

## Guía de medicinas ValueScript Rx para Simple Choices

Abril de 2024

Hable con su médico para que le recete las medicinas del formulario que están cubiertas por su plan; lo cual puede ayudarle a reducir los gastos a su cargo. Esta lista puede guiarle a usted y a su médico a seleccionar las medicinas adecuadas.

El formulario de medicinas se actualiza regularmente. Visite la página de Internet [www.floridablue.com/es](http://www.floridablue.com/es) para obtener la información más actualizada.

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Para buscar el nombre de una medicina dentro de este documento PDF, utilice las palabras claves **Control** y **F** en su teclado, o vaya a **Edit (Editar)** el menú desplegable y seleccione **Find/Search (Buscar/Encontrar)**. Ingrese la palabra o frase que busca y haga clic en **Buscar (Search)**.



## Introducción

Florida Blue se complace en presentar la Guía de medicinas ValueScript Rx. Esta es una guía general que incluye una lista integral de medicinas que pueden estar cubiertas por su plan. Ya que la cobertura de medicinas varía según el plan comprado por usted o el que le ofrece su empleador, es importante que consulte los documentos del plan para ver información completa sobre la cobertura. Cuando nos referimos a "documentos del plan" nos estamos refiriendo a uno o más de los siguientes documentos: Folleto de beneficios, Certificado de cobertura, Contrato, Manual del miembro o Endoso de medicinas recetadas.

La Guía de medicinas ValueScript proporciona consejos útiles sobre cómo aprovechar al máximo sus beneficios de farmacia y le da detalles acerca de varios programas de cobertura que están diseñados para brindarle las medicinas apropiadas y seguras cuando las necesita. Pueden ocurrir cambios en el formulario. Podrá encontrar la lista más actualizada si revisa la Guía de medicinas por Internet en [www.floridablue.com](http://www.floridablue.com) o si llama al número de servicio al cliente que aparece en su tarjeta de miembro. Los miembros con problemas auditivos pueden comunicarse con el servicio de Retransmisión TTY de Florida, 711.

Si es un miembro actual, recomendamos que inicie sesión en su cuenta de miembro para obtener información específica sobre la cobertura de medicinas. Visite [www.floridablue.com](http://www.floridablue.com), y haga clic en la pestaña de Miembros. Una vez que se registre, puede buscar una medicina por nombre y comparar costos en diferentes farmacias. Podrá ver avisos que indican si una medicina requiere autorización previa o no está cubierta por su plan.

**If you wish to obtain this brochure in English, please call the customer service number on the back of your ID card and ask to be transferred to a bilingual representative.**

**NOTA:** Tanto usted como su médico deben decidir si le puede dar una medicina recetada. Todas y cada una de las decisiones que requieren o estén relacionadas con una opinión o capacitación médica profesional independiente o con la necesidad de una medicina recetada, deben tomarlas únicamente usted y su médico tratante de acuerdo con la relación paciente/médico.

## Consejos importantes y Pautas de cobertura

Al seguir estas sencillas pautas, puede estar seguro que está recibiendo el máximo beneficio de su plan.

- Cuando reciba sus medicinas recetadas, pregunte a su médico o farmacéutico si tiene disponible una medicina genérica equivalente. Las medicinas genéricas son menos caras y la mayoría están cubiertas a menos que se excluyan específicamente en los documentos de su plan.
- Las medicinas de marca están cubiertas por su plan solo si están incluidas en la lista de medicinas. Las medicinas de marca que no están incluidas en la lista de medicinas no están cubiertas.
- Considere pedirle a su médico que le recete medicinas genéricas, o si es necesario, una de las medicinas de marca preferidas. El costo de las medicinas genéricas y de marca preferidas es más bajo que el de las medicinas de marca no preferidas.
- Si está tomando actualmente una medicina, tome un momento para revisar la lista de medicinas y determinar si está cubierta. Si no, hable con su médico para entender sus opciones disponibles.
- Si usted o su proveedor solicitan una medicina recetada de marca cubierta cuando se encuentra disponible una medicina recetada genérica, usted será responsable de: (1) la diferencia en costo entre la medicina genérica y la medicina de marca que recibió; y (2) el costo compartido aplicable a la medicina de marca que recibió, como se indica en el Plan de beneficios.
- ValueScript es un plan de farmacia con un formulario cerrado. Esto significa que cualquier medicina que no esté en el formulario (incluida en la lista de medicinas) no está cubierta. Lleve esta guía con usted cuando visite a su médico o proveedor de salud para que sepa cuáles medicinas se encuentran incluidas en la lista de medicinas y el costo de las diferentes opciones.

## Lista de medicinas

### Lo que necesita saber acerca de su formulario de medicinas ValueScript

El formulario de medicinas ValueScript para Simple Choices incluye la lista del formulario cerrado. Esta guía refleja las recomendaciones actuales de Florida Blue y es desarrollada en conjunto con Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue se reserva el derecho de agregar, eliminar o cambiar el nivel de cualquier medicina recetada en esta Guía de medicinas en cualquier momento.

Todas las medicinas genéricas están cubiertas, a menos que estén específicamente excluidas por su plan. Las medicinas de marca están cubiertas solo si están incluidas en la lista de medicina del formulario cerrado.

Para que los gastos a su cargo sean lo más bajos posible, considere pedirle a su médico que le recete medicinas genéricas o, si es necesario, medicinas de marca que se incluyen en la Lista de formularios cerrados. Esto ayudará a garantizar que sus medicinas cubiertas sean permitidas y reembolsadas según su plan. Además, considere usar una farmacia para obtener sus medicinas porque los gastos a su cargo deben ser más bajos que si usara una farmacia no participante.

Para ahorrar la mayor cantidad de dinero en medicinas, comparta esta Guía de medicinas con su médico o proveedor de atención médica en cada visita. Cuando reciba sus medicinas recetadas, pregunte a su farmacéutico si tiene disponible una medicina genérica equivalente. Las medicinas genéricas le ahorran la mayor cantidad de dinero.

### Cambios al formulario

Esta guía incluye la lista de medicinas que refleja las recomendaciones actuales de Florida Blue. Es desarrollada en conjunto con Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue se reserva el derecho de agregar, eliminar o cambiar el nivel de cualquier medicina en esta Guía de medicinas en cualquier momento.

La lista de medicinas se revisa cada tres meses para examinar las medicinas nuevas y la información más reciente sobre las medicinas que ya se encuentran en el mercado en relación con la seguridad, la eficacia y su uso actual en la terapia.

Hay varias razones para hacer cambios a las medicinas incluidas en la Guía de medicinas ValueScript Rx

- El nivel de una medicina de marca que se incluye en la lista de medicinas puede incrementarse (cambiar a un nivel más alto) cuando una medicina genérica bioequivalente es aprobada por la FDA.
- Las medicinas recetadas más recientes no podrán estar cubiertas hasta que el Pharmacy & Therapeutics Committee (Comité de Farmacia y Terapéutica) haya tenido la oportunidad de revisar la medicación, para determinar si la medicina estará cubierta y, en caso afirmativo, en qué nivel se aplicará sobre la base de la seguridad, la eficacia y la disponibilidad de otros productos dentro de esa clase de medicinas. Vaya a [Nuevo en la lista de medicinas del mercado](#) para obtener la información más actualizada.

Para encontrar la información más actualizada sobre las modificaciones a las medicinas incluidas en esta guía de medicinas:

Visite [www.floridablue.com](http://www.floridablue.com).

- Haga clic en la pestaña de Miembros
- Haga clic en el botón de **Iniciar sesión ahora** (Login Now) o bien **iniciar sesión** (Login) o **registrarse** (Register).
- Una vez inicie sesión, haga clic en **My Plan** (Mi plan), luego seleccione **Pharmacy** (Farmacia) bajo términos adicionales

- Bajo el encabezado Recursos importantes (Pharmacy Resources), haga clic en **Guía de medicinas y farmacia especializada** (Medication Guide & Specialty Pharmacy).
- Bajo **la guía de medicinas/Listas de medicinas aprobadas**, haga clic en [Guía de medicinas ValueScript Rx para Simple Choices](#) Las guías de medicinas actualizadas se publican periódicamente durante todo el año.

### Solicitud para agregar medicinas al formulario

Los médicos pueden solicitar que se agregue una medicina a la lista del formulario mediante la presentación de una solicitud por escrito a Florida Blue.

Envíe la solicitud por correo a:

**Florida Blue**

Attn: Pharmacy Programs

P.O. Box 1798

Jacksonville, FL 32231-0014

### Su parte de los gastos

Su costo compartido dependerá de cuál es el nivel de costo compartido de la medicina asignada. Puede determinar la cantidad a su cargo para medicinas revisando su Programa de beneficios. Si su plan incluye un Deducible, es posible que tenga que satisfacer esa cantidad antes de cubrir los costos de sus medicinas.

Si usted o su proveedor solicitan una medicina recetada de marca cuando se encuentra disponible una medicina recetada genérica, usted será responsable de:

- la diferencia en el costo entre la medicina genérica y la medicina de marca; y
- el costo compartido aplicable a las medicinas de marca, como se indica en su Programa de Beneficios.

Por ejemplo: Si su copago de medicina es de \$10 por genérica y \$40 por marca, y usted elige una medicina de marca cuando hay una genérica disponible, esto es lo que podría pagar.

La Diferencia en el Costo de las Medicinas es de \$70 (Costo de las Medicinas de Marca \$120- Costo de las Medicinas Genéricas \$50) + Copago de Marca \$40 = **\$110 es Su Costo Total**

Si su médico o el profesional médico que receta medicinas requiere el uso de una medicina de marca por razones médicas, la documentación justificativa debe ser presentada para evitar hacerse cargo de la diferencia del costo entre las medicinas genéricas y las de marca. Para solicitar una excepción para la diferencia del costo, el médico o el profesional médico que receta medicinas debe presentar la petición aquí.

[DAW penalty waiver request form.](#)

Su costo compartido para las medicinas contra el VIH/SIDA sigue las pautas de OIR Safe Harbor. Para determinar el costo compartido de su medicina para el VIH / SIDA, consulte aquí:

[2024 Safe Harbor Guidelines for HIV/AIDS Drugs](#)

**NOTA** Si tiene un deducible, debe alcanzar su deducible antes de los costos compartidos indicados para solicitar

## Beneficios de farmacia

El beneficio de farmacia tiene tres partes/componentes, llamados niveles. Esto significa que las medicinas cubiertas deben incluirse en uno de los siguientes Niveles, a menos que su plan los excluya específicamente:

**Nivel 1:** Medicinas y suministros genéricos

**Nivel 2:** Medicinas y suministros de marcas preferidas

**Nivel 3:** Medicinas y suministros de marcas no preferidas

**Nivel 4:** Medicinas y suministros especializados

## Medicinas que no están cubiertas

ValueScript es un plan de farmacia con un formulario cerrado. Esto significa que cualquier medicina que no esté en el formulario (incluida en la lista de medicinas) no está cubierta. Las razones por las cuales algunas medicinas no están cubiertas:

- La medicina demostró tener efectos adversos excesivos y/o hay alternativas más seguras;
- La medicina tiene una alternativa preferida en la lista de medicinas o está disponible sin receta (over-the-counter, OTC)
- La medicina ya no se comercializa
- La medicina tiene una formulación equivalente genérica de clasificación AB ampliamente disponible/distribuida
- Medicina re-empacada: se refiere al producto farmacéutico que se retira del envase del fabricante original (originador de la marca) y que otro fabricante re-empaca con un Código nacional de medicina (NDC) diferente.
- La medicina no está cubierta debido a preocupaciones de seguridad o efectividad.

Además, cualquier otra medicina que no aparezca en la guía de medicinas, puede aparecer en una lista de ciertas medicinas que no están cubiertas en la [Lista de medicinas no cubiertas](#)

**NOTA:** Para determinar las exclusiones de las medicinas que aplican a su plan, consulte los documentos del plan. Información sobre la cobertura se encuentra disponible al ingresar en la sección de miembros de [www.floridablue.com](http://www.floridablue.com)

## Medicinas genéricas

Florida Blue recomienda el uso de medicinas genéricas como una manera de proporcionar medicinas de alta calidad a un costo reducido. Las medicinas genéricas son tan seguras y efectivas como su contraparte de marca, y suelen ser considerablemente más baratas.

La Administración de Alimentos y Drogas de los Estados Unidos (Food and Drug Administration, FDA) aprobó que las medicinas genéricas pueden ser sustituidas por su contraparte de marca debido a que:

- Contienen el(los) mismo(s) ingrediente(s) activo(s) de la medicina de marca.
- Son idénticas en cuanto a concentración, dosis y vías de administración.
- Son terapéuticamente equivalentes y se espera que tengan el mismo efecto clínico y perfil de seguridad.

Consulte con su médico o proveedor de atención médica para determinar si es apropiado para usted cambiar a una medicina genérica

## Medicinas para quimioterapia oral

Las medicinas para quimioterapia oral son medicinas recetadas por un médico para eliminar o disminuir el crecimiento de células cancerosas de una manera consistente con los estándares nacionales aceptados. Puede encontrar un listado de estas medicinas en: [Lista de medicinas para quimioterapia oral](#).

## Medicinas sin receta (over-the-counter, OTC)

Una medicina sin receta puede ser un tratamiento adecuado para algunas condiciones y pueden tener un costo alternativo menor que algunas medicinas comúnmente recetadas. Su beneficio de farmacia puede ofrecer cobertura para ciertas medicinas sin receta. Algunos grupos pueden personalizar su plan de farmacia para excluir la cobertura de medicinas sin receta, por lo que es importante consultar los documentos de su plan para determinar si las medicinas sin receta están cubiertas bajo su plan. Sólo aquellas medicinas sin receta recetadas por su médico y designadas en el formulario con "OTC" entre paréntesis después del nombre de la medicina son elegibles para la cobertura.

**NOTA:** Consulte los documentos de su plan para determinar si este beneficio aplica a su plan. La información de la cobertura también está disponible al ingresar a la sección de miembro de [www.floridablue.com](http://www.floridablue.com).

