
CARBIDOPA/LEVODOPA	TAB 25-250MG	Generic	
CARBIDOPA/LEVODOPA	ER TAB 25-100MG	Generic	
CARBIDOPA/LEVODOPA	ER TAB 50-200MG	Generic	
PRAMIPEXOLE	TAB 0.125MG	Generic	QL 3 per day
PRAMIPEXOLE	TAB 0.25MG	Generic	QL 3 per day
PRAMIPEXOLE	TAB 0.5MG	Generic	QL 3 per day
PRAMIPEXOLE	TAB 0.75MG	Generic	QL 3 per day
PRAMIPEXOLE	TAB 1MG	Generic	QL 3 per day
PRAMIPEXOLE	TAB 1.5MG	Generic	QL 3 per day
ROPINIROLE	TAB 0.25MG	Generic	
ROPINIROLE	TAB 0.5MG	Generic	
ROPINIROLE	TAB 1MG	Generic	
ROPINIROLE	TAB 2MG	Generic	
ROPINIROLE	TAB 3MG	Generic	
ROPINIROLE	TAB 4MG	Generic	
ROPINIROLE	TAB 5MG	Generic	
MEDICAMENTOS PARA EL CENTRAL NERVOUS SYSTEM, VARIOS			
RADICAVA ORS	SUSP 105 MG/5ML	Brand	PA QL 50mls per 28 days
RADICAVA ORS STARTER	SUSP 105 MG/5ML	Brand	PA QL 70mls per 180 days
RILUZOLE	TAB 50MG	Generic	
RELAJANTES MUSCULARES DE ACCIÓN CENTRAL			
BACLOFEN	TAB 10MG	Generic	
BACLOFEN	TAB 20MG	Generic	
CHLORZOXAZONE	TAB 500MG	Generic	
CYCLOBENZAPRINE	TAB 5MG	Generic	
CYCLOBENZAPRINE	TAB 10MG	Generic	
METHOCARBAMOL	TAB 500MG	Generic	
METHOCARBAMOL	TAB 750MG	Generic	
TIZANIDINE	TAB 2MG	Generic	
TIZANIDINE	TAB 4MG	Generic	
RELAJANTES MUSCULARES DE ACCIÓN DIRECTA			
DANTROLENE	CAP 25MG	Generic	
DANTROLENE	CAP 50MG	Generic	
DANTROLENE	CAP 100MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
INHIBIDORES DEL TRANSPORTADOR VESICULAR DE MONOAMINAS 2 (VMAT2)			
INGREZZA	CAP 40MG	Brand	PA & QL 1 per day
INGREZZA	CAP 60MG	Brand	PA & QL 1 per day
INGREZZA	CAP 80MG	Brand	PA & QL 1 per day
INGREZZA	CAP 40MG & 80MG THERAPY PACK	Brand	PA & QL 1 per day & 28 per 180 days
TETRABENAZINE	TAB 12.5MG	Generic	PA
TETRABENAZINE	TAB 25MG	Generic	PA
PRODUCTOS NUTRICIONALES			
COMPLEJO DE VITAMINA B			
B1 NATURAL	TAB 250MG	Brand	
CYANOCOBALAM	INJ 1000MCG	Generic	
ENDUR-ACIN	TAB 250MG SR	Generic	
ENDUR-ACIN	TAB 500MG SR	Generic	
EQL B-12	TAB 1000MCG	Generic	
FOLIC ACID	TAB 400MCG	Generic	90-day supply available
FOLIC ACID	TAB 800MCG	Generic	90-day supply available
FOLIC ACID	TAB 1MG	Generic	90-day supply available
FOLIC ACID	TAB 1000MCG	Generic	90-day supply available
FOLIC ACID	INJ 5MG/ML	Generic	
FOLIC ACID	TAB XTRA	Brand	
NIACIN	CAP 250MG TR	Generic	
NIACIN	CAP 250MG TD	Generic	
NIACIN	CAP 250MG ER	Generic	
NIACIN	CAP 250MG SR	Generic	
NIACIN	CAP 500MG TR	Generic	
NIACIN	CAP 500MG SR	Generic	
NIACIN	TAB 50MG	Generic	
NIACIN	TAB 100MG	Generic	
NIACIN	TAB 250MG	Generic	
NIACIN	TAB 500MG	Generic	
NIACIN	TAB 250MG SR	Generic	
NIACIN	TAB 500MG CR	Generic	
NIACIN	TAB 500MG ER	Generic	
NIACIN	TAB 500MG PR	Generic	
NIACIN	TAB 750MG TR	Generic	
NIACIN ER	CAP 250MG	Generic	
NIACIN ER	CAP 500MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
NIACIN TR	TAB 1000MG	Generic	
NIACINAMIDE	TAB 100MG	Generic	
NIACINAMIDE	TAB 500MG	Generic	
PYRIDOXINE	TAB 25MG	Generic	
PYRIDOXINE	TAB 50MG	Generic	
PYRIDOXINE	TAB 100MG	Generic	
SLO-NIACIN	TAB 250MG CR	Generic	
THIAMINE HCL	TAB 100MG	Generic	
VITAMIN B-1	TAB 50MG	Generic	
VITAMIN B-1	TAB 100MG	Generic	
VITAMIN B-12	TAB 50MCG	Generic	
VITAMIN B-12	TAB 100MCG	Generic	
VITAMIN B-12	TAB 250MCG	Generic	
VITAMIN B-12	TAB 500MCG	Generic	
VITAMIN B-12	TAB 1000MCG	Generic	
VITAMIN B-12	TAB 2000MCG	Generic	
VITAMIN B-12	TAB 1000 CR	Generic	
VITAMIN B-12	TAB 1000 TR	Generic	
VITAMIN B-12	SUB 500MCG	Generic	
VITAMIN B-12	SUB 1000MCG	Generic	
MULTIVITAMÍNICOS			
ACD/FLUORIDE	DRO 0.25MG	Generic	AR PA required > 2; 90-day supply available
ADEK GUMMIES PLUS ZINC	CHEWABLE	Brand	ST required with cystic fibrosis meds
B COMPLEX WITH VITAMIN C	TAB	Generic	
B COMPLEX W/C & FOLIC ACID	TAB	Generic	
BIOTIN FORTE	TAB	Brand	
BPROTECTED	SOL TRI-VITE	Generic	AR PA required > 2
CALCIUM	SOFT CHEW	Generic	90-day supply available
CALNA	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
CAVAN-EC SOD	MIS DHA	Generic	AR PA required >50; covered for females only; 90-day supply available
CENTRUM SPEC	PAK PRENATAL	Brand	AR PA required >50; covered for females only; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CHEW CALCIUM	CHW	Generic	90-day supply available
CL PRENATAL	TAB 28-0.8MG	Generic	AR PA required >50; covered for females only; 90-day supply available
COMP PRNATAL	MIS DHA	Generic	AR PA required >50; covered for females only; 90-day supply available
COMPL PRENAT	MIS +DHA	Brand	AR PA required >50; covered for females only; 90-day supply available
COMPLETENATE	CHW	Generic	AR PA required >50; covered for females only; 90-day supply available
CO-NATAL FA	TAB 29-1MG	Generic	AR PA required >50; covered for females only; 90-day supply available
CONCEPT OB	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
CVS PRENATAL	TAB 28-0.8MG	Brand	AR PA required >50; covered for females only; 90-day supply available
CVS PRENATAL	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
CVS STRESS	TAB FORMULA	Generic	
CVS SUPER B	TAB COMPLX/C	Generic	
DEKAS PLUS	LIQ	Brand	ST required with cystic fibrosis drugs
DEKAS PLUS	CAP	Brand	ST required with cystic fibrosis drugs
DEKAS PLUS	CAP ESSENTIAL	Brand	ST required with cystic fibrosis drugs
DEKAS	LIQ ESSENTIAL	Brand	ST required with cystic fibrosis drugs
DEKAS PLUS	CAP OCEAN	Brand	ST required with cystic fibrosis drugs
DEKAS PLUS	CHW	Brand	ST required with cystic fibrosis drugs
DEKAS BARIATRIC	CHW TAB	Brand	ST required with cystic fibrosis drugs