## Servicios preventivos de la Ley de Protección al paciente y cuidados de salud a bajo precio (Patient Protection and Affordable Care Act, ACA)

- **Medicinas preventivas:** ciertos servicios preventivos de atención, medicinas y vacunas están cubiertas sin costo compartido cuando se compran en una farmacia participante. La lista de medicinas cubiertas por su plan aparece en: [Lista de medicinas preventivas](#)
- **Vacunas:** Algunas vacunas que están cubiertas bajo su cobertura de Beneficios preventivos pueden ser administradas por farmacéuticos certificados. No todas las farmacias brindan servicios de administración de vacunas. Es importante que se comunique con la farmacia para verificar la disponibilidad de la administración de vacunas. De lo contrario, póngase en contacto con su médico para conocer la disponibilidad y administración de la vacuna. Puede encontrar una lista de las vacunas que están cubiertas bajo su beneficio de farmacia en: [Lista de beneficios de farmacia para vacunas](#).
- **Servicios preventivos para la mujer:** algunas medicinas anticonceptivas o dispositivos (por ejemplo, anticonceptivos orales, anticonceptivos de emergencia y diafragmas) están cubiertos sin costo compartido cuando se compran en una farmacia participante. La lista de medicinas y dispositivos cubiertos por su plan aparece en: [Lista de servicios preventivos para la mujer](#)

## Solicitud de Excepción del Nivel para Anticonceptivos y la Preexposición de Profilaxis HIV (PrEP)

Si, por razones médicas, usted necesita un anticonceptivo o medicamentos de HIV PrEP que no está incluido en esta(s) lista(s) de Servicios Preventivos, usted puede solicitar una excepción para que no le aplique el costo compartido para sus medicamentos. Para solicitar una excepción, su médico debe completar y enviar la solicitud por Internet en [covermymeds.com](http://covermymeds.com) o enviarla por fax usando el Formulario de Solicitud de Excepción en los enlaces a continuación.

[Formulario de solicitud de excepción para el nivel de anticonceptivos](#)

[Formulario de solicitud de excepción para el nivel de VIH PrEP](#)

## Medicinas de farmacias especializadas

Las medicinas de farmacias especializadas son inyectables, de infusión, orales o para inhalar, con costos muy altos, que generalmente requieren supervisión y monitoreo cuidadoso de la terapia del paciente.

**NOTA:** Consulte los documentos del plan para obtener información sobre cómo las medicinas de Farmacia Especializada están cubiertas bajo su plan. Los detalles de la cobertura también están disponibles llamando al número de servicio al cliente que figura en su tarjeta de miembro.

Las medicinas especializadas están divididas en dos categorías:

- **Medicinas especializadas auto-administrables:** Los pacientes de farmacia especializada se administran sus

propias medicinas. Dado que estas medicinas están destinadas a auto administrarse, no pueden ser cubiertas si se administran en un consultorio médico. Si estas medicinas no se obtienen en un participante de farmacia especializada, fuera de la red la cobertura no está disponible. [El listado actual de Medicinas especializadas auto-administrables aparece aquí.](#)

- Las medicinas auto-administradas inyectables se designan en la lista de medicinas con "inj" seguido del nombre de la medicina (por ejemplo enoxaparin inj). Ningún otro inyectable autoadministrado estará cubierto a menos que dicho inyectable esté identificado como una medicina especializada en esta Guía de medicinas. Los inyectables autoadministrados estarán sujetos a la marca o al costo compartido genérico, tal como se describe en su Programa de beneficios. Florida Blue se reserva el derecho de modificar las medicinas que requieren autorización en cualquier momento y por cualquier motivo.
- **Medicinas especializadas administradas por un proveedor:** estas medicinas requieren ser administradas por un médico. Las medicinas de Farmacia especializada son ordenadas por un proveedor y administradas en el consultorio médico o establecimiento o ambulatorio. Las medicinas de farmacia especializada administradas por un proveedor están cubiertas bajo su beneficio médico. Estas medicinas se pueden obtener de cualquier proveedor de atención médica dentro de la red. [El listado actual de Medicinas especializadas-administradas por el proveedor aparece aquí.](#)

**NOTA:** Hemos notificado medicinas que pueden estar cubiertas como autoadministradas y/o administradas por el proveedor. Estos productos de farmacias especializadas se pueden obtener en cualquier instalación.

## Programa de nivel de Farmacia Médica

El programa de nivel de Farmacia Médica ofrece una reducción de los costos compartidos y le ayuda a ahorrar en las medicinas administradas por el proveedor que se prestan en el consultorio médico o en un centro ambulatorio. Los medicamentos administrados por un médico están cubiertos bajo su beneficio médico. Las medicinas del programa de nivel de Farmacia Médica pueden estar sujetas a los requisitos de Autorización Previa. Florida Blue se reserva el derecho de cambiar las medicinas sujetas al Programa de nivel de Farmacia Médica en cualquier momento y por cualquier motivo.

- **Nivel inferior:** Costo más bajo para medicinas administradas por el proveedor (p.ej., genéricas de preferencia, biosimilares u otras medicinas, suministros o dispositivos)
- **Nivel estándar:** Todas las otras medicinas administradas por el proveedor

Una lista de medicinas, incluidas en el **Nivel inferior** del programa de Nivel de Farmacia Médica pueden encontrarse aquí: [Farmacia Médica Nivel inferior Lista de Medicinas](#)

**NOTA:** Consulte los documentos de su plan para determinar si el programa de Nivel de Farmacia Médica aplica a su plan. La información de la cobertura también está disponible al ingresar a la sección de miembros de [www.floridablue.com](http://www.floridablue.com) llamando al número de servicio al cliente que figura en su tarjeta de miembro.

## Opciones de farmacia

Tenga en cuenta dos tipos diferentes de farmacias cuando necesite reabastecer sus medicinas recetadas: farmacias de venta al por menor y farmacias especializadas. Para ahorrar la mayor cantidad de dinero, antes de reabastecer una medicina recetada debe confirmar que la farmacia esté considerada como 'dentro de la red' para esa medicina en particular.

- **Farmacia Participante**

Florida Blue es una marca registrada de Blue Cross and Blue Shield of Florida. Florida Blue HMO es una marca registrada de Health Options, Inc., una afiliada de Blue Cross and Blue Shield of Florida, Inc. Estas compañías son Licenciatarías Independientes de Blue Cross and Blue Shield Association. Guía de medicinas ValueScript Rx de Florida Blue para Abril de 2024.

- Red de farmacias al por menor

Las medicinas 'genéricas' que no son especializadas y las medicinas 'de marca' que aparecen en la Guía de medicinas se pueden surtir en estas farmacias a un costo menor que el de otras farmacias en su área. Si va a una farmacia que no es participante, la medicina podría costarle más.

- Red de farmacias especializadas: Hemos identificado ciertas medicinas como 'medicinas especializadas', debido a requisitos especiales como manejo, almacenamiento, entrenamiento, distribución y administración de la terapia. Estas medicinas aparecen como 'Medicinas especializadas' en la Guía de medicinas. Para estar cubiertas por su programa de farmacia al costo compartido dentro de la red, se deben comprar en una Farmacia especializada participante. Estas farmacias son **diferentes** a las farmacias minoristas y aparecen en el Directorio de proveedores y en la Guía de medicinas. Si usa una Farmacia especializada dentro de la red para obtener estas Medicinas especializadas, se reducirá el monto que paga por estas medicinas.

- Farmacia de distribución limitada (LD): Los fabricantes de medicinas elegirán una o una cantidad limitada de farmacias especializadas para manejar y dispensar ciertas medicinas especializadas. Por lo general, estas medicinas son costosas y requieren un control especial y autorización previa. La

farmacia que dispense su medicina de distribución limitada se puede encontrar aquí: [Limitada Distribución medicina](#)

- **Farmacia no participante**

- Si su plan ofrece cobertura de farmacia fuera de la red, elegir una farmacia no participante le costará más dinero. Es posible que deba pagar el costo total de la medicina y presentar un formulario de reclamación para solicitar el reembolso. Nuestro pago estará basado en la Cantidad permitida para una farmacia no participante, menos su costo compartido. Usted será responsable por su costo compartido y la diferencia entre nuestra cantidad permitida y el costo de la medicina.

- Si su plan no ofrece cobertura de farmacia fuera de la red, elegir una farmacia no participante puede poner en riesgo su posibilidad de recibir un reembolso. Es posible que tenga que pagar el costo completo de la medicina.

### **Proveedores participantes de farmacia especializada**

Su red para farmacias especializadas se limita a los siguientes proveedores de Farmacias especializadas participantes. A menos que se indique a continuación, cualquier otra farmacia es considerada una Farmacia Especializada no participante aún si participa en la red de Florida Blue para medicinas de farmacia no especializada. Puede pagar más si utiliza una farmacia especializada diferente.

#### **CVS/Caremark Specialty Pharmacy Services**

Productos Administrados por el Proveedor y Autoadministrados; excluye Hemofilia  
Teléfono: (866) 278-5108

Fax: (800) 323-2445

[CVS/Farmacia Especializada Caremark](#)

#### **Accredo**

Productos Autoadministrados; excluye Hemofilia  
Teléfono: (888) 425-5970

Fax: (888) 302-1028

[Accredo](#)

#### **CVS/Caremark Hemophilia Services**

Productos para la Hemofilia  
Teléfono: (866) 792-2731

Fax: (866) 811-7450

(De lunes a viernes, de 9:00 am to 7:30 pm, hora del Este)

[CVS/Caremark Hemophilia](#)



**NOTA: Las medicinas de Farmacia especializada no están cubiertas cuando se adquieren a través de las farmacias por correo.**

Las medicinas especializadas autoadministradas clasificadas por Florida Blue fuera del estado de Florida pueden ser obtenidas por un miembro con una receta a través de los proveedores de farmacias especializadas preferidas [Accredo](#) o [CVS/Caremark Specialty](#).

Si un miembro reside o está viajando fuera del estado de Florida y necesita recibir una medicina especializada administrada por un proveedor, el médico que prescribe debe coordinar con el proveedor de farmacias especializadas para su área o comunicarse con el plan local BlueCross and BlueShield Plan. Esta coordinación puede ayudar a garantizar que los miembros reciban sus medicinas al costo compartido dentro de la red.

Si recibe una receta escrita directamente de su proveedor para una medicina administrada por un proveedor puede comunicarse con el departamento de servicio al cliente para más ayuda.

**Farmacias de orden por correo**

El servicio de entrega de farmacia a domicilio en la mayoría de los planes es proporcionado por [Amazon Pharmacy](#). Para confirmar su proveedor de entrega de farmacia a domicilio, ingrese a [floridablue.com](#) y vaya a la sección de entrega a domicilio en su cuenta de miembro para ver los detalles. Visite Amazon Pharmacy para obtener más detalles.

**NOTA:** Si la receta original se surtió en una farmacia que no es una farmacia de orden por correo, debe enviar una nueva receta original para un suministro de hasta tres meses pero no para menos de dos meses junto con el Formulario de inscripción y pedido por correo. Es posible que no puedan transferirse las recetas de una farmacia de venta al por menor a una farmacia de orden por correo.

**Suministro para tres meses en farmacias minoristas**

Además de recibir un suministro para tres meses de medicinas a través de una farmacia de orden por correo, es posible que reciba un suministro hasta de tres meses a través de una farmacia de venta al por menor participante. Para obtener detalles completos de la cobertura, consulte su folleto de beneficios, certificado de cobertura, contrato, manual para miembros o respaldo de medicinas recetadas.

**Programas sobre la administración del uso (Utilization Management)**

**Programa de autorización previa**

El programa Prior Authorization recomienda el uso apropiado, seguro y económico de las medicinas. Si está tomando o se le recetó una medicina que está incluida en el programa Prior Authorization, su médico necesitará enviar un formulario de solicitud para que su receta sea considerada como cubierta. Si no solicita y/o no recibe aprobación previa, la medicina no será cubierta. Las medicinas que requieren autorización previa para cobertura se indican en la columna de autorización previa que sigue al nombre del producto en la lista de medicinas.

**NOTA:** Algunos grupos pueden personalizar su plan de farmacia para excluir los requisitos de autorización previa, por lo que es importante consultar los documentos del plan para determinar si los requisitos de autorización previa aplican a su plan. Información sobre la cobertura se encuentra disponible al ingresar en la sección de miembros de

[www.floridablue.com](#)

**NOTA:** Las autorizaciones de cobertura previas vencen en la fecha que sea anterior entre las siguientes, pero sin superar los 12 meses para la mayoría de medicinas:

- 1 La fecha de terminación de su póliza, o
- 2 El período autorizado por nosotros, según se indica en la carta que le enviamos.

### **Cómo obtener autorización previa**

La información sobre la autorización previa y el formulario de cómo obtener la aprobación de autorización previa se puede encontrar aquí: [Información y formularios del programa Prior Authorization.](#)

**NOTA:** Se requiere que su proveedor complete y envíe el formulario de Autorización Previa para que se haga la determinación de la cobertura.

- 1 Una vez que se toma la decisión, se le informará a usted y/o a su médico.
- 2 Si se toma la decisión para la autorización de la cobertura, la medicina(s) y/o los suministros pueden obtenerse de una farmacia participante o en un establecimiento adecuado si la medicina es administrada por un profesional de la salud. La aprobación de la autorización previa no elimina el costo compartido.
- 3 Si se toma la decisión de denegar la autorización, puede comprar las medicinas recetadas, los suministros o Medicinas de venta libre (OTC), pero tendrá que pagar el costo total de las medicinas y no tendrá derecho a reembolso de su plan.

**NOTA:** Tiene derecho a solicitar una apelación si se deniega la autorización previa. Consulte la sub-sección de "Cómo Apelar una Determinación Adversa de la sección de Proceso de Quejas y Apelaciones en su Folleto de Beneficio o Contrato actual para información sobre cómo presentar un apelación.

### **Programa Responsible Quantity (Cantidad Responsable)**

El programa Responsible Quantity recomienda el uso adecuado, seguro y económico de medicinas al establecer una cantidad máxima por mes para una medicina o suministro. Las limitaciones de cantidad se basan en las pautas de la Administración de alimentos y medicinas (Food and Drug Administration) y en las recomendaciones de dosificación del fabricante. Las medicinas que requieren autorización previa para cobertura se indican en la columna de autorización previa que sigue al nombre del producto en la lista de medicinas.

La información sobre el Programa Responsible Quantity y los pasos para cómo obtener una excepción se pueden encontrar aquí: [Información del programa de cantidad responsable](#)  
[Formulario de autorización.](#)

### **Programa Responsible Steps (Pasos Responsables)**

El programa Responsible Steps promueve el uso apropiado, seguro y efectivo de medicinas y ayuda a ahorrar en medicinas recetadas. El programa Responsible Steps está basado en guías terapéuticas de medicina, evidencia clínica e investigaciones. El programa Responsible Steps incluye medicinas recetadas que no están cubiertas a menos que ya se haya intentado una o más alternativas de medicinas.

Puede obtener una lista de las medicinas actuales incluyendo las que se incluyen en el programa ResponsibleSteps aquí: [Información del programa de pasos responsables y formulario de autorización](#)

## **Programa Responsible Steps for Medical Pharmacy (Programa de Pasos responsables para Farmacia médica)**

Algunas medicinas recetadas administradas por un médico que se despachan en el consultorio médico podrían estar incluidas en el programa Responsible Steps for Medical Pharmacy. Si está usando medicinas del programa Responsible Steps, comuníquese con su médico/proveedor para que le indique si hay mejores opciones.

Si, debido a una razón médica, usted no puede usar la medicina pre-requerida y necesita la medicina de Responsible Steps, su médico o su proveedor de servicios de salud puede solicitar una autorización previa para una anulación. Si se aprueba la solicitud de anulación, se proporcionará cobertura para la medicina Responsible Steps. Florida Blue se reserva el derecho de modificar las medicinas sujetas al programa Responsible Steps en cualquier momento y por cualquier motivo.

La información sobre el programa Responsible Steps for Medical Pharmacy y los pasos para saber cómo obtener una excepción se encuentran en:

[Programa Responsible Steps for Medical Pharmacy \(Programa de Pasos responsables para Farmacia médica\) Información de la farmacia.](#)

**NOTA:** Consulte los documentos de su plan para determinar si aplica el programa Responsible Steps. También puede ver más información de la cobertura al iniciar sesión en la sección de miembros de [www.floridablue.com](http://www.floridablue.com) o al llamar al número de atención al cliente que aparece en su tarjeta de identificación.

## **Exención de Protocolo de Cobertura**

Podría ser que su médico quiera recetarle una medicina para una condición que es diferente al protocolo de la Terapia Escalonada desarrollada por Florida Blue. Si este es el caso, usted o su médico pueden solicitar una exención enviando una [Solicitud de Exención de Protocolo](#).

## **Proceso de excepción de cobertura**

Conforme a 45 C.F.R. 156.122, si una medicina no está cubierta en nuestro formulario, puede solicitar una excepción. Hemos establecido el proceso para solicitudes de excepción estándares y solicitudes de excepción aceleradas, como se describe a continuación.

### **Solicitud de excepción estándar**

Para solicitar una excepción estándar, usted, la persona designada o el médico que receta (u otra persona autorizada para recetar medicinas) puede enviar una solicitud de excepción al completar y enviar el Formulario de solicitud de excepción de cobertura en el enlace que aparece a continuación.

### **Solicitud de excepción acelerada**

Puede solicitar una excepción acelerada si las circunstancias la exigen. Las circunstancias lo exigen cuando:

1. sufre de una afección médica que puede poner en peligro su vida, su salud o la capacidad de recobrar la máxima mejoría; o
2. se encuentra actualmente bajo un tratamiento que requiere una medicina que no está cubierta en nuestro formulario.

Para solicitar una excepción acelerada, usted, la persona designada o el médico que receta (u otra persona autorizada para recetar medicinas) puede enviar una solicitud de excepción al completar y enviar el Formulario de solicitud de excepción de cobertura en el enlace que aparece a continuación.

Le notificaremos a usted o su designado y al médico que receta (u otra persona autorizada para recetar medicinas) acerca de nuestra decisión dentro de las 24 horas posteriores a la fecha en que recibimos su solicitud. Si aprobamos la excepción, proporcionaremos cobertura para la medicina exceptuada mientras dure la receta.

### Formulario de solicitud de excepción de cobertura

#### **¿Qué ocurre si es denegada la solicitud de excepción?**

Si denegamos su solicitud estándar o acelerada para una excepción, usted, la persona que haya designado o el médico que receta (u otra persona autorizada para recetar medicinas) puede solicitar una revisión de la solicitud original y nuestra denegación para una organización de revisión externa independiente.

1. Si la solicitud de excepción original es una solicitud estándar, le notificaremos a usted o su designado y al médico que receta (u otra persona autorizada para recetar medicinas), de nuestra decisión dentro de las 72 horas posteriores a la fecha en que recibimos su solicitud. Si aprobamos la excepción, proporcionaremos cobertura para la medicina exceptuada mientras dure la receta.
2. Si la solicitud de excepción original es una solicitud acelerada, le notificaremos a usted o su designado y al médico que receta (u otra persona autorizada para recetar medicina) de nuestra decisión dentro de las 24 horas posteriores a la fecha en que recibimos su solicitud. Si aprobamos la excepción, proporcionaremos cobertura para la medicina exceptuada mientras dure la exigencia.

#### **Aviso**

Esta Guía de medicinas no extiende, varía, altera, reemplaza, o elimina ninguna de las cláusulas, beneficios, exclusiones, limitaciones, o condiciones contenidas en el Folleto de beneficios, el Contrato, o el Endoso de medicinas recetadas. En el caso de alguna discrepancia entre la Guía de medicinas y las cláusulas contenidas en el Folleto de Beneficios, el Contrato o el Endoso de medicinas recetadas, las cláusulas contenidas en el Folleto de beneficios, el Contrato o el Endoso de medicinas recetadas prevalecerán en la medida necesaria para cumplir con el objetivo de Florida Blue y Florida Blue HMO.

#### **Cómo utilizar esta lista de medicinas**

##### **Columna 1:** Nombre de la medicina

La lista de medicinas está organizada en amplias categorías (p.ej., HORMONAS, DIABETES Y OTRAS MEDICINAS RELACIONADAS). Utilice la función de búsqueda de medicinas (Ctrl+F) para encontrar la información más reciente de los medicamentos de la lista de medicinas. Las medicinas genéricas se muestran en **negrita** y en minúsculas. La mayoría de las medicinas genéricas vienen acompañadas de una medicina de marca de referencia en (paréntesis). Algunos productos genéricos no cuentan con la marca de referencia. Las medicinas recetadas de marca aparecen en mayúsculas seguidas del nombre genérico. La columna de Requisitos/Límites muestra información sobre si ese medicamento requiere autorización previa, terapia escalonada, distribución limitada o límites de cantidad. A continuación, se indican los significados de los indicadores utilizados en las columnas de Requisitos/Límites y de Nivel de Medicina.

##### **Columna 2:** Nivel de Medicina

Indica el formulario para el nivel de cada medicina.

##### **Columna 3:** Especialidad (SP)

Indica que se trata de una medicina especializada autoadministrada.

Nota: En este documento se puede encontrar información adicional sobre las medicinas especializadas en la sección de medicinas autoadministradas de Farmacia Especializada.

**Columna 4: Requisitos/Límites**

- Autorización Previa (Prior Authorization, PA) - Algunas medicinas requieren autorización previa para garantizar un uso y una prescripción adecuados antes de que la medicina sea cubierta. La cobertura podría ser aprobada después de que se cumplan ciertos criterios. Se requiere la aprobación para que los reclamos se procesen en las farmacias de la red. Si el indicador de Autorización Previa (PA) está presente, entonces el programa de PA señalado se aplica posiblemente a su beneficio.
- Programa Pasos responsables (ST) - Requiere que los miembros prueben otra medicina que pueda ser más segura, clínicamente eficaz y, en algunos casos, menos costosa, antes de que apruebe una medicina más cara. Si el indicador de ST está presente, entonces el programa de ST señalado se aplica posiblemente a su beneficio.
- Distribución limitada (Limited Distribution, LD) - Los fabricantes de medicamentos elegirán una o un número limitado de farmacias especializadas para suministrar medicinas. En este documento se puede encontrar información adicional sobre la distribución limitada de medicinas en la sección de farmacia participante.
- Límites de Cantidad (Quantity Limits, QL) - Algunas medicinas tienen límites de cantidad para fomentar un uso seguro y adecuado. El límite de cantidad es la cantidad máxima que puede ser suministrada durante un periodo de tiempo determinado. Si el indicador de Límites de Cantidad está presente, entonces el programa de QL señalado se aplica posiblemente a su beneficio.

Algunos planes pueden tener programas de Manejo de la Utilización (Utilization Management, UM) (por ejemplo, PA, QL, y ST) en medicinas adicionales más allá de las indicadas en este documento.

**Abreviatura/siglas****caps** cápsulas (capsules)**chew tabs** tabletas masticables (chewable tablets)**conc** concentrado (concentrate)**crm** crema (cream)**ext-release** liberación lenta(extended-release)**inhal** inhalación (inhalation) **inj**inyección (injection) **lotn**

loción (lotion)

**NP** no preferida (non-preferred)**ODT** tabletas que se desintegran por viaoral (orally disintegrating tablets)**oint** pomada (ointment)**OSM** liberación osmótica (osmotic-release)**OTC** sin receta (over-the-counter)**PA** Se requiere autorización previa.**QL** Programa de cantidad responsable  
límite de cantidad que aplica  
(Responsible Quantity Program)**SI** Medicinas  
autoinyectables (Self-  
Administered Injectables)**SL** sublingual**SP** Farmacias Especializadas**soln** solución (solution)**supp** supositorios (suppositories) **susp** suspensión  
(suspension) **tabs** tabletas (tablets)

Para determinar si su medicina está cubierta y/o encontrar el precio de una medicina, inicie sesión en su cuenta de Florida Blue en [www.floridablue.com](http://www.floridablue.com). Seleccione “Herramientas (Tools)” y luego “Comparar precios de las medicinas (Compare Drug Prices)”.

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Florida Blue and Florida Blue HMO provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact 1-800-352-2583.

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Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DC1-7  
Jacksonville, FL 32246  
Phone 800-477-3736 x29070 (TTY: 800-955-8770)  
Fax 904-301-1580  
Email [section1557coordinator@floridablue.com](mailto:section1557coordinator@floridablue.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Section 1557 Coordinator is available to help you.

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

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Florida Blue and Florida Blue HMO: [1-800-352-2583]**  
**TTY: 800-955-8770**

Have a disability? Speak a language other than English? Call to get help for free.

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Èske w pale kreyòl ayisyen? Èske w andikape? Rele nou pou w jwenn èd gratis.

Quý vị nói tiếng Việt? Quý vị bị khuyết tật? Hãy gọi trợ giúp miễn phí.

Você fala português? Tem alguma deficiência? Telefone para obter assistência.

您会讲中文吗? 是否为伤残人士? 如需帮助, 请拨打我们的免费电话:

Vous parlez français ? Vous avez une incapacité ? Appelez pour recevoir une assistance gratuite.

Nagsasalita ng Tagalog o Filipino? May kapansanan? Tumawag para sa libheng tulong.

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ریگن نعلس باکوید

بۆی در بفت کک

ناری مپولیت مینید؟

میکنید؟

صحت

به زبان فارسی



Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
<b>AGENTES ANTIINFECCIOSOS</b>			
<b>PENICILINAS</b>			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	2		
<b>amoxicillin (trihydrate) cap 250 mg, 500 mg</b>	1		
<b>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</b>	1		
<b>amoxicillin (trihydrate) tab 500 mg, 875 mg</b>	1		
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</b>	1		
<b>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)</b>	1		
<b>amoxicillin &amp; k clavulanate tab 250-125 mg, 875-125 mg</b>	1		
<b>amoxicillin &amp; k clavulanate tab 500-125 mg (Augmentin)</b>	1		
<b>ampicillin cap 500 mg</b>	1		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2		
<b>dicloxacillin sodium cap 250 mg, 500 mg</b>	1		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	2		
<b>penicillin v potassium tab 250 mg, 500 mg</b>	1		
<b>CEFALOSPORINAS</b>			
CEFACLOR - cefaclor cap 250 mg, 500 mg	2		
<b>cefadroxil cap 500 mg</b>	1		
<b>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</b>	1		
<b>cefdinir cap 300 mg</b>	1		
<b>cefdinir for susp 125 mg/5ml, 250 mg/5ml</b>	1		
<b>cefixime cap 400 mg (Suprax)</b>	1		
<b>cefixime for susp 100 mg/5ml</b>	1		
<b>cefixime for susp 200 mg/5ml (Suprax)</b>	1		
<b>cefepodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</b>	1		
<b>cefepodoxime proxetil tab 100 mg, 200 mg</b>	1		
<b>cefprozil for susp 125 mg/5ml, 250 mg/5ml</b>	1		
<b>cefprozil tab 250 mg, 500 mg</b>	1		
<b>cefuroxime axetil tab 250 mg, 500 mg</b>	1		
<b>cephalexin cap 250 mg, 500 mg, 750 mg</b>	1		
<b>cephalexin for susp 125 mg/5ml, 250 mg/5ml</b>	1		
<b>MACRÓLIDOS</b>			

CLAVE | PA = Autorización Previa  
 LD = Distribución limitada  
 SP = Especialidad

ST = Pasos responsables  
 QL = Límite de cantidad (Cantidad/Tiempo máximo)

Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
<b>azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)</b>	1		
<b>azithromycin tab 250 mg, 500 mg (Zithromax)</b>	1		
<b>azithromycin tab 600 mg</b>	1		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2		
<b>clarithromycin tab er 24hr 500 mg</b>	1		
<b>clarithromycin tab 250 mg, 500 mg</b>	1		
DIFICID - fidaxomicin tab 200 mg	2		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2		QL (272 mls/180 days)
<b>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)</b>	1		
<b>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)</b>	1		
<b>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</b>	1		
<b>erythromycin tab 250 mg, 500 mg</b>	1		
ZITHROMAX - azithromycin powd pack for susp 1 gm	2		
<b>TETRACICLINAS</b>			
<b>demeclocycline hcl tab 150 mg, 300 mg</b>	1		
<b>doxycycline hyclate cap 50 mg</b>	1		
<b>doxycycline hyclate cap 100 mg (Vibramycin)</b>	1		
<b>doxycycline hyclate tab 20 mg, 50 mg, 100 mg</b>	1		
<b>doxycycline monohydrate cap 50 mg, 100 mg</b>	1		
<b>doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)</b>	1		
<b>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</b>	1		
<b>minocycline hcl cap 50 mg, 75 mg, 100 mg</b>	1		
<b>tetracycline hcl cap 250 mg, 500 mg</b>	1		
<b>FLUOROQUINOLONAS</b>			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	2		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2		
<b>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)</b>	1		
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1		
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	2		
<b>levofloxacin tab 250 mg, 500 mg, 750 mg</b>	1		
<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	1		