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
DIALYVITE	TAB 800	Generic	
DIALYVITE	TAB	Generic	
DIALYVITE/	TAB ZINC	Brand	
ELITE-OB	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
ENFAMIL	MIS EXPECTA	Brand	AR PA required >50; covered for females only; 90-day supply available
EQL PRENATAL	TAB FORMULA	Generic	AR PA required >50; covered for females only; 90-day supply available
FOCALGIN CA	MIS	Brand	AR PA required >50; covered for females only; 90-day supply available
FOLCAPS	CAP OMEGA 3	Brand	AR PA required >50; covered for females only; 90-day supply available
FOLIVANE-OB	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
FOLIVANE-PRX	CAP DHA NF	Brand	AR PA required >50; covered for females only; 90-day supply available
FULL SPECT	TAB B/ VIT C	Generic	
GESTICARE	PAK DHA	Brand	AR PA required >50; covered for females only; 90-day supply available
GNP PRENATAL	TAB 28-0.8MG	Generic	AR PA required >50; covered for females only; 90-day supply available
GOODSENSE	TAB 28-0.8MG	Brand	AR PA required >50; covered for females only; 90-day supply available
HM B COMPLEX	TAB WITH C	Generic	
HM PRENATAL	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
INATAL ADV	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
INATAL GT	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
INATAL ULTRA	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
*INFANT FOODS LIQUID**		Both	PA
*INFANT FOODS POWDER**		Brand	PA
KP B COMPLEX	TAB	Generic	
KP PRENATAL	TAB MULTIVIT	Brand	AR PA required >50; covered for females only; 90-day supply available
KPN PRENATAL	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
MISSION PREN	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
MISSION PREN	TAB HP	Generic	AR PA required >50; covered for females only; 90-day supply available
MULTI PRENAT	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
MULTI-VIT/FL	DRO /FL 0.25	Generic	AR PA required > 12; 90-day supply available
MULTI-VIT/FL	DRO 0.25MG	Generic	AR PA required > 12; 90-day supply available
MULTI-VIT/FL	DRO 0.5MG/ML	Generic	AR PA required > 12; 90-day supply available
MULTI-VIT/FL	CHEW TAB 0.5MG	Generic	
MULTI-VIT/FL	CHEW TAB 0.25MG	Generic	AR Covered for members 18 and younger; 90-day supply available
MULTI-VIT/FL	CHEW TAB 1MG	Generic	AR Covered for members 18 and younger; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
M-VIT	TAB 27-1MG	Generic	AR PA required >50; covered for females only; 90-day supply available
MYNATAL	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
MYNATAL	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
MYNATAL	TAB ADVANCE	Generic	AR PA required >50; covered for females only; 90-day supply available
MYNATAL PLUS	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
MYNATAL-Z	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
MYNEPHROCAPS	CAP	Generic	
NATAL-V RX	TAB 29-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
NATALVIRT CA	PAK	Brand	AR PA required >50; covered for females only; 90-day supply available
NATALVIT	TAB 75-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
NEPHPLEX RX	TAB	Brand	
NEPHRONEX	TAB 1MG	Generic	
NEPHRO-VITE	TAB	Brand	
NIVA-PLUS	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
NOVAFERRUM	DRO 10MG/ML	Generic	AR PA required > 2
OB COMPLETE	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
OB-NATAL ONE	CAP 27-1MG	Generic	AR PA required >50; covered for females only; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
O-CAL	TAB PRENATAL	Brand	AR PA required >50; covered for females only; 90-day supply available
O-CAL FA	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
ONE A DAY MIS PRENATAL	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
PED MULT VIT W/C &FA	CHEW TAB	Generic	AR Age > 18 not covered
PNV FE FUM	TAB DOC/FA	Brand	AR PA required >50; covered for females only; 90-day supply available
PNV FOLIC AC	TAB + IRON	Brand	AR PA required >50; covered for females only; 90-day supply available
PNV OB+DHA	PAK	Brand	AR PA required >50; covered for females only; 90-day supply available
PNV PRENATAL	TAB PLUS	Brand	AR PA required >50; covered for females only; 90-day supply available
PNV TABS	TAB 29-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PNV-DHA	CAP	Generic	AR PA required >50; covered for females only; 90-day supply available
PNV-SELECT	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
PNV-VP-U	CAP 106.5-1	Brand	AR PA required >50; covered for females only; 90-day supply available
POLY-VI-SOL	DRO	Brand	AR PA required > 12
POLY-VI-SOL	DRO/IRON	Brand	AR PA required > 12
POLY-VITA	DRO	Generic	AR PA required > 12
POLY-VITA	DRO/IRON	Generic	AR PA required > 12
POLYVITAMIN	DRO	Generic	AR PA required > 12
POLYVITAMIN	DRO/IRON	Generic	AR PA required > 12

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
POLY-VITE	DRO	Generic	AR PA required > 12
POLY-VITE	SOL/IRON	Generic	AR PA required > 12
PERRY PRENATAL	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENAISSANCE	PAK DHA	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENAISSANCE	PAK PROMISE	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENAPLUS	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENAT PLUS	TAB 27-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATABS FA	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATABS RX	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL CHW	GUMMIES	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB FORTE	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB VITAMINS	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB PLUS FE	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL COMPLETE	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PRENATAL	TAB COMPLETE	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB 27-0.8MG	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB LOW IRON	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB 27-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB PLUS	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB 28-0.8MG	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB FORMULA	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL	TAB PLUS DHA	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL 1	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL 19	CHW 29-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL 19	CHW TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL 19	TAB 29-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL AD	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PRENATAL FRM	TAB A-FREE	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL MV	MIS + DHA	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL VIT	TAB 28-0.8MG	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL/FE	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATAL+DHA	MIS	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL+DHA	MIS WOMENS	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL+FE	TAB 29-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PRENATAL-U	CAP 106.5-1	Generic	AR PA required >50; covered for females only; 90-day supply available
PRENATL MULT	CAP + DHA	Brand	AR PA required >50; covered for females only; 90-day supply available
PREPLUS	TAB 27-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PRETAB	TAB 29-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
PX PRENATAL	TAB MULTIVIT	Generic	AR PA required >50; covered for females only; 90-day supply available
QC PRENATAL	TAB 28-0.8MG	Brand	AR PA required >50; covered for females only; 90-day supply available
QUFLORA PED	DRO 0.25MG	Generic	AR PA required > 12
QUFLORA PED	DRO 0.5MG/ML	Generic	AR PA required > 12