CLAVE | PA = Autorización Previa  
 LD = Distribución limitada  
 SP = Especialidad

ST = Pasos responsables  
 QL = Límite de cantidad (Cantidad/Tiempo máximo)

Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Límites
<b>ofloxacin tab 400 mg</b>	1		
<b>AMINOGLUCÓSIDOS</b>			
HUMATIN - paromomycin sulfate cap 250 mg	2		LD
<b>neomycin sulfate tab 500 mg</b>	1		
TOBI PODHALER - tobramycin inhal cap 28 mg	4	SP	LD
<b>tobramycin nebu soln 300 mg/5ml (Tobi)</b>	4	SP	
<b>tobramycin nebu soln 300 mg/4ml (Bethkis)</b>	4	SP	
<b>SULFONAMIDES</b>			
SULFADIAZINE - sulfadiazine tab 500 mg	2		
<b>AGENTES ANTIMICOBACTERIANOS</b>			
<b>cycloserine cap 250 mg</b>	1		
<b>ethambutol hcl tab 100 mg</b>	1		
<b>ethambutol hcl tab 400 mg (Myambutol)</b>	1		
<b>isoniazid syrup 50 mg/5ml</b>	1		
<b>isoniazid tab 300 mg</b>	1		
PRETOMANID - pretomanid tab 200 mg	2		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	2		
<b>pyrazinamide tab 500 mg</b>	1		
<b>rifabutin cap 150 mg (Mycobutin)</b>	1		
<b>rifampin cap 150 mg, 300 mg</b>	1		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	4	SP	PA, LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	4	SP	PA, LD, QL (188 tablets/365 days)
TREGATOR - ethionamide tab 250 mg	3		PA
<b>ANTIMICÓTICOS</b>			
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	3		PA
<b>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</b>	1		
<b>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)</b>	1		
<b>flucytosine cap 250 mg, 500 mg (Ancobon)</b>	1		
<b>griseofulvin microsize susp 125 mg/5ml</b>	1		
<b>griseofulvin microsize tab 500 mg</b>	1		
<b>griseofulvin ultramicrosize tab 125 mg, 250 mg</b>	1		
<b>itraconazole cap 100 mg (Sporanox)</b>	1		PA, QL (120 capsules/30 days)
<b>itraconazole oral soln 10 mg/ml (Sporanox)</b>	1		PA, QL (1200 mls/30 days)
<b>ketoconazole tab 200 mg</b>	1		

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NOXAFIL - posaconazole for delayed release susp packet 300 mg	2		PA
<b>nystatin tab 500000 unit</b>	1		
<b>posaconazole susp 40 mg/ml (Noxafil)</b>	1		PA
<b>posaconazole tab delayed release 100 mg (Noxafil)</b>	1		PA
<b>terbinafine hcl tab 250 mg</b>	1		QL (30 tablets/30 days)
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	2		PA, QL (18 capsules/180 days)
<b>voriconazole for susp 40 mg/ml (Vfend)</b>	1		PA
<b>voriconazole tab 50 mg, 200 mg (Vfend)</b>	1		PA
<b>ANTIVIRALES</b>			
<b>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</b>	1		QL (960 mls/30 days)
<b>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</b>	1		QL (60 tablets/30 days)
<b>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</b>	1		QL (30 tablets/30 days)
<b>acyclovir cap 200 mg</b>	1		
<b>acyclovir susp 200 mg/5ml (Zovirax)</b>	1		
<b>acyclovir tab 400 mg, 800 mg</b>	1		
<b>adefovir dipivoxil tab 10 mg (Hepsera)</b>	1		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	2		QL (120 capsules/30 days)
<b>atazanavir sulfate cap 150 mg (base equiv)</b>	1		QL (30 capsules/30 days)
<b>atazanavir sulfate cap 200 mg (base equiv) (Reyataz)</b>	1		QL (60 capsules/30 days)
<b>atazanavir sulfate cap 300 mg (base equiv) (Reyataz)</b>	1		QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2		QL (630 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2		QL (30 tablets/30 days)
<b>darunavir tab 600 mg (Prezista)</b>	1		QL (60 tablets/30 days)
<b>darunavir tab 800 mg (Prezista)</b>	1		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	2		QL (30 tablets/30 days)
<b>efavirenz tab 600 mg (Sustiva)</b>	1		QL (30 tablets/30 days)

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<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b>	1		QL (30 tablets/30 days)
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)</b>	1		QL (30 tablets/30 days)
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</b>	1		QL (30 tablets/30 days)
<b>emtricitabine caps 200 mg (Emtriva)</b>	1		QL (30 capsules/30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)</b>	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	2		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2		QL (680 mls/28 days)
<b>entecavir tab 0.5 mg, 1 mg (Baraclude)</b>	1		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	4	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	4	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	4	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	4	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	2		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	2		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	2		QL (30 tablets/30 days)
<b>etravirine tab 100 mg, 200 mg (Intelence)</b>	1		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2		QL (30 tablets/30 days)
<b>famciclovir tab 125 mg, 250 mg, 500 mg</b>	1		
<b>fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)</b>	1		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	4	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	4	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	4	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	2		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		QL (60 packets/30 days)

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ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-riopivirine hcl tab 50-25 mg (base eq)	2		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	2		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	2		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	2		QL (40 capsules/30 days)
<b>lamivudine oral soln 10 mg/ml (Epivir)</b>	1		QL (960 mls/30 days)
<b>lamivudine tab 100 mg (hbv) (Epivir hbv)</b>	1		QL (30 tablets/30 days)
<b>lamivudine tab 150 mg (Epivir)</b>	1		QL (60 tablets/30 days)
<b>lamivudine tab 300 mg (Epivir)</b>	1		QL (30 tablets/30 days)
<b>lamivudine-zidovudine tab 150-300 mg (Combivir)</b>	1		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	4	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	4	SP	PA, LD, QL (120 tablets/30 days)
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)</b>	1		QL (480 mls/30 days)
<b>lopinavir-ritonavir tab 100-25 mg (Kaletra)</b>	1		QL (180 tablets/30 days)
<b>lopinavir-ritonavir tab 200-50 mg (Kaletra)</b>	1		QL (120 tablets/30 days)
<b>maraviroc tab 150 mg (Selzentry)</b>	1		QL (60 tablets/30 days)
<b>maraviroc tab 300 mg (Selzentry)</b>	1		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	4	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	4	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	2		QL (1200 mls/30 days)
<b>nevirapine tab er 24hr 400 mg</b>	1		QL (30 tablets/30 days)
<b>nevirapine tab 200 mg</b>	1		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	2		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	2		QL (360 packets/30 days)
ODEFSEY - emtricitabine-riopivirine-tenofovir af tab 200-25-25 mg	2		QL (30 tablets/30 days)
<b>oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)</b>	1		QL (40 capsules/120 days)
<b>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)</b>	1		QL (20 capsules/120 days)

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<b>oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)</b>	1		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	4	SP	PA
PIFELTRO - doravirine tab 100 mg	2		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	2		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	2		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	2		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3		PA, QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	2		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	2		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	2		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	2		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	2		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	2		
RIBAVIRIN - ribavirin tab 200 mg	2		
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	3		PA
<b>ritonavir tab 100 mg (Norvir)</b>	1		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	2		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	4	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	4	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	4	SP	PA, QL (30 packets/30 days)

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STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	2		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	2		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2		QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		QL (30 tablets/30 days)
<b>tenofovir disoproxil fumarate tab 300 mg (Viread)</b>	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	2		QL (30 tablets/30 days)
<b>valacyclovir hcl tab 500 mg, 1 gm (Valtrex)</b>	1		
<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b>	1		
<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b>	1		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	2		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	2		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	SP	PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	2		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	2		QL (960 mls/30 days)
<b>zidovudine cap 100 mg (Retrovir)</b>	1		QL (180 capsules/30 days)

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<b>zidovudine syrup 10 mg/ml (Retrovir)</b>	1		QL (1920 mls/30 days)
<b>zidovudine tab 300 mg</b>	1		QL (60 tablets/30 days)
<b>ANTIPALÚDICOS</b>			
<b>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)</b>	1		
<b>chloroquine phosphate tab 250 mg, 500 mg</b>	1		
<b>COARTEM - artemether-lumefantrine tab 20-120 mg</b>	3		PA
<b>hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg</b>	1		
<b>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</b>	1		
<b>mefloquine hcl tab 250 mg</b>	1		
<b>primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)</b>	1		
<b>pyrimethamine tab 25 mg (Daraprim)</b>	4	SP	PA, QL (90 tablets/30 days)
<b>quinine sulfate cap 324 mg (Qualaquin)</b>	1		QL (42 capsules/90 days)
<b>ANTIHELMÍNTICOS</b>			
<b>albendazole tab 200 mg</b>	1		PA, QL (120 tablets/30 days)
<b>BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg</b>	2		LD
<b>EGATEN - triclabendazole tab 250 mg</b>	4	SP	PA
<b>ivermectin tab 3 mg (Stromectol)</b>	1		
<b>praziquantel tab 600 mg (Biltricide)</b>	1		
<b>AGENTES ANTIINFECCIOSOS, MISC.</b>			
<b>ALINIA - nitazoxanide for susp 100 mg/5ml</b>	2		QL (300 mls/90 days)
<b>atovaquone susp 750 mg/5ml (Mepron)</b>	1		
<b>CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)</b>	4	SP	LD
<b>clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)</b>	1		
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)</b>	1		
<b>colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)</b>	1		
<b>dapsone tab 25 mg, 100 mg</b>	1		
<b>fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)</b>	1		
<b>IMPAVIDO - miltefosine cap 50 mg</b>	4	SP	PA
<b>LAMPIT - nifurtimox tab 30 mg</b>	2		LD, QL (540 tablets/180 days)
<b>LAMPIT - nifurtimox tab 120 mg</b>	2		LD, QL (450 tablets/180 days)
<b>linezolid for susp 100 mg/5ml (Zyvox)</b>	1		
<b>linezolid tab 600 mg (Zyvox)</b>	1		
<b>methenamine hippurate tab 1 gm (Hiprex)</b>	1		

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metronidazole cap 375 mg (Flagyl)	1		
metronidazole tab 250 mg, 500 mg	1		
nitazoxanide tab 500 mg (Alinia)	1		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)	1		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1		
nitrofurantoin susp 25 mg/5ml	1		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1		
SIVEXTRO - tedizolid phosphate tab 200 mg	2		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1		
tinidazole tab 250 mg, 500 mg	1		
trimethoprim tab 100 mg	1		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin)	1		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	1		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	1		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	1		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	3		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	2		PA, QL (90 tablets/30 days)
<b>BIOLÓGICOS</b>			
<b>VACCINES</b>			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	2		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2		
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	2		

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BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2		
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2		
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	2		
FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	2		QL (1 vaccine/90 days)
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	2		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	2		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2		
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2		
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	2		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2		
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	2		
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	2		
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	2		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	2		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2		QL (1 vaccine/90 days)
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2		QL (1 vaccine/90 days)
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	2		
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	2		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	2		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	2		
ROTARIX - rotavirus vaccine, live oral susp	2		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	2		

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SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2		
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	2		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	2		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	2		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	2		
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	2		
VAXCHORA - cholera vaccine live attenuated for oral susp	2		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	2		
<b>TOXOIDS</b>			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3		
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3		

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VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	2		
<b>PASSIVE IMMUNIZING AGENTS</b>			
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	4	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	4	SP	PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	4	SP	PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	4	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	4	SP	PA, LD
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	4	SP	PA, LD
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	4	SP	PA, LD
<b>AGENTES ANTINEOPLÁSICOS</b>			
<b>AGENTES ANTINEOPLÁSICOS</b>			
<b>abiraterone acetate tab 250 mg (Zytiga)</b>	4	SP	PA, QL (120 tablets/30 days)
<b>abiraterone acetate tab 500 mg (Zytiga)</b>	4	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4	SP	PA, LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	4	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	4	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	4	SP	PA, LD, QL (180 tablets/30 days)

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ALUNBRIG - brigatinib tab 90 mg, 180 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>anastrozole tab 1 mg (Arimidex)</b>	1		
AUGTYRO - repotrectinib cap 40 mg	4	SP	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	4	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	4	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	4	SP	PA, LD, QL (2 syringes/28 days)
<b>bexarotene cap 75 mg (Targretin)</b>	4	SP	PA
<b>bicalutamide tab 50 mg (Casodex)</b>	1		
BOSULIF - bosutinib cap 50 mg	4	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	4	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	4	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	4	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	4	SP	PA, LD, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
<b>capecitabine tab 150 mg, 500 mg (Xeloda)</b>	4	SP	
CAPRELSA - vandetanib tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	4	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	4	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2		

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<b>cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)</b>	1		
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	4	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	2		
ERIVEDGE - vismodegib cap 150 mg	4	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</b>	4	SP	PA, QL (60 tablets/30 days)
<b>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</b>	4	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	2		
<b>everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)</b>	4	SP	PA, QL (60 tablets/30 days)
<b>everolimus tab for oral susp 3 mg (Afinitor disperz)</b>	4	SP	PA, QL (90 tablets/30 days)
<b>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)</b>	4	SP	PA, QL (30 tablets/30 days)
<b>exemestane tab 25 mg (Aromasin)</b>	1		
EXKIVITY - mobocertinib succinate cap 40 mg	4	SP	PA, LD, QL (120 capsules/30 days)
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	4	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	4	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
<b>gefitinib tab 250 mg (Iressa)</b>	4	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	4	SP	
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	4	SP	PA
<b>hydroxyurea cap 500 mg (Hydrea)</b>	1		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	4	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	4	SP	PA, LD, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	4	SP	PA, LD, QL (30 tablets/30 days)

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IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
<b>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</b>	4	SP	PA, QL (90 tablets/30 days)
<b>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</b>	4	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	4	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	4	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	4	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	4	SP	PA, LD, QL (120 capsules/30 days)
INLYTA - axitinib tab 1 mg	4	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	4	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	4	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	4	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	4	SP	PA, LD, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	4	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
JYLAMVO - methotrexate oral soln 2 mg/ml	2		
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	4	SP	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	SP	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	4	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	4	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	4	SP	PA, LD, QL (180 tablets/30 days)

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<b>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)</b>	4	SP	PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
<b>letrozole tab 2.5 mg (Femara)</b>	1		
<b>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg</b>	1		
LEUKERAN - chlorambucil tab 2 mg	2		
<b>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</b>	4	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	4	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	4	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	4	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	4	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	4	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	4	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	4	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	4	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	4	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	4	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	4	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	4	SP	LD
<b>megestrol acetate susp 40 mg/ml</b>	1		
<b>megestrol acetate tab 20 mg, 40 mg</b>	1		

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MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	4	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	4	SP	PA, LD, QL (180 tablets/30 days)
MELPHALAN - melphalan tab 2 mg	2		
<b>mercaptapurine tab 50 mg</b>	1		
MESNEX - mesna tab 400 mg	2		
<b>methotrexate sodium for inj 1 gm</b>	1		
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</b>	1		
<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>	1		
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	1		
MYLERAN - busulfan tab 2 mg	2		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	4	SP	PA, LD, QL (180 tablets/30 days)
<b>nilutamide tab 150 mg (Nilandron)</b>	1		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	4	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	4	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	4	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	4	SP	PA, LD, QL (180 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	4	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	4	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>pazopanib hcl tab 200 mg (base equiv) (Votrient)</b>	4	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	SP	PA, QL (1 pack/28 days)

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PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	4	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	SP	LD
QINLOCK - ripretinib tab 50 mg	4	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	4	SP	PA, LD, QL (240 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	4	SP	PA, LD, QL (120 capsules/30 days)
REZLIDHIA - olutasidenib cap 150 mg	4	SP	PA, LD, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	4	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	4	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	4	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	4	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	4	SP	PA, QL (240 capsules/30 days)
SCSEMBLIX - asciminib hcl tab 20 mg	4	SP	PA, LD, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	4	SP	PA, LD, QL (300 tablets/30 days)
<b>sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)</b>	4	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	4	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	4	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	4	SP	PA, LD, QL (84 tablets/28 days)
<b>sunitinib malate cap 12.5 mg (base equivalent) (Sutent)</b>	4	SP	PA, QL (90 capsules/30 days)
<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)</b>	4	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	2		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	SP	PA, QL (120 capsules/30 days)

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TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	4	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	SP	PA, LD, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	4	SP	PA, LD, QL (90 capsules/30 days)
<b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</b>	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	4	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	4	SP	PA, LD, QL (240 tablets/30 days)
<b>temozolomide cap 5 mg, 20 mg</b>	4	SP	PA
<b>temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)</b>	4	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	4	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	4	SP	PA, LD, QL (60 tablets/30 days)
<b>toremifene citrate tab 60 mg (base equivalent) (Fareston)</b>	1		
<b>tretinoin cap 10 mg</b>	4	SP	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	4	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	4	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	4	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	4	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	4	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	4	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	4	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	4	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	SP	PA, LD, QL (60 tablets/30 days)

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VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	4	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	4	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	4	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg	4	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	4	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	4	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	4	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	4	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	4	SP	PA, LD, QL (4 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	4	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	4	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	4	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	4	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	4	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)

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ZYDELIG - idelalisib tab 100 mg, 150 mg	4	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	4	SP	PA, LD, QL (90 tablets/30 days)
<b>FÁRMACOS ENDOCRINOS Y METABÓLICOS</b>			
<b>CORTICOSTEROIDES</b>			
budesonide delayed release particles cap 3 mg	1		
budesonide tab er 24hr 9 mg (Uceris)	1		
deflazacort tab 6 mg (Emflaza)	4	SP	PA, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	4	SP	PA, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	4	SP	PA
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	2		
dexamethasone elixir 0.5 mg/5ml	1		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1		
fludrocortisone acetate tab 0.1 mg	1		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1		
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	2		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1		
prednisolone soln 15 mg/5ml	1		
prednisolone tab 5 mg	1		
PREDNISONONE - prednisone oral soln 5 mg/5ml	2		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1		
TARPEYO - budesonide delayed release cap 4 mg	4	SP	PA, LD, QL (120 capsules/30 days)
<b>ANDRÓGENOS-ANABÓLICOS</b>			
danazol cap 50 mg, 100 mg, 200 mg	1		PA
methyltestosterone cap 10 mg	1		PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1		QL (1 vial/28 days)

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<b>testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)</b>	1		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	2		QL (1 vial/28 days)
<b>testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)</b>	1		PA, QL (60 packets/30 days)
<b>testosterone td gel 12.5 mg/act (1%)</b>	1		PA, QL (4 pumps/30 days)
<b>testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)</b>	1		PA, QL (2 pumps/30 days)
<b>testosterone td gel 10mg/act (2%) (Fortesta)</b>	1		PA, QL (2 pumps/30 days)
<b>testosterone td soln 30 mg/act</b>	1		PA, QL (2 pumps/30 days)
<b>ESTRÓGENOS</b>			
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2		QL (4 patches/28 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2		
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	1		
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</b>	1		
<b>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</b>	1		
<b>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)</b>	1		QL (30 packets/30 days)
<b>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)</b>	1		QL (8 patches/28 days)
<b>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)</b>	1		QL (4 patches/28 days)
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2		QL (1 pump/30 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	2		
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		PA, QL (30 tablets/30 days)
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg</b>	1		
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2		

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PREMPHASE - conj est 0.625(14)/conj est-medroxyproac tab 0.625-5mg(14)	2		
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2		
<b>ANTICONCEPTIVOS</b>			
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
ELLA - ulipristal acetate tab 30 mg	2		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	1		PA
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		

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<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b>	1		
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg</b>	1		
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)</b>	1		
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b>	1		
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</b>	1		
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</b>	1		
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)</b>	1		
<b>norethindrone tab 0.35 mg</b>	1		
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg- mcg</b>	1		
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	1		
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg</b>	1		
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>	1		
<b>NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>	2		
<b>VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b>	2		
<b>PROGESTINAS</b>			
<b>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</b>	1		
<b>norethindrone acetate tab 5 mg (Aygestin)</b>	1		
<b>progesterone cap 100 mg, 200 mg (Prometrium)</b>	1		
<b>ANTIDIABÉTICOS</b>			
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<b>acarbose tab 25 mg, 50 mg, 100 mg (Precose)</b>	1		
<b>BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose</b>	2		
<b>BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ dose</b>	2		
<b>diazoxide susp 50 mg/ml (Proglycem)</b>	1		
<b>FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)</b>	2		ST, QL (30 tablets/30 days)

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<b>glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)</b>	1		
<b>glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)</b>	1		
<b>glipizide tab 5 mg, 10 mg</b>	1		
<b>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</b>	1		
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	3		PA
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	1		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	1		
<b>glyburide tab 1.25 mg, 2.5 mg, 5 mg</b>	1		
<b>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</b>	1		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2		ST, QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2		ST, QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2		ST, QL (30 tablets/30 days)
<b>metformin hcl tab er 24hr 500 mg, 750 mg</b>	1		
<b>metformin hcl tab 500 mg, 850 mg, 1000 mg</b>	1		
<b>mifepristone tab 300 mg (Korlym)</b>	4	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	2		
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2		PA, QL (4 pens/28 days)

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<b>nateglinide tab 60 mg, 120 mg</b>	1		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	2		PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2		PA, QL (1 pen/28 days)
<b>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)</b>	1		
<b>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)</b>	1		
<b>repaglinide tab 0.5 mg, 1 mg, 2 mg</b>	1		
RYBELSUS - semaglutide tab 3 mg	2		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2		PA, QL (30 tablets/30 days)
<b>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)</b>	1		QL (30 tablets/30 days)
<b>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)</b>	1		QL (60 tablets/30 days)
<b>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)</b>	1		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2		ST, QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2		
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2		ST, QL (60 tablets/30 days)

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XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2		ST, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2		ST, QL (5 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2		
<b>Insulinas de acción rápida</b>			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	1		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1		
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	1		
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1		
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	1		
NOVOLOG - insulin aspart inj soln 100 unit/ml	1		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1		
<b>Insulinas de acción corta</b>			
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	1		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	1		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	1		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	1		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	1		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	1		
RELION R - insulin regular (human) inj 100 unit/ml	1		
<b>Insulinas de acción intermedia</b>			

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Límites
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	1		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		
<b>Insulinas basales</b>			
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	1		
INSULIN DEGLUDEC FLEXTUOC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	1		
LANTUS - insulin glargine inj 100 unit/ml	1		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	1		
LEVEMIR - insulin detemir inj 100 unit/ml	1		
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	1		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1		
TRESIBA - insulin degludec inj 100 unit/ml	1		

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TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	1		
<b>AGENTES TIROIDEOS</b>			
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	2		
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	2		
<b>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)</b>	1		
<b>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)</b>	1		
<b>methimazole tab 5 mg, 10 mg</b>	1		
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	2		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	2		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	2		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	2		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	2		
<b>propylthiouracil tab 50 mg</b>	1		
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
<b>OXITÓCICOS</b>			
<b>methylergonovine maleate tab 0.2 mg</b>	1		QL (28 tablets/270 days)
<b>AGENTES ENDOCRINOS Y METABÓLICOS, MISC.</b>			
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	2		
<b>alendronate sodium oral soln 70 mg/75ml</b>	1		
<b>alendronate sodium tab 10 mg, 35 mg</b>	1		
<b>alendronate sodium tab 70 mg (Fosamax)</b>	1		
<b>betaine powder for oral solution (Cystadane)</b>	4	SP	PA
<b>cabergoline tab 0.5 mg</b>	1		

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<b>calcitonin (salmon) inj 200 unit/ml (Miacalcin)</b>	1		
<b>calcitonin (salmon) nasal soln 200 unit/act</b>	1		
<b>calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)</b>	1		
<b>calcitriol oral soln 1 mcg/ml (Rocaltrol)</b>	1		
<b>carglumic acid soluble tab 200 mg (Carbaglu)</b>	4	SP	
<b>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)</b>	1		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	2		
<b>desmopressin acetate inj 4 mcg/ml (Ddavn)</b>	1		
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</b>	1		
<b>desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavn)</b>	1		
<b>desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavn)</b>	1		
<b>doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg</b>	1		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	4	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	4	SP	PA
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	4	SP	PA
<b>ibandronate sodium tab 150 mg (base equivalent) (Boniva)</b>	1		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	4	SP	PA, LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	4	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	4	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	4	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	4	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	2		PA, QL (30 tablets/30 days)
<b>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</b>	1		
<b>levocarnitine tab 330 mg (Carnitor)</b>	1		
MIFEPREX - mifepristone tab 200 mg	2		QL (1 tablet/30 days)
<b>mifepristone tab 200 mg (Mifeprex)</b>	1		QL (1 tablet/30 days)
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	4	SP	PA, LD, QL (30 vials/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	4	SP	PA, LD, QL (120 capsules/30 days)
<b>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)</b>	4	SP	PA, LD

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NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	4	SP	PA, LD
NORDITROPIN FLEXPPO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	4	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	4	SP	PA, LD
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)</b>	4	SP	
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</b>	4	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	4	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	4	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	4	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2		PA, QL (60 tablets/30 days)
OSPHENA - ospemifene tab 60 mg	3		PA
<b>paricalcitol cap 1 mcg, 2 mcg (Zemplar)</b>	1		
<b>paricalcitol cap 4 mcg</b>	1		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	4	SP	PA, LD, QL (7 bottles/29 days)
<b>raloxifene hcl tab 60 mg (Evista)</b>	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	4	SP	PA, LD, QL (525 mls/30 days)
<b>risedronate sodium tab delayed release 35 mg (Atelvia)</b>	1		
<b>risedronate sodium tab 5 mg, 30 mg</b>	1		
<b>risedronate sodium tab 35 mg, 150 mg (Actonel)</b>	1		
<b>sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)</b>	4	SP	PA, LD
<b>sapropterin dihydrochloride tab 100 mg (Kuvan)</b>	4	SP	PA, LD
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)</b>	4	SP	PA, QL (600 grams/30 days)
<b>sodium phenylbutyrate tab 500 mg (Buphenyl)</b>	4	SP	PA, QL (1200 tablets/30 days)
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	4	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	4	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	4	SP	

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<b>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)</b>	4	SP	PA
<b>tolvaptan tab 15 mg (Samsca)</b>	4	SP	QL (30 tablets/365 days)
<b>tolvaptan tab 30 mg (Samsca)</b>	4	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	SP	PA, LD
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	4	SP	PA, LD, QL (30 vials/30 days)
<b>AGENTES CARDIOVASCULARES</b>			
<b>CARDIOTÓNICOS</b>			
<b>digoxin oral soln 0.05 mg/ml (Digoxin)</b>	1		
<b>digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)</b>	1		
<b>AGENTES ANTIANGINOSOS</b>			
<b>isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)</b>	1		
<b>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg</b>	1		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	2		
<b>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</b>	1		
NITRO-BID - nitroglycerin oint 2%	2		
<b>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</b>	1		
<b>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)</b>	1		
<b>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)</b>	1		
<b>ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)</b>	1		
<b>BETABLOQUEANTES</b>			
<b>acebutolol hcl cap 200 mg, 400 mg</b>	1		
<b>atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)</b>	1		
<b>betaxolol hcl tab 10 mg, 20 mg</b>	1		
<b>bisoprolol fumarate tab 5 mg, 10 mg</b>	1		
<b>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)</b>	1		
<b>labetalol hcl tab 100 mg, 200 mg, 300 mg</b>	1		
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)</b>	1		
<b>metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg</b>	1		

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metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1		
pindolol tab 5 mg, 10 mg	1		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1		
propranolol hcl oral soln 20 mg/5ml	1		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1		
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace af)	1		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1		
sotalol hcl tab 240 mg	1		
timolol maleate tab 5 mg, 10 mg, 20 mg	1		
<b>BLOQUEADORES DE LOS CANALES DE CALCIO</b>			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	1		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	1		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1		
diltiazem hcl tab 90 mg	1		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1		
isradipine cap 2.5 mg, 5 mg	1		
nicardipine hcl cap 20 mg, 30 mg	1		
nifedipine cap 10 mg, 20 mg	1		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1		
nimodipine cap 30 mg	1		QL (252 capsules/180 days)
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	2		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	1		