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
RA CALCIUM	CHW CARAMEL	Generic	90-day supply available
RA CALCIUM	CHW MLK CHOC	Generic	90-day supply available
RA PRENATAL	TAB FORMULA	Brand	AR PA required >50; covered for females only; 90-day supply available
RA PRENATAL	TAB 28-0.8MG	Generic	AR PA required >50; covered for females only; 90-day supply available
RENAL	CAP SOFTGEL	Generic	
RENAL	TAB MULTIVIT	Generic	
RENALPREN	CAP	Generic	
RENA-VITE	TAB	Generic	
RENA-VITE RX	TAB	Generic	
RENO	CAP	Generic	
RULAVITE DHA	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
SE-TAN DHA	CAP	Generic	AR PA required >50; covered for females only; 90-day supply available
SIMILAC PREN	PAK EARLY SH	Brand	AR PA required >50; covered for females only; 90-day supply available
SM CALCIUM	CHW	Generic	90-day supply available
SM PRENATAL	TAB VITAMINS	Generic	AR PA required >50; covered for females only; 90-day supply available
STRESS 500	TAB B-COMPLE	Generic	
STRESS FORM	TAB	Generic	
STUART ONE	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
STUART PREN	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
SUPER B-COMP	TAB VIT C/FA	Generic	
SUPER B-COMP	TAB /VIT C	Generic	
SUPERPLEX-T	TAB	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
TH PRENATAL	TAB VITAMINS	Brand	AR PA required >50; covered for females only; 90-day supply available
THRIVITE 19	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
THRIVITE RX	TAB 29-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
TOTAL B/C	TAB	Generic	
TRIADVANCE	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
TRICARE	TAB PRENATAL	Generic	AR PA required >50; covered for females only; 90-day supply available
TRINATAL	TAB ULTRA	Brand	AR PA required >50; covered for females only; 90-day supply available
TRINATAL GT	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
TRINATAL RX	TAB 1	Generic	AR PA required >50; covered for females only; 90-day supply available
TRINATE	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
TRIPHROCAPS	CAP	Generic	
TRI-VI-SOL	SOL	Brand	AR PA required > 12
TRI-VIT/FL	DRO 0.25MG	Generic	AR PA required > 12
TRI-VIT/FL	DRO 0.5MG	Generic	AR PA required > 12
TRI-VIT/FLUO	DRO 0.25MG	Generic	AR PA required > 12
TRI-VIT/FLUO	DRO 0.5MG	Generic	AR PA required > 12
TRI-VITA	SOL	Generic	AR PA required > 12
TRI-VITA/FL	DRO 0.25MG	Generic	AR PA required > 12
TRI-VITAMIN	DRO	Generic	AR PA required > 12
ULTIMATECARE	CAP ONE	Generic	AR PA required >50; covered for females only; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ULTRA TABS	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
VENATAL-FA	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VINATE AZ EX	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VINATE CAL	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VINATE GT	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
VINATE IC	CAP	Generic	AR PA required >50; covered for females only; 90-day supply available
VINATE II	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
VINATE ONE	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
VINATE ULTRA	TAB	Generic	AR PA required >50; covered for females only; 90-day supply available
VIRT NATE	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VIRT NATE	TAB 28-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
VIRT-ADVANCE	TAB 90-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
VIRT-CAPS	CAP	Generic	
VIRT-CARE	CAP ONE	Brand	AR PA required >50; covered for females only; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
VIRT-PN	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VIRT-PN DHA	CAP	Brand	AR PA required >50; covered for females only; 90-day supply available
VIRT-VITE GT	TAB 90-1MG	Brand	AR PA required >50; covered for females only; 90-day supply available
VITA-BEE/C	TAB	Generic	
VOL-CARE RX	TAB	Generic	
VOL-NATE	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VOL-PLUS	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VOL-TAB RX	TAB	Brand	AR PA required >50; covered for females only; 90-day supply available
VP-ERA OB	PAK PLUS	Brand	AR PA required >50; covered for females only; 90-day supply available
VP-VITE RX	TAB	Generic	
FLÚOR			
CAVAREST	GEL 1.1%	Generic	AR > 21 not covered
CONTROLRX	CRE 1.1%	Generic	AR > 21 not covered
DENTA 5000	CRE PLUS	Generic	AR > 21 not covered
DENTA 5000	CRE PLUS 2PK	Generic	AR > 21 not covered
DENTAGEL	GEL 1.1%	Generic	AR > 21 not covered
FLUOR-A-DAY	DRO 0.125MG	Generic	AR > 18 not covered; 90-day supply available
FLUOR-A-DAY	CHW 0.25MG F	Brand	AR > 18 not covered; 90-day supply available
FLUOR-A-DAY	CHW 0.5MG F	Brand	AR > 18 not covered; 90-day supply available
FLUOR-A-DAY	CHW 1MG F	Brand	AR > 18 not covered; 90-day supply available
FLUORIDE	CHW 0.25MG F	Generic	AR > 18 not covered; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
FLUORIDE	CHW 0.5MG F	Generic	AR > 18 not covered; 90-day supply available
FLUORIDE	CHW 1MG F	Generic	AR > 18 not covered; 90-day supply available
FLUORIDEX	PST 1.1%	Generic	AR > 21 not covered
FLUORITAB	CHW 0.25MG F	Generic	AR > 18 not covered; 90-day supply available
FLUORITAB	CHW 0.5MG F	Generic	AR > 18 not covered; 90-day supply available
FLUORITAB	CHW 1MG F	Generic	AR > 18 not covered; 90-day supply available
FLUORITAB	CHW 2.2MG	Generic	AR > 18 not covered; 90-day supply available
FLUORITAB	DRO 0.125MG	Generic	AR > 18 not covered; 90-day supply available
FLURA-DROPS	DRO 0.125MG	Generic	AR > 18 not covered; 90-day supply available
KARIDIUM	DRO 0.125MG	Generic	AR > 18 not covered; 90-day supply available
KARIGEL-N	GEL 1.1%	Generic	AR > 21 not covered
LUDENT	CHW 0.25MG F	Generic	AR > 18 not covered; 90-day supply available
LUDENT	CHW 0.5MG F	Generic	AR > 18 not covered; 90-day supply available
LUDENT	CHW 1MG F	Generic	AR > 18 not covered; 90-day supply available
NAFRINSE	CHW 1MG F	Generic	AR > 18 not covered; 90-day supply available
NAFRINSE	DRO 0.125MG	Generic	AR > 18 not covered; 90-day supply available
NEUTRAGARD	GEL 1.1%	Generic	AR > 21 not covered
PHOS-FLUR	GEL 1.1%	Generic	AR > 21 not covered
SF	GEL 1.1%	Generic	AR > 21 not covered
SF 5000 PLUS	CRE 1.1%	Generic	AR > 21 not covered
SOD FLUORIDE	CHW 0.25MG F	Generic	AR > 18 not covered; 90-day supply available
SOD FLUORIDE	CHW 0.5MG F	Generic	AR > 18 not covered; 90-day supply available
SOD FLUORIDE	CHW 1.1MG	Generic	AR > 18 not covered; 90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
SOD FLUORIDE	CHW 1MG F	Generic	AR > 18 not covered; 90-day supply available
SOD FLUORIDE	CHW 2.2MG	Generic	AR > 18 not covered; 90-day supply available
SOD FLUORIDE	DRO 0.5MG/ML	Generic	AR > 18 not covered; 90-day supply available
SOD FLUORIDE	PST 1.1%	Generic	AR > 21 not covered
SUPLEMENTOS			
CALCIUM CARBONATE	CHW 500MG	Generic	90-day supply available
CALCIUM CARBONATE	CHW 600-400	Generic	90-day supply available
CALCIUM W/VIT D & POTASSIUM	CHEW TAB 500MG-100	Generic	90-day supply available
CALCIUM/PLUS D	TAB	Generic	90-day supply available
CALCIUM CITRATE	TAB	Generic	90-day supply available
CALCIUM W/VIT D	TAB 600MG-200	Generic	90-day supply available
CALCIUM CITRATE PLUS VIT D	TAB	Generic	90-day supply available
CALCIUM PLUS D/ MINERALS	TAB	Generic	90-day supply available
CALCIUM PLUS D3	TAB	Generic	90-day supply available
CALCIUM CARBONATE	CHEW TAB	Generic	90-day supply available
CALCIUM CARBONATE	TAB	Generic	90-day supply available
CALCIUM CITRATE PLUS VITAMIN D	TAB	Generic	90-day supply available
CERALYTE 70	LIQ	Brand	
CERASPORT	SOL	Brand	
CERASPORT	SOL EX1	Brand	
CIT CALC/D	TAB 200-250	Generic	90-day supply available
CIT CALC/D	TAB 315-250	Generic	90-day supply available
D5W/NACL	INJ 0.45%	Generic	
D5W/NACL	INJ 0.9%	Generic	
EFFER-K	TAB 25MEQ EF	Generic	
ENFALYTE	SOL	Brand	
ENFAMIL	SOL ENFALYTE	Brand	
FLUSH SYRING	INJ 0.9%	Generic	
GERBER	SOL REPLENSH	Generic	
GNP CALCIUM	TAB 500/D	Generic	90-day supply available
K-EFFERVESCE	TAB 25MEQ EF	Generic	
KLOR-CON 10	TAB 10MEQ ER	Generic	90-day supply available
KLOR-CON 8	TAB 8MEQ ER	Generic	90-day supply available
KLOR-CON M10	TAB 10MEQ ER	Generic	90-day supply available
KLOR-CON M20	TAB 20MEQ ER	Generic	90-day supply available
KLOR-CON SPR	CAP 8MEQ	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
KLOR-CON SPR	CAP 10MEQ	Generic	90-day supply available
KLOR-CON/EF	TAB 25MEQ EF	Generic	
KLOR-CON/EF	TAB 25MEQ FR	Generic	
KP CALCIUM	TAB 600+D	Generic	90-day supply available
K-PHOS	TAB	Brand	
K-PRIME	TAB 25MEQ EF	Generic	
K-SOL	SOL 10%	Generic	
K-SOL	SOL 20%	Generic	
K-VESCENT	POW 20MEQ	Generic	
LIQ CA/VIT D	CAP 600MG	Generic	90-day supply available
MAG CL/CA CARBONATE (Slow mag)	DR TAB 70-117MG	Generic	
MAG 64	TAB 64MG	Generic	
MAG OXIDE	TAB 400MG	Generic	
MAG OXIDE	TAB 500MG	Generic	
NATURALYTE	SOL	Generic	
NORML SALINE	INJ IV FLUSH	Generic	
ORAL ELECTRO	SOL H-E-B	Generic	
ORALYTE	SOL	Generic	
OS-CAL	CHW 500-600	Generic	90-day supply available
OS-CAL	500 CHW	Generic	90-day supply available
OSCAL	TAB 500/200 D-3	Generic	90-day supply available
OYS SHELL CA	TAB 500MG	Generic	90-day supply available
OYS SHELL+D	TAB 250-125	Generic	90-day supply available
OYS SHELL+D	CHW 500-400	Generic	90-day supply available
OYSCO	500 + D CHW	Generic	90-day supply available
OYST CAL/D	TAB 250MG	Generic	90-day supply available
OYST CAL/D	TAB 500MG	Generic	90-day supply available
OYST SHELL/D	TAB 250MG	Generic	90-day supply available
OYST SHELL/D	TAB 500MG	Generic	90-day supply available
OYST SHELL/D	TAB 500-200	Generic	90-day supply available
OYST SHELL/D	TAB 600MG	Generic	90-day supply available
OYST SHELL/D	TAB 500-125	Generic	90-day supply available
OYST SHELL/D	TAB 500-400	Generic	90-day supply available
PEDIALYTE	SOL	Brand	
PHOSPHA 250	TAB NEUTRAL	Generic	
POT ACETATE	INJ 2MEQ/ML	Generic	
POT ACETATE	INJ 4MEQ/ML	Generic	
POT CHLORIDE	CAP 8MEQ ER	Generic	90-day supply available
POT CHLORIDE	CAP 10MEQ ER	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
POT CHLORIDE	TAB 8MEQ ER	Generic	90-day supply available
POT CHLORIDE	TAB 8MEQ SR	Generic	90-day supply available
POT CHLORIDE	TAB 10MEQ ER	Generic	90-day supply available
POT CHLORIDE	TAB 10MEQ CR	Generic	90-day supply available
POT CHLORIDE	TAB 20MEQ ER	Generic	90-day supply available
POT CHLORIDE	INJ 2MEQ/ML	Generic	
POT CHLORIDE	INJ 10MEQ	Generic	
POT CHLORIDE	INJ 20MEQ	Generic	
POT CHLORIDE	INJ 40MEQ	Generic	
POT CHLORIDE	SOL 10% SF	Generic	
POT CHLORIDE	SOL 10%	Generic	
POT CHLORIDE	SOL 20% SF	Generic	
POT CHLORIDE	SOL 20%	Generic	
POT CHLORIDE	TAB 25MEQ EF	Generic	
POT CL MICRO	TAB 10MEQ ER	Generic	
POT CL MICRO	TAB 10MEQ CR	Generic	
POT CL MICRO	TAB 20MEQ ER	Generic	
POT GLUCONAT	TAB 2MEQ	Generic	
POT GLUCONAT	TAB 550MG	Generic	
POT GLUCONAT	TAB 2.5MEQ	Generic	
POT GLUCONAT	TAB 99MG	Generic	
POT GLUCONAT	TAB 595MG	Generic	
POTASSIUM	TAB 99MG	Generic	
SALINE FLUSH	INJ 0.9%	Generic	
SALINE FLUSH	INJ ZR 0.9%	Generic	
SOD CHLORIDE	INJ 0.45%	Generic	
SOD CHLORIDE	INJ 0.9%	Generic	
SOD CHLORIDE	INJ 3%	Generic	
SOD CHLORIDE	INJ 5%	Generic	
SOD CHLORIDE	INJ 23.4%	Generic	
SOD CHLORIDE	INJ 4MEQ/ML	Generic	
SOD CHLORIDE	INJ 2.5/ML	Generic	
TH CALCIUM/D	TAB 600-400	Generic	90-day supply available
VIRT-PHOS	TAB 250 NEUT	Generic	
SUPLEMENTOS CALÓRICOS			
(la mayoría de los suplementos nutricionales están cubiertos con autorización previa requerida; no se incluyen todos los productos)			