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<b>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)</b>	1		
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg, 300 mg	2		
<b>verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)</b>	1		
<b>verapamil hcl tab 40 mg, 80 mg, 120 mg</b>	1		
<b>ANTIARRÍTMICOS</b>			
<b>amiodarone hcl tab 100 mg, 200 mg, 400 mg</b>	1		
<b>disopyramide phosphate cap 100 mg, 150 mg (Norpace)</b>	1		
<b>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)</b>	1		
<b>flecainide acetate tab 50 mg, 100 mg, 150 mg</b>	1		
<b>mexiletine hcl cap 150 mg, 200 mg, 250 mg</b>	1		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	3		PA
<b>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)</b>	1		
<b>propafenone hcl tab 150 mg, 225 mg, 300 mg</b>	1		
<b>quinidine gluconate tab er 324 mg</b>	1		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	2		
<b>ANTIHIPERTENSIVOS</b>			
<b>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)</b>	1		QL (30 tablets/30 days)
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg</b>	1		
<b>amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)</b>	1		
<b>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)</b>	1		QL (30 tablets/30 days)
<b>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)</b>	1		QL (30 tablets/30 days)
<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</b>	1		QL (30 tablets/30 days)
<b>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50)</b>	1		
<b>atenolol &amp; chlorthalidone tab 100-25 mg (Tenoretic 100)</b>	1		
<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b>	1		

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benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1		
benazepril hcl tab 5 mg	1		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	1		QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	1		QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1		QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1		
enalapril maleate oral soln 1 mg/ml (Epaned)	1		QL (300 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1		
eplerenone tab 25 mg, 50 mg (Inspra)	1		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1		
guanfacine hcl tab 1 mg, 2 mg	1		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1		QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1		QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1		

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<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)</b>	1		QL (30 tablets/30 days)
<b>losartan potassium tab 25 mg, 50 mg (Cozaar)</b>	1		QL (60 tablets/30 days)
<b>losartan potassium tab 100 mg (Cozaar)</b>	1		QL (30 tablets/30 days)
METHYLDOPA - methyldopa tab 250 mg, 500 mg	2		
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</b>	1		
<b>minoxidil tab 2.5 mg, 10 mg</b>	1		
<b>moexipril hcl tab 7.5 mg, 15 mg</b>	1		
<b>olmesartan medoxomil tab 5 mg (Benicar)</b>	1		QL (60 tablets/30 days)
<b>olmesartan medoxomil tab 20 mg, 40 mg (Benicar)</b>	1		QL (30 tablets/30 days)
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)</b>	1		QL (30 tablets/30 days)
<b>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)</b>	1		QL (30 tablets/30 days)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg	1		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	2		
<b>perindopril erbumine tab 4 mg</b>	1		
<b>phenoxybenzamine hcl cap 10 mg (Dibenzyline)</b>	1		
<b>prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)</b>	1		
<b>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)</b>	1		
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)</b>	1		
<b>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)</b>	1		
<b>telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)</b>	1		QL (30 tablets/30 days)
<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)</b>	1		QL (30 tablets/30 days)
<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)</b>	1		QL (60 tablets/30 days)
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	2		ST, QL (30 tablets/30 days)
<b>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>	1		
<b>trandolapril tab 1 mg, 2 mg, 4 mg</b>	1		
<b>valsartan tab 40 mg, 80 mg, 160 mg (Diovan)</b>	1		QL (60 tablets/30 days)
<b>valsartan tab 320 mg (Diovan)</b>	1		QL (30 tablets/30 days)

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<b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)</b>	1		QL (30 tablets/30 days)
VECAMYL - mecamylamine hcl tab 2.5 mg	3		PA, LD
<b>DIURÉTICOS</b>			
<b>acetazolamide cap er 12hr 500 mg</b>	1		
<b>acetazolamide tab 125 mg, 250 mg</b>	1		
<b>amiloride hcl tab 5 mg</b>	1		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	2		
<b>bumetanide tab 0.5 mg (Bumex)</b>	1		
<b>bumetanide tab 1 mg, 2 mg</b>	1		
<b>chlorthalidone tab 25 mg, 50 mg</b>	1		
<b>dichlorphenamide tab 50 mg (Keveyis)</b>	4	SP	PA, QL (120 tablets/30 days)
<b>ethacrynic acid tab 25 mg (Edecrin)</b>	1		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	4	SP	PA, LD, QL (8 kits/30 days)
<b>furosemide oral soln 10 mg/ml</b>	1		
<b>furosemide tab 20 mg, 40 mg, 80 mg (Lasix)</b>	1		
<b>hydrochlorothiazide cap 12.5 mg</b>	1		
<b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</b>	1		
<b>indapamide tab 1.25 mg, 2.5 mg</b>	1		
<b>methazolamide tab 25 mg, 50 mg</b>	1		
<b>metolazone tab 2.5 mg, 5 mg, 10 mg</b>	1		
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (Aldactazide)</b>	1		
<b>spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)</b>	1		
<b>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</b>	1		
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b>	1		
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</b>	1		
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</b>	1		
<b>triamterene cap 50 mg, 100 mg (Dyrenium)</b>	1		
<b>VASOPRESORES</b>			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	2		

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epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1		
<b>ANTIHIPERLIPIDÉMICOS</b>			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	1		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	1		
cholestyramine light powder 4 gm/dose (Questran light)	1		
cholestyramine powder packets 4 gm (Questran)	1		
cholestyramine powder 4 gm/dose (Questran)	1		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	1		
colesevelam hcl packet for susp 3.75 gm (Welchol)	1		
colesevelam hcl tab 625 mg (Welchol)	1		
colestipol hcl granule packets 5 gm (Colestid flavored)	1		
colestipol hcl granules 5 gm (Colestid flavored)	1		
colestipol hcl tab 1 gm (Colestid)	1		
ezetimibe tab 10 mg (Zetia)	1		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	1		
fenofibrate tab 48 mg, 145 mg (Tricor)	1		
fenofibrate tab 54 mg, 160 mg	1		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	1		
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	4	SP	PA, LD, QL (30 capsules/30 days)
lovastatin tab 10 mg, 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	2		PA, QL (30 tablets/30 days)

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NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2		PA, QL (30 tablets/30 days)
<b>niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)</b>	1		
<b>omega-3-acid ethyl esters cap 1 gm (Lovaza)</b>	1		
<b>pitavastatin calcium tab 1 mg, 2 mg (Livalo)</b>	1		QL (45 tablets/30 days)
<b>pitavastatin calcium tab 4 mg (Livalo)</b>	1		QL (30 tablets/30 days)
<b>pravastatin sodium tab 10 mg, 20 mg, 40 mg</b>	1		QL (45 tablets/30 days)
<b>pravastatin sodium tab 80 mg</b>	1		QL (30 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2		PA, QL (2 pens/28 days)
<b>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)</b>	1		QL (45 tablets/30 days)
<b>rosuvastatin calcium tab 40 mg (Crestor)</b>	1		QL (30 tablets/30 days)
<b>simvastatin tab 5 mg</b>	1		QL (45 tablets/30 days)
<b>simvastatin tab 10 mg, 40 mg (Zocor)</b>	1		QL (45 tablets/30 days)
<b>simvastatin tab 20 mg (Zocor)</b>	1		QL (60 tablets/30 days)
<b>simvastatin tab 80 mg</b>	1		QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	2		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2		PA, QL (120 capsules/30 days)
<b>AGENTES CARDIOVASCULARES, MISC.</b>			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	SP	PA, LD, QL (90 tablets/30 days)
<b>ambrisentan tab 5 mg, 10 mg (Letairis)</b>	4	SP	PA, LD, QL (30 tablets/30 days)
<b>bosentan tab 62.5 mg, 125 mg (Tracleer)</b>	4	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	4	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2		QL (60 tablets/30 days)
<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)</b>	1		
OPSUMIT - macitentan tab 10 mg	4	SP	PA, LD, QL (30 tablets/30 days)

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ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	4	SP	PA, LD
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	4	SP	PA, LD, QL (1 kit/180 days)
<b>sildenafil citrate tab 20 mg (Revatio)</b>	1		PA, QL (90 tablets/30 days)
<b>tadalafil tab 20 mg (pah) (Adcirca)</b>	4	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	4	SP	PA, LD, QL (120 tablets/30 days)
<b>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)</b>	4	SP	PA
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	4	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	4	SP	PA, LD, QL (68 ampules/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	4	SP	PA, QL (30 capsules/30 days)
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	4	SP	PA, QL (120 capsules/30 days)
<b>tadalafil tab 2.5 mg, 5 mg (Cialis)</b>	1		QL (30 tablets/30 days)
<b>AGENTES RESPIRATORIOS</b>			
<b>ANTI-HISTAMÍNICOS</b>			
<b>carbinoxamine maleate tab 4 mg</b>	1		
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	2		
<b>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</b>	1		
<b>cyproheptadine hcl syrup 2 mg/5ml</b>	1		
<b>cyproheptadine hcl tab 4 mg</b>	1		
<b>desloratadine tab 5 mg (Clarinet)</b>	1		
<b>levocetirizine dihydrochloride tab 5 mg</b>	1		
<b>loratadine oral soln 5 mg/5ml</b>	1		
<b>loratadine rapidly-disintegrating tab 10 mg (Claritin)</b>	1		
<b>loratadine syrup 5 mg/5ml</b>	1		
<b>loratadine tab 10 mg</b>	1		
<b>promethazine hcl suppos 12.5 mg, 25 mg</b>	1		
<b>promethazine hcl syrup 6.25 mg/5ml</b>	1		

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<b>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</b>	1		
<b>AGENTES NASALES–SISTÉMICOS Y TÓPICOS</b>			
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b>	1		QL (2 bottles/30 days)
<b>flunisolide nasal soln 25 mcg/act (0.025%)</b>	1		QL (3 bottles/30 days)
<b>fluticasone propionate nasal susp 50 mcg/act</b>	1		QL (1 bottle/30 days)
<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</b>	1		QL (2 bottles/30 days)
<b>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</b>	1		QL (3 bottles/30 days)
<b>olopatadine hcl nasal soln 0.6% (Patanase)</b>	1		QL (1 bottle/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	2		PA, QL (2 bottles/30 days)
<b>TOS/RESFRÍO/ALERGIA</b>			
<b>acetylcysteine inhal soln 10%, 20%</b>	1		
<b>benzonatate cap 100 mg, 200 mg</b>	1		
<b>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)</b>	1		
<b>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)</b>	1		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2		
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b>	1		
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b>	1		
PROMETHAZINE VC - promethazine & phenylephrine syrup 6.25-5 mg/5ml	2		
PROMETHAZINE VC/CODEINE - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2		
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	1		
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>	1		
<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b>	1		
<b>sodium chloride soln nebu 3%, 10%</b>	1		
<b>sodium chloride soln nebu 7% (Hypersal)</b>	1		
<b>AGENTES ANTIASMÁTICOS Y BRONCODILATADORES</b>			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2		QL (1 canister/30 days)
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)</b>	1		QL (2 inhalers/30 days)
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</b>	1		
<b>albuterol sulfate syrup 2 mg/5ml</b>	1		

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<b>albuterol sulfate tab 2 mg, 4 mg</b>	1		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		QL (1 inhaler/30 days)
<b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)</b>	1		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2		QL (2 canisters/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2		QL (1 inhaler/30 days)
<b>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)</b>	1		
<b>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)</b>	1		PA, QL (3 inhalers/30 days)
<b>cromolyn sodium soln nebu 20 mg/2ml</b>	1		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2		QL (3 canisters/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	4	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	2		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	2		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2		QL (2 canisters/30 days)

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FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2		QL (1 inhaler/30 days)
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)</b>	1		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		QL (30 blisters/30 days)
<b>ipratropium bromide inhal soln 0.02%</b>	1		
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	1		
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)</b>	1		
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)</b>	1		
<b>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)</b>	1		
<b>montelukast sodium tab 10 mg (base equiv) (Singulair)</b>	1		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	4	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	4	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	4	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		QL (1 canister/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		QL (2 canisters/30 days)
<b>roflumilast tab 250 mcg, 500 mcg (Daliresp)</b>	1		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		QL (60 blisters/30 days)
SPIRIVA HANDHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2		QL (3 inhalers/30 days)
<b>terbutaline sulfate tab 2.5 mg, 5 mg</b>	1		

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TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	4	SP	PA, LD, QL (1 pen/28 days)
<b>theophylline elixir 80 mg/15ml</b>	1		
<b>theophylline soln 80 mg/15ml</b>	1		
<b>theophylline tab er 12hr 300 mg, 450 mg</b>	1		
<b>theophylline tab er 24hr 400 mg, 600 mg</b>	1		
<b>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)</b>	1		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	SP	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	SP	PA, LD
<b>zafirlukast tab 10 mg, 20 mg (Accolate)</b>	1		
<b>zileuton tab er 12hr 600 mg</b>	1		PA, QL (120 tablets/30 days)
<b>AGENTES RESPIRATORIOS, MISC.</b>			
KALYDECO - ivacaftor tab 150 mg	4	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	4	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	4	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	4	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	4	SP	PA, QL (21 tablets/180 days)
<b>pirfenidone cap 267 mg (Esbriet)</b>	4	SP	PA, QL (180 capsules/30 days)
<b>pirfenidone tab 267 mg (Esbriet)</b>	4	SP	PA, QL (180 tablets/30 days)
<b>pirfenidone tab 801 mg (Esbriet)</b>	4	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	4	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	4	SP	PA, LD, QL (56 packets/28 days)

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TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	4	SP	PA, LD, QL (90 tablets/30 days)
<b>AGENTES GASTROINTESTINALES</b>			
<b>LAXANTES</b>			
<b>lactulose solution 10 gm/15ml</b>	1		
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</b>	1		
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)</b>	1		
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	1		
<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)</b>	1		
SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	2		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	2		
<b>ANTIDIARREICOS</b>			
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</b>	1		
MYTESI - crofelemer tab delayed release 125 mg	3		PA, LD
<b>FÁRMACOS PARA LA ÚLCERA</b>			
<b>dicyclomine hcl cap 10 mg</b>	1		
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	1		
<b>dicyclomine hcl tab 20 mg</b>	1		
<b>esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)</b>	1		QL (30 capsules/30 days)
<b>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)</b>	1		QL (30 packets/30 days)
<b>famotidine for susp 40 mg/5ml</b>	1		
<b>famotidine tab 20 mg, 40 mg (Pepcid)</b>	1		
<b>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</b>	1		
<b>glycopyrrolate tab 1 mg (Robinul)</b>	1		
<b>glycopyrrolate tab 2 mg (Robinul forte)</b>	1		
<b>lansoprazole cap delayed release 30 mg (Prevacid)</b>	1		QL (60 capsules/30 days)
<b>methscopolamine bromide tab 2.5 mg, 5 mg</b>	1		
<b>misoprostol tab 100 mcg, 200 mcg (Cytotec)</b>	1		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	2		QL (30 packets/30 days)