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
BOOST			PA
DOJOLVI	LIQ 100%		PA
ENSURE			PA
GLUCERNA			PA
PEDIASURE			PA
DEXTROSE	INJ 5%	Generic	
DEXTROSE	INJ 5% PGBK	Generic	
DEXTROSE	INJ 10%	Generic	
DEXTROSE	INJ 20%	Generic	
DEXTROSE	INJ 25%	Generic	
DEXTROSE	INJ 30%	Generic	
DEXTROSE	INJ 40%	Generic	
DEXTROSE	INJ 50%	Generic	
DEXTROSE	INJ 70%	Generic	
MEDICAMENTOS HEMATOLÓGICOS			
MEDICAMENTOS HEMATOPOYÉTICOS			
ANDEMBRY	INJ 200/1.2	Brand	PA QL 0.04 per day
APHEXDA	INJ 62MG	Brand	PA
AQVESME	TAB 100MG	Brand	PA QL 2 per day
ARANESP	INJ 25MCG	Brand	PA
ARANESP	INJ 40MCG	Brand	PA
ARANESP	INJ 60MCG	Brand	PA
ARANESP	INJ 100MCG	Brand	PA
ARANESP	INJ 150MCG	Brand	PA
ARANESP	INJ 200MCG	Brand	PA
ARANESP	INJ 300MCG	Brand	PA
ARANESP	INJ 10MCG	Brand	PA
ARANESP	INJ 500MCG	Brand	PA
CABLIVI	KIT 11MG	Brand	PA QL 1 per day
DAWNZERA	INJ 80 MG/0.8ML	Brand	PA QL 0.03 per day
DOPTELET SPR	CAP 10MG	Brand	PA QL 1 per day
DOPTELET	TAB 20MG	Brand	PA QL 2 tabs per day
ELTROMBOPAG OLAMINE (Promacta)	TAB 12.5MG	Generic	PA QL 1 per day
ELTROMBOPAG OLAMINE (Promacta)	TAB 25MG	Generic	PA QL 1 per day
ELTROMBOPAG OLAMINE (Promacta)	PAK 25MG	Generic	PA QL 3 per day
ELTROMBOPAG OLAMINE (Promacta)	TAB 50MG	Generic	PA QL 1 per day
ELTROMBOPAG OLAMINE (Promacta)	TAB 75MG	Generic	PA QL 2 per day
ELTROMBOPAG OLAMINE (Promacta)	POW 12.5MG	Generic	PA QL 1 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
FYLNETRA	INJ 6MG/0.6	Brand	PA QL 0.6ml per fill
ICATIBANT ACETATE	INJ 30MG/3ML	Generic	PA
NIVESTYM (NEUPOGEN BIOSIMILAR)	INJ 300MCG	Brand	PA
NIVESTYM (NEUPOGEN BIOSIMILAR)	INJ 480MCG	Brand	PA
NIVESTYM (NEUPOGEN BIOSIMILAR)	INJ 300MCG/0.5ML	Brand	PA
NIVESTYM (NEUPOGEN BIOSIMILAR)	INJ 480MCG/0.8ML	Brand	PA
PRASUGREL	TAB 5MG	Generic	QL 1 tab per day; 90-day supply available
PRASUGREL	TAB 10MG	Generic	QL 1 tab per day; 90-day supply available
RETACRIT (PROCRIT/EPOGEN BIOSIMILAR)	INJ 2000 UNIT/ML	Brand	PA
RETACRIT (PROCRIT/EPOGEN BIOSIMILAR)	INJ 3000 UNIT/ML	Brand	PA
RETACRIT (PROCRIT/EPOGEN BIOSIMILAR)	INJ 4000 UNIT/ML	Brand	PA
RETACRIT (PROCRIT/EPOGEN BIOSIMILAR)	INJ 10000 UNIT/ML	Brand	PA
RETACRIT (PROCRIT/EPOGEN BIOSIMILAR)	INJ 20000 UNIT/ML	Brand	PA
RETACRIT (PROCRIT/EPOGEN BIOSIMILAR)	INJ 40000 UNIT/ML	Brand	PA
TAVALISSE	TAB 100MG	Brand	PA QL 2 per day
TAVALISSE	TAB 150MG	Brand	PA QL 2 per day
WAYRILZ	TAB 400MG	Brand	PA QL 2 per day
XROMI	SOL 100MG/ML	Brand	AR covered for members 12 and younger
QUELANTES DE HIERRO			
DEFERASIROX	TAB 90MG	Generic	PA
DEFERASIROX	TAB 180MG	Generic	PA
DEFERASIROX	TAB 360MG	Generic	PA
DEFERASIROX (GENERIC EXJADE)	TAB 125MG	Generic	PA
DEFERASIROX (GENERIC EXJADE)	TAB 250MG	Generic	PA
DEFERASIROX (GENERIC EXJADE)	TAB 500MG	Generic	PA
SUPLEMENTOS DE HIERRO			
EASY IRON	CAP 28MG	Generic	
FE TABS	TAB 325MG EC	Generic	90-day supply available
FEOSOL	TAB 65MG	Generic	90-day supply available
FERATE	TAB 27MG	Generic	90-day supply available
FERGON	TAB 27MG	Generic	90-day supply available
FER-IRON	DRO 15MG/ML	Generic	90-day supply available
FEROSUL	ELX 220/5ML	Generic	90-day supply available
FERREX 150	CAP 150MG	Generic	90-day supply available
FERRIC X-150	CAP 150MG	Generic	90-day supply available
FERROTABS	TAB	Generic	90-day supply available

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
FERROUS	DRO 15MG/ML	Generic	90-day supply available
FERROUS GLUCONATE	TAB 240MG	Generic	90-day supply available
FERROUS GLUCONATE	TAB 324MG	Generic	90-day supply available
FERROUS SULFATE	LIQ 220/5ML	Generic	90-day supply available
FERROUS SULFATE	TAB 325MG	Generic	90-day supply available
FERROUS SULFATE	TAB 325MG FC	Generic	90-day supply available
FERROUS SULFATE	TAB 5GR	Generic	90-day supply available
FERROUS SULFATE	TAB 324MG EC	Generic	90-day supply available
FERROUS SULFATE	TAB 325MG EC	Generic	90-day supply available
FERROUS SULFATE	ELX 220/5ML	Generic	90-day supply available
FERROUS SULFATE	DRO 15MG/ML	Generic	90-day supply available
IRON	TAB 65MG	Generic	90-day supply available
IRON	TAB 325MG	Generic	90-day supply available
IRON	TAB 27MG	Generic	90-day supply available
IRON SUPPLEM	TAB THERAPY	Generic	90-day supply available
IRON SUPPLMT	DRO 15MG/ML	Generic	90-day supply available
IRON THERAPY	TAB 200MG	Generic	90-day supply available
MYFERON 150	CAP 150MG	Generic	90-day supply available
NEPHRON FA	TAB	Brand	
NU-IRON 150	CAP 150MG	Generic	90-day supply available
PEDIA IRON	DRO 15MG/ML	Generic	90-day supply available
POLY-IRON	CAP 150MG	Generic	90-day supply available
SLOW IRON	TAB 160MG CR	Generic	90-day supply available
SLOW REL FE	TAB 143MG CR	Brand	90-day supply available
SLOW REL FE	TAB 160MG CR	Generic	90-day supply available
SLOW RELEASE	TAB 143MG	Generic	90-day supply available
SLOW RELEASE	TAB 47.5MG	Generic	90-day supply available
SM IRON	TAB 325MG	Generic	90-day supply available
SM IRON SLOW	TAB 160MG CR	Generic	90-day supply available
TH IRON	TAB 65MG	Generic	90-day supply available
ANTICOAGULANTES			
COUMADIN	TAB 1MG	Brand	
COUMADIN	TAB 2MG	Brand	
COUMADIN	TAB 2.5MG	Brand	
COUMADIN	TAB 3MG	Brand	
COUMADIN	TAB 4MG	Brand	
COUMADIN	TAB 5MG	Brand	
COUMADIN	TAB 6MG	Brand	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
COUMADIN	TAB 7.5MG	Brand	
COUMADIN	TAB 10MG	Brand	
COUMADIN	INJ 5 MG	Brand	
DABIGATRAN	CAP 75MG	Brand	QL 2 per day
DABIGATRAN	CAP 150MG	Brand	QL 2 per day
ELIQUIS	TAB 1.5MG	Brand	AR <12 years QL 6 per day
ELIQUIS	TAB 2MG	Brand	AR <12 years QL 6 per day
ELIQUIS	TAB 2.5MG	Brand	QL 2 per day
ELIQUIS	TAB 5MG	Brand	QL 74 per 30 days
ENOXAPARIN	INJ 30/0.3ML	Generic	QL 2 per day
ENOXAPARIN	INJ 40/0.4ML	Generic	QL 2 per day
ENOXAPARIN	INJ 60/0.6ML	Generic	QL 2 per day
ENOXAPARIN	INJ 80/0.8ML	Generic	QL 2 per day
ENOXAPARIN	INJ 100MG/ML	Generic	QL 2 per day
ENOXAPARIN	INJ 120/0.8	Generic	QL 2 per day
ENOXAPARIN	INJ 150MG/ML	Generic	QL 2 per day
ENOXAPARIN	INJ 300/3ML	Generic	QL 2 per day
FONDAPARINUX	INJ 2.5/0.5	Generic	QL 0.5mls per day
FONDAPARINUX	INJ 5/0.4ML	Generic	QL 0.4mls per day
FONDAPARINUX	INJ 7.5/0.6	Generic	QL 0.6mls per day
FONDAPARINUX	INJ 10/0.8ML	Generic	QL 0.8mls per day
FRAGMIN	INJ 10000/ML	Brand	QL 10mls per 30 days
FRAGMIN	INJ 2500/0.2	Brand	QL 2mls per 30 days
FRAGMIN	INJ 2500 UNIT/ML	Brand	QL 40mls per 30 days
FRAGMIN	INJ 5000/0.2	Brand	QL 2mls per 30 days
FRAGMIN	INJ 7500/0.3	Brand	QL 3mls per 30 days
FRAGMIN	INJ 12500UNT	Brand	QL 5mls per 30 days
FRAGMIN	INJ 15000UNT	Brand	QL 6mls per 30 days
FRAGMIN	INJ 18000UNT	Brand	QL 7.2mls per 30 days
FRAGMIN	INJ 25000/ML	Brand	QL 10mls per 30 days
FRAGMIN	INJ 95000UNT	Brand	
HEPARIN SOD	INJ 1000/ML	Generic	
HEPARIN SOD	INJ 5000/ML	Generic	
HEPARIN SOD (Prefilled Syringe)	PFS 5000/ML	Generic	
HEPARIN SOD	INJ 5000/0.5	Generic	
HEPARIN SOD	INJ 10000/ML	Generic	
HEPARIN SOD	INJ 20000/ML	Generic	
JANTOVEN	TAB 1MG	Generic	
JANTOVEN	TAB 2MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
JANTOVEN	TAB 2.5MG	Generic	
JANTOVEN	TAB 3MG	Generic	
JANTOVEN	TAB 4MG	Generic	
JANTOVEN	TAB 5MG	Generic	
JANTOVEN	TAB 6MG	Generic	
JANTOVEN	TAB 7.5MG	Generic	
JANTOVEN	TAB 10MG	Generic	
PRADAXA	CAP 75MG	Brand	QL 2 per day
PRADAXA	CAP 110MG	Brand	QL 2 per day; #70 per 180 days
WARFARIN	TAB 1MG	Generic	
WARFARIN	TAB 2MG	Generic	
WARFARIN	TAB 2.5MG	Generic	
WARFARIN	TAB 3MG	Generic	
WARFARIN	TAB 4MG	Generic	
WARFARIN	TAB 5MG	Generic	
WARFARIN	TAB 6MG	Generic	
WARFARIN	TAB 7.5MG	Generic	
WARFARIN	SOD TAB 10MG	Generic	
WARFARIN	TAB 10MG	Generic	
XARELTO	TAB 10MG	Brand	QL 1 per day
XARELTO	TAB 20MG	Brand	QL 1 per day
XARELTO	TAB 15MG	Brand	QL 42 per 30 days
XARELTO STAR	TAB 15/20MG	Brand	QL 1 per 365 days
HEMOSTÁTICOS			
HYMPAVZI	INJ 150MG/ML	Brand	PA QL 0.15ml per day
TRANEXAMIC ACID	TAB 650MG	Generic	QL 30 per 21 days
MEDICAMENTOS HEMORREOLÓGICOS			
PENTOXIFYLLI	TAB 400MG ER	Generic	
ANTIAGREGANTES PLAQUETARIOS			
AGGRENOX	CAP 25-200MG	Brand	
ANAGRELIDE	CAP 0.5MG	Generic	
ANAGRELIDE	CAP 1MG	Generic	
ASA/DIPYRIDA	CAP 25-200MG	Generic	
CILOSTAZOL	TAB 50MG	Generic	90-day supply available
CILOSTAZOL	TAB 100MG	Generic	90-day supply available
CLOPIDOGREL	TAB 75MG	Generic	90-day supply available
TICLOPIDINE	TAB 250MG	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PRODUCTOS TÓPICOS			
AGONISTAS ALFA-ADRENÉRGICOS (EENT, OJOS, OÍDOS, NARIZ Y GARGANTA)			
BRIMONIDINE	SOL 0.1%	Generic	
BRIMONIDINE	SOL 0.15%	Generic	
BRIMONIDINE	SOL 0.2% OP	Generic	
ANTIBIÓTICOS (EENT)			
AK-POLY-BAC	OIN OP	Generic	
BACIT/POLYMY	OIN OP	Generic	
BACITRACIN	OIN OP	Generic	
CILOXAN	OIN 0.3% OP	Brand	
CIPROFLOXACIN	SOL 0.3% OP	Generic	
CIPROFLOXACIN	OTIC SOL 0.2%	Generic	
ERYTHROMYCIN	OIN 5MG/GM	Generic	
ERYTHROMYCIN	OIN OP	Generic	i
ERYTHROMYCIN	SOL 2%	Generic	
GARAMYCIN	OIN 0.3% OP	Generic	
GATIFLOXACIN	SOL 0.5%	Generic	
GENTAK	OIN 0.3% OP	Generic	
GENTAMICIN	SOL 0.3% OP	Generic	
GENTAMICIN	OIN 0.3% OP	Generic	
ILOTYCIN	OIN OP	Generic	
ILOTYCIN	OIN OP	Generic	
NEO/BAC/POLY	OIN OP	Generic	
NEO/POLY/GRA	SOL OP	Generic	
NEO-POLYCIN	OIN OP	Generic	
OFLOXACIN	DRO 0.3% OP	Generic	
OFLOXACIN	DRO 0.3%OTIC	Generic	
POLYCIN	OIN OP	Generic	
POLYCIN	OIN OP	Generic	
POLYCIN B	OIN OP	Generic	
POLYMYXIN B/SOL TRIMETHOPRIM SULFATE	SOL	Generic	
ROMYCIN		Generic	
SULFACET SOD	SOL 10% OP	Generic	
TOBRAMYCIN	SOL 0.3% OP	Generic	
TRIMETHOPRIM SOL POLYMYXN	SOL	Generic	
ANTIVIRALES (EENT)			
TRIFLURIDINE	SOL 1% OP	Generic	
ZIRGAN	GEL 0.15%	Brand	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
BETABLOQUEADORES ADRENÉRGICOS (EENT)			
BETAXOLOL	SOL 0.5% OP	Generic	
LEVOBUNOLOL	SOL 0.25% OP	Generic	
LEVOBUNOLOL	SOL 0.5% OP	Generic	
METIPRANOLOL	SOL 0.3% OPH	Generic	
TIMOLOL GEL	SOL 0.25% OP	Generic	
TIMOLOL MAL	SOL 0.25% OP	Generic	
TIMOLOL MAL	SOL 0.5% OP	Generic	
CORTICOESTEROIDES (EENT)			
ACETASOL HC	SOL OTIC	Generic	
BLEPHAMIDE	SUS OP	Brand	
BLEPHAMIDE	OIN S.O.P.	Brand	
BUDESONIDE (nasal spray)	SUS 32MCG	Generic	
CIPRO/DEXA	0.3-0.1%	Generic	PA
DEXAMETH PHO	SOL 0.1% OP	Generic	
FLUOROMETHOL	SUS 0.1% OP	Generic	
FML	OIN 0.1% OP	Brand	
FML FORTE	SUS 0.25% OP	Brand	
HC/ACET ACID	SOL OTIC	Generic	
NEO/POLY/BAC	OIN /HC 1%OP	Generic	
NEO/POLY/DEX	SUS 0.1% OP	Generic	
NEO/POLY/DEX	OIN 0.1% OP	Generic	
NEO/POLY/HC	SUS OP	Generic	
NEO/POLY/HC	SUS 1% OTIC	Generic	
NEO/POLY/HC	SOL 1% OTIC	Generic	
NEO-POLYCIN	OIN HC 1%OP	Generic	
POLY-DEX	OIN 0.1% OP	Generic	
PRED MILD	SUS 0.12% OP	Brand	
PRED SOD PHO	SOL 1% OP	Generic	
PREDNISOLONE	SUS 1% OP	Generic	
SULF/PRED NA	SOL OP	Generic	
TOBRA/DEXAME	SUS 0.3-0.1%	Generic	
TOBRADEX	OIN 0.3-0.1%	Brand	
MEDICAMENTOS EENT, VARIOS			
ACETIC ACID	SOL 2% OTIC	Generic	
APRACLONIDIN	SOL 0.5% OP	Generic	
AZELASTINE HCL	OPHTH SOLN 0.05%	Generic	
IZERVAY	SOL 2/0.1ML	Brand	PA