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NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	2		QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 300 mg	3		PA
<b>omeprazole cap delayed release 10 mg, 40 mg</b>	1		QL (60 capsules/30 days)
<b>omeprazole cap delayed release 20 mg</b>	1		QL (120 capsules/30 days)
<b>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)</b>	1		QL (60 tablets/30 days)
<b>pantoprazole sodium for delayed release susp packet 40 mg (Protonix)</b>	1		QL (60 packets/30 days)
<b>rabeprazole sodium ec tab 20 mg (Aciphex)</b>	1		QL (60 tablets/30 days)
<b>sucralfate tab 1 gm (Carafate)</b>	1		
<b>ANTIEMÉTICOS</b>			
ANZEMET - dolasetron mesylate tab 50 mg	3		PA, QL (7 tablets/30 days)
<b>aprepitant capsule therapy pack 80 &amp; 125 mg (Emend tripack)</b>	1		QL (2 packs/30 days)
<b>aprepitant capsule 40 mg</b>	1		
<b>aprepitant capsule 80 mg (Emend)</b>	1		QL (4 capsules/30 days)
<b>aprepitant capsule 125 mg</b>	1		QL (2 capsules/30 days)
<b>doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)</b>	1		PA, QL (120 tablets/30 days)
<b>dronabinol cap 2.5 mg (Marinol)</b>	1		
<b>dronabinol cap 5 mg, 10 mg</b>	1		
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2		QL (6 packages/30 days)
<b>granisetron hcl tab 1 mg</b>	1		QL (14 tablets/30 days)
<b>meclizine hcl tab 12.5 mg, 25 mg</b>	1		
<b>ondansetron hcl oral soln 4 mg/5ml</b>	1		
<b>ondansetron hcl tab 4 mg, 8 mg</b>	1		
<b>ondansetron orally disintegrating tab 4 mg, 8 mg</b>	1		
<b>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</b>	1		
<b>trimethobenzamide hcl cap 300 mg</b>	1		
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	4	SP	LD, QL (4 tablets/30 days)
<b>AYUDA DIGESTIVA</b>			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2		
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit,	2		

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20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit			
<b>AGENTES GASTROINTESTINALES - MISC.</b>			
<b>alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)</b>	1		PA, QL (60 tablets/30 days)
<b>balsalazide disodium cap 750 mg (Colazal)</b>	1		
BYLVAY - odevixibat cap 400 mcg	4	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevixibat cap 1200 mcg	4	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	4	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	4	SP	PA, LD, QL (300 capsules/30 days)
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b>	1		
<b>calcium acetate (phosphate binder) tab 667 mg</b>	1		
CHENODAL - chenodiol tab 250 mg	4	SP	LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	4	SP	PA, LD
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	4	SP	PA, QL (2 kits/28 days)
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	4	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	4	SP	PA, QL (1 kit/180 days)
<b>cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)</b>	1		
GATTEX - teduglutide (rdna) for inj kit 5 mg	4	SP	PA, LD, QL (30 vials/30 days)
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	1		
<b>lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)</b>	1		ST
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	4	SP	PA, LD, QL (90 mls/30 days)
<b>lubiprostone cap 8 mcg (Amitiza)</b>	1		PA, QL (120 capsules/30 days)
<b>lubiprostone cap 24 mcg (Amitiza)</b>	1		PA, QL (60 capsules/30 days)
<b>mesalamine cap dr 400 mg (Delzicol)</b>	1		
<b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>	1		
MESALAMINE DR - mesalamine tab delayed release 800 mg	2		
<b>mesalamine enema 4 gm</b>	1		
<b>mesalamine suppos 1000 mg (Canasa)</b>	1		
<b>mesalamine tab delayed release 1.2 gm (Lialda)</b>	1		

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<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	1		
<b>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)</b>	1		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
<b>sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)</b>	1		
<b>sevelamer carbonate tab 800 mg (Renvela)</b>	1		
<b>sevelamer hcl tab 400 mg</b>	1		
<b>sevelamer hcl tab 800 mg (Renagel)</b>	1		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	4	SP	PA, QL (1 cartridge/56 days)
<b>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</b>	1		
<b>sulfasalazine tab 500 mg (Azulfidine)</b>	1		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	2		PA, QL (30 tablets/30 days)
<b>ursodiol cap 300 mg</b>	1		
<b>ursodiol tab 250 mg (Urso 250)</b>	1		
<b>ursodiol tab 500 mg (Urso forte)</b>	1		
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	3		ST
VIBERZI - eluxadoline tab 75 mg, 100 mg	2		PA, QL (60 tablets/30 days)
<b>AGENTES GENITOURINARIOS</b>			
<b>ANTIESPASMÓDICOS URINARIOS</b>			
<b>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</b>	1		
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)</b>	1		QL (30 tablets/30 days)
<b>fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)</b>	1		QL (30 tablets/30 days)
<b>flavoxate hcl tab 100 mg</b>	1		
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3		PA, QL (30 tablets/30 days)
<b>oxybutynin chloride solution 5 mg/5ml</b>	1		QL (600 mls/30 days)
<b>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</b>	1		QL (30 tablets/30 days)
<b>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</b>	1		QL (60 tablets/30 days)
<b>oxybutynin chloride tab er 24hr 15 mg</b>	1		QL (60 tablets/30 days)
<b>oxybutynin chloride tab 5 mg</b>	1		QL (120 tablets/30 days)
<b>solifenacin succinate tab 5 mg, 10 mg (Vesicare)</b>	1		QL (30 tablets/30 days)
<b>tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)</b>	1		QL (30 capsules/30 days)

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<b>tolterodine tartrate tab 1 mg, 2 mg (Detrol)</b>	1		QL (60 tablets/30 days)
<b>tropium chloride cap er 24hr 60 mg</b>	1		QL (30 capsules/30 days)
<b>tropium chloride tab 20 mg</b>	1		QL (60 tablets/30 days)
<b>PRODUCTOS VAGINALES</b>			
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	2		
<b>clindamycin phosphate vaginal cream 2% (Cleocin)</b>	1		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	2		
<b>estradiol vaginal cream 0.1 mg/gm (Estrace)</b>	1		QL (255 grams/365 days)
<b>estradiol vaginal tab 10 mcg (Vagifem)</b>	1		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		QL (1 ring/90 days)
GNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3		PA
INTRAROSA - prasterone vaginal insert 6.5 mg	3		PA
<b>metronidazole vaginal gel 0.75%</b>	1		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	2		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	2		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2		
<b>terconazole vaginal cream 0.4%, 0.8%</b>	1		
<b>terconazole vaginal suppos 80 mg</b>	1		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	2		
<b>AGENTES GENITOURINARIOS, MISC.</b>			
<b>acetic acid irrigation soln 0.25%</b>	1		
<b>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</b>	1		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	2		LD
<b>dutasteride cap 0.5 mg (Avodart)</b>	1		
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)</b>	1		
ELMIRON - pentosan polysulfate sodium caps 100 mg	3		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>finasteride tab 5 mg (Proscar)</b>	1		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2		

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potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1		
silodosin cap 4 mg, 8 mg (Rapaflo)	1		
sodium chloride irrigation soln 0.9%	1		
sodium citrate & citric acid soln 500-334 mg/5ml	1		
tamsulosin hcl cap 0.4 mg (Flomax)	1		
THIOLA EC - tiopronin tab delayed release 100 mg	4	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	4	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	4	SP	PA, QL (600 tablets/30 days)
<b>FÁRMACOS PARA EL SISTEMA NERVIOSO CENTRAL</b>			
<b>AGENTES ANSIOLÍTICOS</b>			
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1		
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1		
clorazepate dipotassium tab 3.75 mg, 15 mg	1		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1		
diazepam conc 5 mg/ml	1		
diazepam oral soln 1 mg/ml	1		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1		
hydroxyzine hcl syrup 10 mg/5ml	1		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1		
lorazepam conc 2 mg/ml	1		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1		
meprobamate tab 200 mg	1		QL (120 tablets/30 days)
meprobamate tab 400 mg	1		QL (180 tablets/30 days)
oxazepam cap 10 mg, 15 mg, 30 mg	1		
<b>ANTIDEPRESIVOS</b>			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	1		

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<b>bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)</b>	1		
<b>bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)</b>	1		
<b>bupropion hcl tab 75 mg, 100 mg</b>	1		
<b>citalopram hydrobromide oral soln 10 mg/5ml</b>	1		
<b>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)</b>	1		
<b>clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)</b>	1		
<b>desipramine hcl tab 10 mg, 25 mg (Norpramin)</b>	1		
<b>desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg</b>	1		
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)</b>	1		QL (30 tablets/30 days)
<b>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</b>	1		
<b>doxepin hcl conc 10 mg/ml</b>	1		
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)</b>	1		
<b>EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr</b>	3		PA
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>	1		
<b>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)</b>	1		
<b>FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)</b>	3		ST, QL (30 capsules/30 days)
<b>FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 &amp; 40 mg therapy pack</b>	3		ST, QL (1 pack/180 days)
<b>fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)</b>	1		
<b>fluoxetine hcl solution 20 mg/5ml</b>	1		
<b>fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)</b>	1		
<b>fluvoxamine maleate tab 25 mg, 50 mg</b>	1		QL (30 tablets/30 days)
<b>fluvoxamine maleate tab 100 mg</b>	1		QL (90 tablets/30 days)
<b>imipramine hcl tab 10 mg, 25 mg, 50 mg</b>	1		
<b>MARPLAN - isocarboxazid tab 10 mg</b>	3		PA
<b>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)</b>	1		QL (30 tablets/30 days)
<b>mirtazapine tab 7.5 mg, 45 mg</b>	1		QL (30 tablets/30 days)

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<b>mirtazapine tab 15 mg, 30 mg (Remeron)</b>	1		QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		PA
<b>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</b>	1		
<b>nortriptyline hcl soln 10 mg/5ml</b>	1		
<b>paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)</b>	1		
<b>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</b>	1		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2		
<b>protriptyline hcl tab 5 mg, 10 mg</b>	1		
<b>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</b>	1		
<b>sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)</b>	1		
<b>tranlycypromine sulfate tab 10 mg (Parnate)</b>	1		
<b>trazodone hcl tab 50 mg, 100 mg, 150 mg</b>	1		
<b>trimipramine maleate cap 25 mg, 50 mg, 100 mg</b>	1		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3		ST, QL (30 tablets/30 days)
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)</b>	1		
<b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</b>	1		
<b>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</b>	1		QL (30 tablets/30 days)
<b>ANTIPSIÓTICOS</b>			
<b>aripiprazole oral solution 1 mg/ml</b>	1		QL (750 mls/30 days)
<b>aripiprazole orally disintegrating tab 10 mg, 15 mg</b>	1		QL (60 tablets/30 days)
<b>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)</b>	1		QL (30 tablets/30 days)
<b>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</b>	1		QL (60 tablets/30 days)
<b>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</b>	1		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2		
<b>clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg</b>	1		

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<b>clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)</b>	1		
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3		ST, QL (1 pack/180 days)
<b>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</b>	1		
<b>haloperidol lactate oral conc 2 mg/ml</b>	1		
<b>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</b>	1		
LITHIUM CARBONATE - lithium carbonate cap 600 mg	2		
<b>lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)</b>	1		
<b>lithium carbonate tab er 300 mg (Lithobid)</b>	1		
<b>lithium carbonate tab er 450 mg</b>	1		
<b>lithium carbonate tab 300 mg</b>	1		
<b>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</b>	1		
<b>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)</b>	1		QL (30 tablets/30 days)
<b>lurasidone hcl tab 80 mg (Latuda)</b>	1		QL (60 tablets/30 days)
<b>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)</b>	1		QL (30 tablets/30 days)
<b>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)</b>	1		QL (30 tablets/30 days)
<b>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)</b>	1		QL (30 tablets/30 days)
<b>paliperidone tab er 24hr 6 mg (Invega)</b>	1		QL (60 tablets/30 days)
<b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</b>	1		
<b>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</b>	1		
<b>prochlorperazine suppos 25 mg</b>	1		
<b>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)</b>	1		QL (60 tablets/30 days)
<b>quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)</b>	1		QL (30 tablets/30 days)
<b>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)</b>	1		QL (90 tablets/30 days)
<b>quetiapine fumarate tab 300 mg, 400 mg (Seroquel)</b>	1		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2		QL (30 tablets/30 days)
<b>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</b>	1		QL (60 tablets/30 days)

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<b>risperidone orally disintegrating tab 4 mg</b>	1		QL (120 tablets/30 days)
<b>risperidone soln 1 mg/ml (Risperdal)</b>	1		QL (480 mls/30 days)
<b>risperidone tab 0.25 mg</b>	1		QL (60 tablets/30 days)
<b>risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)</b>	1		QL (60 tablets/30 days)
<b>risperidone tab 4 mg (Risperdal)</b>	1		QL (120 tablets/30 days)
<b>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</b>	1		
<b>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</b>	1		
<b>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>	1		
<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)</b>	1		QL (60 capsules/30 days)
<b>HIPNÓTICOS</b>			
<b>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)</b>	1		QL (30 tablets/30 days)
<b>estazolam tab 1 mg, 2 mg</b>	1		
<b>eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)</b>	1		QL (30 tablets/30 days)
<b>FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg</b>	3		PA
<b>phenobarbital elixir 20 mg/5ml</b>	1		
<b>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</b>	1		
<b>QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg</b>	2		ST, QL (30 tablets/30 days)
<b>ramelteon tab 8 mg (Rozerem)</b>	1		QL (30 tablets/30 days)
<b>tasimelteon capsule 20 mg (Hetlioz)</b>	4	SP	PA, QL (30 capsules/30 days)
<b>temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)</b>	1		
<b>zaleplon cap 5 mg, 10 mg</b>	1		QL (30 capsules/30 days)
<b>zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)</b>	1		QL (30 tablets/30 days)
<b>zolpidem tartrate tab 5 mg, 10 mg (Ambien)</b>	1		QL (30 tablets/30 days)
<b>TRASTORNO POR DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD (ADHD)/ANTINARCOLÉPTICOS/AG</b>			
<b>ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</b>	2		QL (60 tablets/30 days)
<b>ADDERALL - amphetamine-dextroamphetamine tab 20 mg</b>	2		QL (90 tablets/30 days)
<b>ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg</b>	2		QL (30 capsules/30 days)
<b>ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg</b>	2		QL (60 capsules/30 days)
<b>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)</b>	1		QL (30 capsules/30 days)