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
KETOTIFEN FUM	SOL 0.025%	Generic	
OLOPATADINE HCL	OPHTH SOLN 0.1%	Generic	
OLOPATADINE HCL	OPHTH SOLN 0.2%	Generic	
MOXIFLOXACIN HCL	OPHTH SOLN 0.5%	Generic	
ANTIINFLAMATORIOS NO ESTEROIDEOS (EENT)			
DICLOFENAC	SOL 0.1% OP	Generic	
FLURBIPROFEN	SOL 0.03% OP	Generic	
KETOROLAC	SOL 0.5%	Generic	
MIÓTICOS			
PHOSPHOLINE	SOL 0.125%OP	Brand	
PILOCARPINE	SOL 1% OP	Generic	
PILOCARPINE	SOL 2% OP	Generic	
PILOCARPINE	SOL 4% OP	Generic	
MIDRIÁTICOS			
ATROPIN-CARE	SOL 1% OP	Generic	
ATROPINE SUL	SOL 1% OP	Generic	
CYCLOMYDRIL	SOL OP	Brand	
CYCLOPENTOL	SOL 1% OP	Generic	
CYCLOPENTOL	SOL 2% OP	Generic	
CYCLOPENTOLATE	SOL 0.5% OP	Generic	
HOMATROPAIRE	SOL 5% OP	Generic	
HOMATROPINE	SOL 5% OP	Generic	
MYDRAL	SOL 0.5% OP	Generic	
MYDRAL	SOL 1% OP	Generic	
TROPICAMIDE	SOL 0.5% OP	Generic	
TROPICAMIDE	SOL 1% OP	Generic	
ANÁLOGOS DE PROSTAGLANDINAS			
BIMATOPROST	OPHTH SOLN 0.03%	Generic	ST (latanoprost)
LATANOPROST	SOL 0.005%	Generic	
TRAVOPROST	DRO 0.004%	Generic	ST (latanoprost)
ANESTÉSICOS LOCALES (EENT)			
ANTIPY/BENZO	SOL OTIC	Generic	
AURODEX	SOL OTIC	Generic	
LIDOCAINE	SOL 2% VISC	Generic	
MEDICAMENTOS ANTIINFECCIOSOS EENT, VARIOS			
CHLORHEX GLU	SOL 0.12%	Generic	
PAROEX	SOL 0.12%	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PERIOGARD	SOL 0.12%	Generic	
ANTIBIÓTICOS (PIEL Y MEMBRANAS MUCOSAS)			
ANTIBIOTIC	OIN	Generic	
ANTIBIOTIC	OIN PAIN RLF	Brand	
BAC/NEO/POLY	OIN	Generic	
BACITR ZINC	OIN 500/GM	Generic	
CLINDAMYCIN	SOL 1%	Generic	QL 60mls per month
CLINDAMYCIN	GEL 1%	Generic	PA and QL 60 grams every 30 days
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE	GEL 1-5%	Genic	QL 1.7 per day
GENTAMICIN	CRE 0.1%	Generic	
GENTAMICIN	OIN 0.1%	Generic	
LANABIOTIC	OIN	Generic	
MUPIROCIN	OIN 2%	Generic	QL 3.67 grams per day
NEOPORACIN	OIN	Generic	
NEOSPORIN+PN	OIN RELF MAX	Generic	
SM FIRST AID	OIN 500/GM	Generic	
PRIMEROS AUXILIOS M			
GLYDO	GEL 2%	Generic	
LIDO/PRILOCN	CRE 2.5-2.5%	Generic	QL 2 grams per day
LIDOCAINE	GEL 2% JELLY	Generic	
LIDOCAINE	SOL 4%	Generic	
LIDOCAINE HCL	GEL 5%	Brand	
ANTIINFECCIOSOS LOCALES, VARIOS			
ADAPALENE	GEL 0.1%	Generic	
ADAPALENE/BP	GEL 0.1-2.5%	Generic	
ALCOHOL	MIS WIPES	Generic	
ALCOHOL WIPE	MIS 70%	Generic	
AVC	CRE 15%	Brand	
BENZOYL PEROXIDE	LIQ 5%	Generic	
BENZOYL PEROXIDE	LIQ 10%	Generic	
BENZOYL PEROXIDE	GEL 5%	Generic	
BENZOYL PEROXIDE	GEL 10%	Generic	
BENZOYL PEROXIDE	LOTION 10%	Generic	
BENZOYL PEROXIDE	LOTION 5%	Generic	
DIFFERIN	GEL 0.1%	Brand	
RA ALCOHOL	MIS WIPES	Brand	
ISOTRETINOIN	CAP 10MG	Generic	PA Required

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ISOTRETINOIN	CAP 20MG	Generic	PA Required
ISOTRETINOIN	CAP 30MG	Generic	PA Required
ISOTRETINOIN	CAP 40MG	Generic	PA Required
SILVER SULFA	CRE 1%	Generic	
SSD	CRE 1%	Generic	
THERMAZENE	CRE 1%	Generic	
TRETINOIN	CRE 0.025%	Generic	
ESCABICIDAS Y PEDICULICIDAS			
ACTICIN	CRE 5%	Generic	
LICE KILLING	SHA 0.33-4%	Generic	
LICE TREATMENT	LOT 1%	Generic	
LICE TRTMNT	LIQ 1%	Generic	
LICE TRTMNT	LIQ CRM RNSE	Generic	
LICIDE	LIQ MAX ST	Generic	
LICIDE	SHA 0.33-4%	Generic	
LINDANE	LOT 1%	Generic	
LINDANE	SHA 1%	Generic	
PERMETHRIN	CRE 5%	Generic	
PERMETHRIN	LOT 1%	Generic	
PRONTO PLUS	LIQ MOUSSE	Generic	
MEDICAMENTOS PARA LA PIEL Y LAS MEMBRANAS MUCOSAS, VARIOS			
ACITRETIN	CAP 10MG	Generic	PA, QL 2 caps per day
ACITRETIN	CAP 17.5MG	Generic	PA, QL 2 caps per day
ACITRETIN	CAP 25MG	Generic	PA QL 2 caps per day
ADBRY	INJ 150MG/ML	Brand	PA QL 4 per 30 days
ADBRY	INJ 300MG/2ML	Brand	PA QL 0.143 per day
CALCIPOTRIEN	SOL 0.005%	Generic	PA
CALCIPOTRIEN	CRE 0.005%	Generic	PA
CAPREX +	CRE 0.075%	Generic	
CAPSAICIN	CRE 0.025%	Generic	
CAPSAICIN	CRE 0.1%	Generic	
CAPZASIN-P	CRE 0.035%	Brand	
FILSUVEZ	GEL 10%	Brand	PA
FLUOROURACIL	DRO 5%	Generic	PA
FLUOROURACIL	SOL 5%	Generic	PA
FLUOROURACIL	CRE 5%	Generic	PA
HYFTOR	GEL 2.5%	Brand	PA
IMIQUIMOD	CRE 5%	Generic	
LACTIC ACID (AMMONIUM LACTATE)	CREAM 12%	Generic	QL 13 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
LACTIC ACID (AMMONIUM LACTATE)	LOTION 12%	Generic	QL 13 per day
PODOFILOX	SOL 0.5%	Generic	
PSORIASIN	LIQ 3%	Generic	
RA ARTH PAIN	CRE 0.075%	Generic	
REGRANEX	GEL 0.01%	Brand	PA QL 2g per day
RINVOQ LQ	SOL 1MG/ML	Brand	PA QL 12 per day
RINVOQ	TAB 15MG ER	Brand	PA QL 1 per day
RINVOQ	TAB 30MG ER	Brand	PA QL 1 per day
RINVOQ	TAB 45MG ER	Brand	PA QL 1 per day
SCALPICIN	LIQ 3%	Generic	
SILIQ	INJ 210/1.5	Brand	PA QL 2 syringes per 28 days
SKYRIZI	INJ 150 DOSE	Brand	PA 1 kit every 3 months Max 84-day supply per fill
SKYRIZI (Auto-injector)	150MG/ML	Brand	PA QL 1 syringe every 3 months Max 84-day supply per fill
SKYRIZI (Cartridge)	360MG/2.4ML	Brand	PA QL .043 per day; Max 56-day supply per fill
SKYRIZI (Prefilled Syringe)	PFS 150MG/ML	Brand	PA QL 1 syringe every 3 months Max 84-day supply per fill
STARJEMZA	INJ 45/0.5ML	Brand	PA QL 0.006 per day; Max 84-day supply per fill
STARJEMZA	INJ 90MG/ML	Brand	PA QL 0.012 per day; Max 84-day supply per fill
TACROLIMUS	OINT 0.03%	Generic	QL 3.33g per day
TACROLIMUS	OINT 0.1%	Generic	QL 3.33g per day
THERAGEN HP	CRE 0.075%	Generic	
TREMFYA (prefilled syringe)	INJ 100MG/ML	Brand	PA QL 1 syringe per 2 months; max 56-day supply per fill
TREMFYA (pen-injector)	INJ 100MG/ML	Brand	PA QL 1 pen per 2 months; Max 56-day supply per fill
TRIXAICIN HP	CRE 0.075%	Generic	
UREA	CREAM 20%	Generic	QL 13 per day
UREA	CREAM 39.5%	Brand	QL 13 per day
UREA	CREAM 39%	Generic	QL 13 per day
UREA	CREAM 40%	Generic	QL 13 per day
UREA	LOTION 40%	Generic	QL 13 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
XELJANZ XR	TAB 11MG	Brand	PA QL 1 per day
XELJANZ XR	TAB 22MG	Brand	PA QL 1 per day
XELJANZ	TAB 5MG	Brand	PA QL 2 per day
XELJANZ	TAB 10MG	Brand	PA QL 2 per day
XELJANZ	SOL 1MG/ML	Brand	PA QL 10 per day
YESINTEK	INJ 45/0.5ML	Brand	PA QL 1 syringe every 3 months; max 84-day supply per fill.
YESINTEK			PA QL 1 syringe every 3 months; max 84-day supply per fill.
ZINC OXIDE	OIN 20%	Generic	QL 16g per day
CORTICOESTEROIDES TÓPICOS			
ANTI-ITCH	LOT 1%	Generic	
ANTI-ITCH	CRE 1%	Generic	
AUGMENTED BETAMETHASONE	CRE 0.05%	Generic	
AZELAIC ACID	GEL 15%	Generic	QL 2g per day
BETAMETH DIP	LOT 0.05%	Generic	
BETAMETHASONE	CRE 0.1%	Generic	
BETAMETHASONE DIPROPIONATE	CRE 0.05%	Generic	
BETAMETHASONE DIPROPIONATE	OINT 0.05%	Generic	
CLINDAMYCIN PHOSPHATE	LOT 1%	Generic	
CLOBETASOL	OINT 0.05%	Generic	QL 2 per day
CLOBETASOL	CRE 0.05%	Generic	
CLOBETASOL PROPIONATE	SOL 0.05%	Generic	
COAL TAR	SHAMPOO 0.5%	Generic	
COLOCORT	ENE 100MG	Generic	QL 60mls per day
CORT INTENSE	CRE 1%	Generic	
CORTAID	CRE 1%	Generic	
CORTAID	SPR 1%	Generic	
CORTAID ADV	CRE 1% 12 HR	Generic	
CORTIFOAM	AER 90MG	Brand	
CORTISONE	CRE 1%	Generic	
CORTISONE	LOT 1%	Generic	
CORTISONE	OIN 1%MAX ST	Generic	
CORTIZONE-10	OIN 1%	Generic	
CORTIZONE-10	CRE /ALOE 1%	Generic	
CORTIZONE-10	CRE HEALING	Generic	
CORTIZONE-10	CRE PLUS	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
CORTIZONE-10	LOT ECZEMA	Generic	
CORTIZONE-10	LOT HYDRATEN	Generic	
DESOXIMETAS	CRE 0.25%	Generic	
EUCRISA	OIN 2%	Brand	PA QL 3.34g per day
FLUTICASONE	CRE 0.05%	Generic	
FLUTICASONE	OIN 0.005%	Generic	
FLUOCINONIDE	SOL 0.05%	Generic	
FLUOCINONIDE ACET	SOL 0.01%	Generic	
FLUOCINOLONE ACETONIDE	OIL 0.01% (BODY OIL)	Generic	
FLUOCINOLONE ACETONIDE	OIL 0.01% (SCALP OIL)	Generic	
GYNECORT 10	CRE 1%	Generic	
HYDROSKIN	LOT 1%	Generic	
HYDROCORTISONE	OIN 0.5%	Generic	
HYDROCORTISONE	CRE 0.5%	Generic	
HYDROCORTISONE	CRE 1%	Generic	
HYDROCORTISONE	CRE 2.5%	Generic	
HYDROCORTISONE	ENE 100MG	Generic	QL 60mls per day
HYDROCORTISONE	LOT 1%	Generic	
HYDROCORTISONE	LOT 2.5%	Generic	
HYDROCORTISONE	OIN 1%	Generic	
HYDROCORTISONE	OIN 2.5%	Generic	
HYDROCORTISONE PERIANAL	CRE 2.5%	Generic	
HYDROCORT AC	CRE 1%	Generic	
HYDROCORT/AB	OIN 1%	Generic	
HYDROCREAM	CRE 1%	Generic	
HYDRO-LOTION	LOT 1%	Generic	
HYDROSKIN	CRE 1%	Generic	
INSTACORT 5	CRE 0.5%	Generic	
KERICORT 10	CRE 1%	Generic	
K HYDROCORTISON	CRE PLS 1%	Generic	
LANACORT 10	CRE 1%	Generic	
MED-DERM HC	CRE 1%	Generic	
MED-DERM HC	CRE 0.5%	Generic	
MEDI-CORT	CRE 1%	Generic	
MOMETASONE	CRE 1%	Generic	
MOMETASONE	OIN 0.1%	Generic	
MOMETASONE	SOL 0.1%	Generic	
MOMETASONE FUROATE	SOL 0.1%	Generic	
NEOSPORIN	CRE ECZEMA	Generic	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
NOBLE FORMUL	CRE HC 1%	Generic	
NOBLE FORMUL	SPR 1%	Generic	
NYSTAT/TRIAM	CRE	Generic	
NYSTAT/TRIAM	OIN	Generic	
PIMECROLIMUS	CRE 1%	Genric	PA QL 3.34g per day
PREP H HC	CRE 1%	Generic	
PROCTO-PAK	CRE 1%	Generic	
QC HYDROCORT	CRE 1%	Generic	
RECORT PLUS	CRE 1%	Generic	
REDERM	LOT 1%	Generic	
SARNOL-HC	LOT 1%	Generic	
SALICYLIC ACID	SHAMPOO 3%	Generic	
SALICYLIC ACID	GEL 3%	Generic	
SB HYDROCORT	CRE 1%	Generic	
SCALP RELIEF	SOL 1%	Generic	
SCALPICIN	SOL 1%	Generic	
TRIAMCINOLON	OIN 0.1%	Generic	
TRIAMCINOLON	CRE 0.025%	Generic	
TRIAMCINOLON	CRE 0.1%	Generic	
TRIAMCINOLON	CRE 0.5%	Generic	
TRIAMCINOLON	LOT 0.025%	Generic	
TRIAMCINOLON	LOT 0.1%	Generic	
TRIDERM	CRE 0.1%	Generic	
ROFLUMILAST	TOP	Brand	QL 2 grams per day
PRODUCTOS VARIOS			
INHIBIDORES COMPLEMENTO			
FABHALTA	CAP 200MG	Brand	PA QL 2 per day
ORLADEYO	PAK 72MG	Brand	PA QL 1 per day
ORLADEYO	PAK 96MG	Brand	PA QL 1 per day
ORLADEYO	PAK 108MG	Brand	PA QL 1 per day
ORLADEYO	PAK 132MG	Brand	PA QL 1 per day
ORLADEYO	CAP 110MG	Brand	PA QL 1 per days
ORLADEYO	CAP 150MG	Brand	PA QL 1 per days
HAEGARDA	INJ 2000 UNIT	Brand	PA
HAEGARDA	INJ 4000 UNIT	Brand	PA
TAKHZYRO	INJ 150MG/ML	Brand	PA QL 2ML per 28 days
TAKHZYRO	INJ 300/2ML	Brand	PA QL 4ML per 28 days
TAKHZYRO	PFS 300/2ML	Brand	PA QL 4ML per 28 days
VOYDEYA	TAB 50-100MG	Brand	PA QL 6 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
VOYDEYA	TAB 100MG	Brand	PA QL 6 per day
ZILBRYSQ	INJ 16.6MG	Brand	PA QL 0.081 per day
ZILBRYSQ	INJ 23MG	Brand	PA QL 0.081 per day
ZILBRYSQ	INJ 32.4MG	Brand	PA QL 0.081 per day
EMÉTICOS			
IPECAC	SYP	Generic	
SM IPECAC	SYP	Generic	
ANTAGONISTAS DE OPIOIDES			
KLOXXADO	SPRAY 8MG/0.1ML	Brand	QL 4 per fill
NALTREXONE	TAB 50MG	Generic	
NALOXONE	INJ 0.4MG/ML	Generic	QL 4 per fill
NALOXONE	INJ 1MG/ML	Generic	QL 4 ML per fill
NARCAN	SPRAY 4MG/0.1ML	Brand	QL 4 per fill
OPVEE	SPR 2.7/0.1	Brand	QL 4 per fill
REZENOPY	SPR 10MG	Brand	QL 4 per fill
RIVIVE	SPR 3/0.1ML	Brand	QL 4 per fill
ZURNAI	INJ 1.5/0.5	Brand	QL 4 per day
ZIMHI	SOLN PREFILLED SYRINGE 5 MG/0.5ML	Brand	QL 1 per fill
INSUFICIENCIA DE LA CORTEZA SUPRARRENAL			
COSYNTROPIN	INJ 0.25MG	Generic	
INMUNOTERAPIA SUBLINGUAL			
GRASTEK	SUB 2800BAU,	Brand	PA QL 1 per day
ODACTRA	SUB	Brand	PA QL 1 per day
ORALAIR	SUB 300 IR	Brand	PA QL 1 per day
RAGWITEK	SUB	Brand	PA QL 1 per day
OTROS VARIOS			
BUBBLE GUM	SYP	Generic	
CHERRY	SYP	Generic	
CHERRY	SYP CONCENTR	Generic	
COTTONSEED	OIL	Generic	
FLAVOR BLEND	SUS	Brand	
FLAVOR PLUS	LIQ	Brand	
FLAVOR SWEET	SYP	Brand	
FLAVOR SWEET	LIQ S/F	Brand	
GRAPE	SYP	Generic	
ORA-BLEND	SUS	Brand	
ORA-BLEND SF	SUS	Brand	

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ORAL MIX	LIQ SUSPENDI	Brand	
ORAL MIX SF	LIQ	Brand	
ORAL SUSPEND	LIQ	Generic	
ORAL SYRUP	LIQ FLAVORED	Generic	
ORAL SYRUP	LIQ SF	Generic	
ORA-PLUS	LIQ	Brand	
ORA-SWEET	SYP	Brand	
ORA-SWEET SF	SYP	Brand	
PCCA SWEET	SYP -SF	Brand	
PCCA SYRUP	SYP VEHICLE	Brand	
PCCA-PLUS	SUS	Brand	
SIMPLE	SYP	Generic	
STERIL WATER	INJ	Generic	
SUSPENSION	SUS VEHICLE	Generic	
SYRPALTA	SYP	Brand	
SYRSPEND SF	LIQ	Brand	
SYRUP	SYP VEHICLE	Generic	
SYRUP SF	SYP VEHICLE	Generic	
VERSAFREE	SYP	Brand	
VERSAPLUS	SYP	Brand	
DISPOSITIVOS			
AERCHMBR PLS	MIS SM MASK	Brand	QL 2 per 365 days
AERCHMBR PLS	MIS FLOW-VU	Brand	QL 2 per 365 days
AERCHMBR PLS	MIS LRG MASK	Brand	QL 2 per 365 days
AERCHMBR Z-	MIS STAT PLS	Brand	QL 2 per 365 days
AEROCHAMBER	MIS PLUS	Brand	QL 2 per 365 days
AEROCHAMBER	MIS FLOSIGNA	Brand	QL 2 per 365 days
AEROCHAMBER	MIS PLUS	Brand	QL 2 per 365 days
AEROCHAMBER	MIS MV	Brand	QL 2 per 365 days
AEROCHAMBER	MIS CHAMBER	Brand	QL 2 per 365 days
AEROCHAMBER	KIT ACTION	Brand	
AIRZONE PEAK	MIS FLOW MTR	Brand	QL 2 per 365 days
ALCOHOL SWABS	VARIOUS	Brand	1 box per month; 90-day supply allowed
ALCOHOL WIPE	PAD	Generic	
ARIAL	MIS CHAMBER	Brand	QL 2 per 365 days
ASSESS METER	MIS FULL RNG	Brand	QL 2 per 365 days
ASSESS METER	MIS LOW RANG	Brand	QL 2 per 365 days
ASSESS METER	MIS FULL	Brand	QL 2 per 365 days

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
ASSESS METER	MIS LOW	Brand	QL 2 per 365 days
ASTHMA CHECK	MIS SYSTEM	Brand	QL 2 per 365 days
ASTHMAMENTOR	MIS	Brand	QL 2 per 365 days
BAND-AID	PAD 2"X2"	Brand	
BD SWAB BFLY	PAD SNGL USE	Brand	
BD SWAB REG	PAD SNGL USE	Brand	
BREATHERITE	MIS	Brand	QL 2 per 365 days
BREATHERITE	MIS W/MASK	Brand	QL 2 per 365 days
BREATHERITE	MIS LG MASK	Brand	QL 2 per 365 days
BREATHERITE	MIS MED MASK	Brand	QL 2 per 365 days
BREATHERITE	MIS SM MASK	Brand	QL 2 per 365 days
BREATHERITE	MIS SPACER	Brand	QL 2 per 365 days
DERMACEA	PAD 2"X2"	Brand	
FLOWFLEX	KIT HOME TEST	Brand	QL 4 per 30 days
INTELISWAB	KIT COVID-19	Brand	QL 4 per 30 days
BINAXNOW	KIT COVID-19	Brand	QL 4 per 30 days
QUICKVUE	KIT COVID-19	Brand	QL 4 per 30 days
ELLUME	KIT COVID-19	Brand	QL 4 per 30 days
IHEALTH	KIT COVID-19	Brand	QL 4 per 30 days
CLINITEST	KIT COVID-19	Brand	QL 4per 30 days
DXTERITY	KIT COVID-19	Brand	PA QL 4per 30 days
SIMPLICITY	KIT COVID-19	Brand	PA QL 4 per 30 days
PIXEL	KIT COVID-19	Brand	PA QL 4 per 30 days
MYLAB BOX	KIT COVID-19	Brand	PA QL 4per 30 days
LUCIRA	KIT COVID-19	Brand	PA QL 4 per 30 days
EASIVENT	MIS	Brand	QL 2 per 365 days
EASIVENT	MIS MASK SM	Brand	QL 2 per 365 days
EASIVENT	MIS MASK MED	Brand	QL 2 per 365 days
EASIVENT	MIS MASK LG	Brand	QL 2 per 365 days
EQL GAUZE	PAD 2"X2"	Brand	
E-Z SPACER	MIS	Brand	QL 2 per 365 days
E-Z SPACER	MIS BODY GRD	Brand	QL 2 per 365 days
HYPODERMIC NEEDLES (DISPOSABLE)	VARIOUS	Brand/ Generic	QL 12 per 30 days; 90 day supply allowed
INSPIREASE	MIS DD SYST	Brand	QL 2 per 365 days
INSULIN PEN NEEDLES	VARIOUS	Brand/ Generic	QL 200 per month; 90-day supply allowed; ST required with insulin pen.

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
INSULIN SYRINGES	VARIOUS	Brand/ Generic	QL 500 per 3 months; 90-day supply allowed
LITEAIRE	MIS	Brand	QL 2 per 365 days
MASK VORTEX/	MIS BABY DUC	Brand	QL 2 per 365 days
MASK VORTEX/	MIS DUCK	Brand	QL 2 per 365 days
MASK VORTEX/	MIS LADY BUG	Brand	QL 2 per 365 days
MASK VORTEX/	MIS FROG	Brand	QL 2 per 365 days
MICROCHAMBER	MIS	Brand	QL 2 per 365 days
MICROLIFE	MIS PEAK FLO	Brand	QL 2 per 365 days
MICROSPACER	MIS	Brand	QL 2 per 365 days
MINI WRIGHT	MIS PFM	Brand	QL 2 per 365 days
MINI WRIGHT	MIS PFM LOW	Brand	QL 2 per 365 days
MIRASORB	MIS 2" X 2"	Brand	
NESSI SPACER	MIS MOUTHPC	Brand	QL 2 per 365 days
NESSI SPACER	MIS SM/MED	Brand	QL 2 per 365 days
NESSI SPACER	MIS LARGE	Brand	QL 2 per 365 days
FREESTYLE (blood glucose monitor)	KIT LIGHT	Brand	
FREESTYLE (blood glucose monitor)	KIT FREEDOM	Brand	
FREESTYLE (continuous glucose reader)	LIBRA 2 MIS READER	Brand	PA QL 1 per 2 years
FREESTYLE (continuous glucose sensor)	LIBRA 2 KIT SENSOR	Brand	PA QL 1 per 14 days 90-day supply allowed
FREESTYLE (continuous glucose reader)	LIBRA 14 DAY READER	Brand	PA QL 1 per 2 years
FREESTYLE (continuous glucose sensor)	LIBRA 14 DAY SENSOR	Brand	PA QL 1 per 14 days 90-day supply allowed
FREESTYLE (continuous glucose sensor)	LIBRA 3	Brand	PA QL 1 per 14 days 90-day supply allowed
FREESTYLE (lancets)	MIS	Brand	PA QL 1 per 14 days 90-day supply allowed
FREESTYLE (calibration liquid)	LIQ CONTROL	Brand	1 box per 3 months; 90-day supply allowed
FREESTYLE (test strips)	INSULINX	Brand	QL 150 per month; 90-day supply allowed
FREESTYLE (test strips)	MIS	Brand	QL 150 per month; 90-day supply allowed
FREESTYLE (test strips)	PREC NEO	Brand	QL 150 per month; 90-day supply allowed
FREESTYLE (test strips)	TEST LITE	Brand	QL 150 per month; 90-day supply allowed
GNP (lancet device)	MIS	Brand	QL 1 per 3 months; 90-day supply allowed

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
MEDISENSE (calibration liquid)	LIQ GLUC-KET	Brand	1 box per 3 months; 90-day supply allowed
MEDISENSE (calibration liquid)	CONTROL SOL LIQ HI/MID/LOW	Brand	1 box per 3 months; 90-day supply allowed
OMNIPOD	MIS CLASSIC	Brand	PA Required age 21 and older; QL 10 per 30 days
OMNIPOD	DASH MIS PODS	Brand	PA Required age 21 and older; QL 10 per 30 days
OMNIPOD 5	G6 MIS PODS	Brand	PA Required age 21 and older; QL 10 per 30 days
OMNIPOD	DASH KIT PDM	Brand	PA Required age 21 and older; QL 4 kits per 365 days
OMNIPOD	DASH KIT INTRO	Brand	PA Required age 21 and older; QL 4 kits per 365 days
OMNIPOD 5	G6 KIT INTRO	Brand	PA Required age 21 and older; QL 4 kits per 365 days
ONETOUCH (lancet device)	MIS LANC DEV	Brand	QL 1 per 3 months; 90-day supply allowed
ONETOUCH (lancet device)	DEL MIS LANC DEV	Brand	QL 1 per 3 months; 90-day supply allowed
ONETOUCH (lancets)	MIS LANC DEV	Brand	QL 200 per month; 90-day supply allowed
ONETOUCH (lancets)	DEL MIS PLUS 33G	Brand	QL 200 per month; 90-day supply allowed
ONETOUCH (lancets)	DEL MIS PLUS 30G	Brand	QL 200 per month; 90-day supply allowed
ONETOUCH (lancets)	MIS LANCETS	Brand	QL 200 per month; 90-day supply allowed
ONETOUCH (lancets)	ULTRA SOFT LANCETS	Brand	QL 200 per month; 90-day supply allowed
ONETOUCH (lancets)	MIS 30G	Brand	QL 200 per month; 90-day supply allowed
ONETOUCH (lancets)	FINE POINT MIS LANCETS	Brand	QL 200 per month; 90-day supply allowed
PRECISION (blood glucose monitor)	MIS XTRA	Brand	
PRECISION (calibration liquid)	LIQ GLUCOSE	Brand	QL 1 box per 3 months; 90-day supply allowed

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PRECISION (test strips)	TEST XTRA	Brand	QL 150 per month; 90-day supply allowed
RELION (test strips)	TRUE TEST METRIX	Brand	QL 150 per month; 90-day supply allowed
TRUMETRIX (blood glucose monitor)	KIT AIR	Brand	
TRUEMETRIX (calibration liquid)	SOLUTION	Brand	QL 1 box per 3 months; 90-day supply allowed
TRUEMETRIX (calibration liquid)	SOLUTION LOW	Brand	QL 1 box per 3 months; 90-day supply allowed
TRUEMETRIX (calibration liquid)	SOLUTION HIGH	Brand	QL 1 box per 3 months; 90-day supply allowed
TRUEMETRIX (test strip)	TEST GLUCOSE	Brand	QL 150 per month; 90-day supply allowed
TRUEDRAW (lancet device)	MIS LA	Brand	QL 1 box per 3 months; 90-day supply allowed
TRUPLUS (lancets)	MIS 26	Brand	QL 200 per month; 90-day supply allowed
TRUPLUS (lancets)	MIS 28	Brand	QL 200 per month; 90-day supply allowed
TRUPLUS (lancets)	MIS 28G	Brand	QL 200 per month; 90-day supply allowed
TRUPLUS (lancets)	MIS 30	Brand	QL 200 per month; 90-day supply allowed
TRUPLUS (lancets)	MIS 30G	Brand	QL 200 per month; 90-day supply allowed
TRUPLUS (lancets)	MIS 33	Brand	QL 200 per month; 90-day supply allowed
TRUPLUS (lancets)	MIS 33G	Brand	QL 200 per month; 90-day supply allowed
OPTICHAMBER	MIS ADVANTAG	Brand	QL 2 per 365 days
OPTICHAMBER	MIS ADV SM	Brand	QL 2 per 365 days
OPTICHAMBER	MIS ADV MED	Brand	QL 2 per 365 days
OPTICHAMBER	MIS ADV LRG	Brand	QL 2 per 365 days
OPTICHAMBER	MIS FACE MAS	Brand	QL 2 per 365 days
OPTICHAMBER	MIS DIAMOND	Brand	QL 2 per 365 days
OPTICHAMBER	MIS DIA SM	Brand	QL 2 per 365 days
OPTICHAMBER	MIS DIA MD	Brand	QL 2 per 365 days
OPTICHAMBER	MIS DIA LG	Brand	QL 2 per 365 days
PANDA MASK	MIS PEDIATRI	Brand	QL 2 per 365 days
PANDA MASK	MIS SMALL	Brand	QL 2 per 365 days

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
PANDA MASK	MIS MEDIUM	Brand	QL 2 per 365 days
PANDA MASK	MIS LARGE	Brand	QL 2 per 365 days
PEAK AIR FLO	MIS ADLT/PED	Brand	QL 2 per 365 days
PEAK FLOW	MIS METER	Generic	QL 2 per 365 days
PEAK FLW MTR	MIS UNIVERSL	Generic	QL 2 per 365 days
PERSONAL BES	MIS FULL RNG	Brand	QL 2 per 365 days
PERSONAL BES	MIS LOW RANG	Brand	QL 2 per 365 days
PIKO 1	MIS ELECTRON	Brand	QL 2 per 365 days
POCKET PEAK	MIS METER	Generic	QL 2 per 365 days
POCKETPEAK	MIS UNIVERSA	Brand	QL 2 per 365 days
POCKETPEAK	MIS MTR LOW	Brand	QL 2 per 365 days
PRIMEAIRE	MIS CHAMBER	Brand	
SYRINGE (DISPOSABLE)	VARIOUS	BOTH	QL 12 per 30 days; 90 day supply allowed
SYRINGE/NEEDLE (DISPOSABLE)	VARIOUS	BOTH	QL 12 per 30 days; 90 day supply allowed
TABLET	CUTTER	Brand	QL 1 per 365 days
DIATRIZOATE	SOL 66-10%	Generic	
TAGITOL V	SUS 40%	Brand	
RITEFLO	MIS	Brand	QL 2 per 365 days
TRUZONE PEAK	MIS FLOW MTR	Brand	QL 2 per 365 days
VALVD HOLDNG	MIS CHAMBER	Brand	QL 2 per 365 days
VORTEX VALVE	MIS CHAMBER	Brand	QL 2 per 365 days
VORTEX/MASK	MIS TODDLER	Brand	
VORTEX/MASK	MIS CHILDS	Brand	
WATCHHALER	MIS	Brand	QL 2 per 365 days
MEDICAMENTOS INMUNOSUPRESORES			
AZATHIOPRINE	TAB 50MG	Generic	
BENLYSTA	INJ 200 MG/ML	Brand	PA QL 4 syringes per 28 days
CYCLOSPORINE	CAP 25MG	Generic	
CYCLOSPORINE	CAP 100MG	Generic	
CYCLOSPORINE	CAP 25MG MOD	Generic	
CYCLOSPORINE	CAP 50MG MOD	Generic	
CYCLOSPORINE	CAP 100MG MD	Generic	
CYCLOSPORINE	SOL MODIFIED	Generic	
EVEROLIMUS	TAB 0.25MG	Generic	QL 2 per day
EVEROLIMUS	TAB 0.5MG	Generic	QL 2 per day
EVEROLIMUS	TAB 0.75MG	Generic	QL 2 per day

Nombre del medicamento	Forma farmacéutica/Concentración	Tipo de medicamento	Requisitos
EVEROLIMUS	TAB 1MG	Generic	QL 2 per day
GENGRAF	CAP 25MG	Generic	
GENGRAF	CAP 100MG	Generic	
GENGRAF	SOL 100MG/ML	Generic	
HECORIA	CAP 0.5MG	Generic	
HECORIA	CAP 1MG	Generic	
HECORIA	CAP 5MG	Generic	
JOENJA	TAB 70MG	Generic	PA QL 2 per day
MYCOPHENOLATE	CAP 250MG	Generic	
MYCOPHENOLATE	TAB 500MG	Generic	
MYCOPHENOLATE	SUS 200MG/ML	Generic	
MYCOPHENOLATE SODIUM	TAB DR	Generic	
SIROLIMUS	SOL 1MG/ML	Generic	QL 2mls per day
SIROLIMUS	TAB 0.5MG	Generic	QL 2 per day
SIROLIMUS	TAB 1MG	Generic	QL 2 per day
SIROLIMUS	TAB 2MG	Generic	QL 2 per day
TACROLIMUS	CAP 0.5MG	Generic	
TACROLIMUS	CAP 1MG	Generic	
TACROLIMUS	CAP 5MG	Generic	
AGENTES ELIMINADORES DE POTASIO			
KIONEX	SUS 15GM/60	Generic	
KIONEX	POW	Generic	
LOKELMA	PACKET 5GM	Brand	PA QL 3 packets per day
LOKELMA	PACKET 10GM	Brand	PA QL 3 packets per day
SOD POLY	SUL SUS 15GM/60	Generic	
SOD POLY	SUL SUS 30/120ML	Generic	
SOD POLY	SUL SUS 50/200ML	Generic	
SOD POLY	SUL POW	Generic	
SPS	SUS 15GM/60	Generic	
VELTASSA	POW 1GM	Brand	PA QL 4 per day
VELTASSA	POW 8.4GM	Brand	PA QL 1 packet per day
VELTASSA	POW 16.8GM	Brand	PA QL 1 packet per day
VELTASSA	POW 25.2GM	Brand	PA QL 1 packet per day

ÍNDICE DE MEDICAMENTOS

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z