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<b>amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)</b>	1		QL (60 capsules/30 days)
<b>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)</b>	1		QL (60 tablets/30 days)
<b>amphetamine-dextroamphetamine tab 20 mg (Adderall)</b>	1		QL (90 tablets/30 days)
<b>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)</b>	1		QL (30 tablets/30 days)
<b>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)</b>	1		QL (60 capsules/30 days)
<b>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)</b>	1		QL (30 capsules/30 days)
<b>AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg</b>	2		PA, QL (30 capsules/30 days)
<b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b>	1		
<b>clonidine hcl tab er 12hr 0.1 mg (Kapvay)</b>	1		QL (120 tablets/30 days)
<b>CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg</b>	2		QL (30 tablets/30 days)
<b>CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg</b>	2		QL (60 tablets/30 days)
<b>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)</b>	1		QL (30 capsules/30 days)
<b>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)</b>	1		QL (60 tablets/30 days)
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b>	1		QL (90 capsules/30 days)
<b>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)</b>	1		QL (120 capsules/30 days)
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>	1		QL (1800 mls/30 days)
<b>dextroamphetamine sulfate tab 5 mg</b>	1		QL (90 tablets/30 days)
<b>dextroamphetamine sulfate tab 10 mg</b>	1		QL (180 tablets/30 days)
<b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)</b>	1		QL (30 tablets/30 days)
<b>IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml</b>	4	SP	PA, LD, QL (10 vials/30 days)
<b>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)</b>	1		QL (30 capsules/30 days)

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<b>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)</b>	1		PA, QL (30 tablets/30 days)
<b>methamphetamine hcl tab 5 mg (Desoxyn)</b>	1		QL (150 tablets/30 days)
<b>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</b>	1		QL (30 capsules/30 days)
<b>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)</b>	1		QL (30 capsules/30 days)
<b>methylphenidate hcl chew tab 2.5 mg, 5 mg</b>	1		QL (90 tablets/30 days)
<b>methylphenidate hcl chew tab 10 mg</b>	1		QL (180 tablets/30 days)
<b>methylphenidate hcl soln 5 mg/5ml (Methylin)</b>	1		QL (450 mls/30 days)
<b>methylphenidate hcl soln 10 mg/5ml (Methylin)</b>	1		QL (900 mls/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)</b>	1		QL (30 tablets/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</b>	1		QL (60 tablets/30 days)
<b>methylphenidate hcl tab er 10 mg, 20 mg</b>	1		QL (90 tablets/30 days)
<b>methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)</b>	1		QL (90 tablets/30 days)
<b>modafinil tab 100 mg, 200 mg (Provigil)</b>	1		QL (30 tablets/30 days)
<b>SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)</b>	2		PA, QL (30 tablets/30 days)
<b>VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</b>	3		QL (30 capsules/30 days)
<b>VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</b>	3		PA, QL (30 tablets/30 days)
<b>AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS, MISC.</b>			
<b>acamprosate calcium tab delayed release 333 mg</b>	1		
<b>AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml</b>	4	SP	PA, QL (1 kit/28 days)
<b>AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml</b>	4	SP	PA, QL (1 kit/28 days)
<b>BETASERON - interferon beta-1b for inj kit 0.3 mg</b>	4	SP	PA, QL (1 kit/28 days)
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	1		
<b>CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg</b>	3		PA
<b>dalfampridine tab er 12hr 10 mg (Ampyra)</b>	1		PA, QL (60 tablets/30 days)
<b>dimethyl fumarate capsule delayed release 120 mg (Tecfidera)</b>	4	SP	QL (14 capsules/180 days)
<b>dimethyl fumarate capsule delayed release 240 mg (Tecfidera)</b>	4	SP	QL (60 capsules/30 days)

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<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg (Tecfidera starter pa)</b>	4	SP	QL (1 pack/180 days)
<b>disulfiram tab 250 mg, 500 mg</b>	1		
<b>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</b>	1		
<b>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)</b>	1		
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	3		PA
<b>fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)</b>	4	SP	QL (30 capsules/30 days)
<b>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)</b>	1		
<b>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</b>	1		
<b>glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)</b>	4	SP	QL (30 syringes/30 days)
<b>glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)</b>	4	SP	QL (12 syringes/28 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	4	SP	PA, QL (1 pen/28 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	2		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	4	SP	PA, LD, QL (30 packets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	4	SP	PA, LD, QL (8 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	4	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	4	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	4	SP	PA, LD, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	4	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	4	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	4	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	4	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	SP	PA, LD, QL (12 tablets/180 days)
<b>memantine hcl oral solution 2 mg/ml</b>	1		

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<b>memantine hcl tab 5 mg, 10 mg (Namenda)</b>	1		
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (Namenda titration pa)</b>	1		
<b>nicotine polacrilex gum 2 mg, 4 mg</b>	1		
<b>nicotine polacrilex lozenge 2 mg, 4 mg</b>	1		
<b>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</b>	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2		
<b>paroxetine mesylate cap 7.5 mg (base equiv)</b>	1		
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3		PA
PIMOZIDE - pimozone tab 1 mg, 2 mg	2		
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	4	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	4	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	SP	PA, LD, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	4	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	4	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	SP	PA, QL (1 kit/28 days)
<b>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</b>	1		
<b>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)</b>	1		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	3		ST, QL (60 tablets/30 days)

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SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3		ST, QL (1 pack/180 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	4	SP	PA, LD, QL (540 ml/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>teriflunomide tab 7 mg, 14 mg (Aubagio)</b>	4	SP	QL (30 tablets/30 days)
<b>tetrabenazine tab 12.5 mg (Xenazine)</b>	4	SP	PA, QL (240 tablets/30 days)
<b>tetrabenazine tab 25 mg (Xenazine)</b>	4	SP	PA, QL (120 tablets/30 days)
<b>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</b>	1		
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b>	1		
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	4	SP	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	4	SP	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	4	SP	PA, QL (7 capsules/180 days)
<b>ANALGÉSICOS Y ANESTÉSICOS</b>			
<b>ANALGÉSICOS–NO NARCÓTICOS</b>			
<b>aspirin chew tab 81 mg</b>	1		
<b>aspirin tab delayed release 81 mg</b>	1		
<b>butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)</b>	1		QL (180 capsules/30 days)
<b>butalbital-acetaminophen tab 50-325 mg</b>	1		QL (180 tablets/30 days)
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)</b>	1		QL (180 tablets/30 days)
<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>	1		QL (180 capsules/30 days)
<b>diflunisal tab 500 mg</b>	1		
TENCON - butalbital-acetaminophen tab 50-325 mg	2		QL (180 tablets/30 days)
<b>ANALGÉSICOS–NARCÓTICOS</b>			
<b>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</b>	1		PA, QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-30 mg</b>	1		PA, QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-60 mg</b>	1		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	1		PA, QL (2700 mls/30 days)
APADAZ - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		PA, QL (360 tablets/30 days)

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BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2		PA, QL (60 films/30 days)
BENZHYDROCODONE/ACETAMINO - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	3		PA, QL (360 tablets/30 days)
<b>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</b>	1		QL (90 tablets/30 days)
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)</b>	1		QL (120 films/30 days)
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)</b>	1		QL (60 films/30 days)
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)</b>	1		QL (90 films/30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	1		QL (120 tablets/30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	1		QL (90 tablets/30 days)
<b>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)</b>	1		PA, QL (4 patches/28 days)
<b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b>	1		PA, QL (180 capsules/30 days)
<b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</b>	1		PA, QL (180 capsules/30 days)
<b>butorphanol tartrate nasal soln 10 mg/ml</b>	1		PA, QL (2 bottles/30 days)
<b>codeine sulfate tab 30 mg (Codeine sulfate)</b>	1		PA, QL (180 tablets/30 days)
<b>fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)</b>	1		PA, QL (120 lozenges/30 days)
<b>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</b>	1		PA, QL (15 patches/30 days)
<b>HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</b>	3		PA, QL (60 capsules/30 days)
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	1		PA, QL (3600 mls/30 days)
<b>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</b>	1		PA, QL (180 tablets/30 days)
<b>hydrocodone-acetaminophen tab 5-325 mg</b>	1		PA, QL (360 tablets/30 days)
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	1		PA, QL (150 tablets/30 days)
<b>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</b>	1		PA, QL (1440 mls/30 days)

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<b>hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg</b>	1		PA, QL (30 tablets/30 days)
<b>hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)</b>	1		PA, QL (180 tablets/30 days)
<b>levorphanol tartrate tab 2 mg</b>	1		PA, QL (120 tablets/30 days)
<b>methadone hcl conc 10 mg/ml (Methadose)</b>	1		PA, QL (90 mls/30 days)
<b>methadone hcl soln 5 mg/5ml (Methadone hcl)</b>	1		PA, QL (900 mls/30 days)
<b>methadone hcl soln 10 mg/5ml (Methadone hcl)</b>	1		PA, QL (450 mls/30 days)
<b>methadone hcl tab for oral susp 40 mg</b>	1		PA, QL (90 tablets/30 days)
<b>methadone hcl tab 5 mg, 10 mg</b>	1		PA, QL (90 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	1		PA, QL (2700 mls/30 day)
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	1		PA, QL (270 mls/30 days)
<b>morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)</b>	1		PA, QL (120 tablets/30 days)
<b>morphine sulfate tab er 100 mg, 200 mg (Ms contin)</b>	1		PA, QL (180 tablets/30 days)
<b>morphine sulfate tab 15 mg (Morphine sulfate)</b>	1		PA, QL (240 tablets/30 days)
<b>morphine sulfate tab 30 mg (Morphine sulfate)</b>	1		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		PA, QL (60 tablets/30 days)
<b>oxycodone hcl cap 5 mg</b>	1		PA, QL (360 capsules/30 days)
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b>	1		PA, QL (270 mls/30 days)
<b>oxycodone hcl soln 5 mg/5ml</b>	1		PA, QL (5400 mls/30 days)
<b>oxycodone hcl tab 5 mg (Roxicodone)</b>	1		PA, QL (360 tablets/30 days)
<b>oxycodone hcl tab 10 mg</b>	1		PA, QL (180 tablets/30 days)
<b>oxycodone hcl tab 15 mg, 30 mg (Roxicodone)</b>	1		PA, QL (120 tablets/30 days)
<b>oxycodone hcl tab 20 mg</b>	1		PA, QL (120 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)</b>	1		PA, QL (360 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</b>	1		PA, QL (240 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</b>	1		PA, QL (180 tablets/30 days)
<b>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</b>	1		PA, QL (30 tablets/30 days)
<b>tramadol hcl tab 50 mg (Ultram)</b>	1		PA, QL (240 tablets/30 days)
<b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</b>	1		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2		PA, QL (180 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	2		QL (30 tablets/30 days)

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ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	2		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	2		QL (60 tablets/30 days)
<b>ANALGÉSICOS–ANTIINFLAMATORIOS</b>			
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	4	SP	PA, LD, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	4	SP	PA, QL (4 pens/28 days)
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)
AMJEVITA - adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	4	SP	PA, QL (2 syringes/28 days)
ARCALYST - riloncept for inj 220 mg	4	SP	PA, LD, QL (4 vials/28 days)
<b>celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)</b>	1		
<b>diclofenac potassium tab 50 mg</b>	1		
<b>diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg</b>	1		
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)</b>	1		
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)</b>	1		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	4	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	4	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	SP	PA, QL (4 pens/28 days)
<b>etodolac cap 200 mg, 300 mg</b>	1		
<b>etodolac tab er 24hr 400 mg, 500 mg, 600 mg</b>	1		
<b>etodolac tab 400 mg (Lodine)</b>	1		
<b>etodolac tab 500 mg</b>	1		
<b>fenoprofen calcium tab 600 mg (Nalfon)</b>	1		
<b>flurbiprofen tab 100 mg</b>	1		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	4	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSH TOUCH - adalimumab-bwwd soln auto- injector 40 mg/0.4ml, 40 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)

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HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	4	SP	PA, QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	4	SP	PA, QL (1 kit/180 days)
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	4	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	4	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	4	SP	PA, QL (1 kit/180 days)
<b>ibuprofen tab 400 mg, 600 mg, 800 mg</b>	1		
<b>indomethacin cap er 75 mg</b>	1		
<b>indomethacin cap 25 mg, 50 mg</b>	1		
<b>ketorolac tromethamine tab 10 mg</b>	1		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	4	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	4	SP	PA, QL (2 syringes/28 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	4	SP	PA, LD, QL (30 syringes/30 days)
<b>leflunomide tab 10 mg, 20 mg (Arava)</b>	1		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	3		PA
<b>meloxicam tab 7.5 mg, 15 mg</b>	1		
<b>nabumetone tab 500 mg, 750 mg</b>	1		
<b>naproxen sodium tab 275 mg</b>	1		
<b>naproxen sodium tab 550 mg (Anaprox ds)</b>	1		
<b>naproxen tab 250 mg, 375 mg</b>	1		
<b>naproxen tab 500 mg (Naprosyn)</b>	1		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	4	SP	PA, LD, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	4	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	4	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	4	SP	PA, QL (55 tablets/180 days)
OTEZLA - apremilast tab 30 mg	4	SP	PA, QL (60 tablets/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml,	2		ST

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17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml			
<b>oxaprozin tab 600 mg (Daypro)</b>	1		
<b>piroxicam cap 10 mg, 20 mg (Feldene)</b>	1		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	4	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	4	SP	PA, LD, QL (84 tablets/365 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	4	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	SP	PA, QL (1 syringe/28 days)
<b>sulindac tab 150 mg, 200 mg</b>	1		
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	4	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	4	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	4	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	4	SP	PA, QL (30 tablets/30 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	4	SP	PA, QL (120 tablets/365 days)
<b>PRODUCTOS PARA LA MIGRAÑA</b>			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2		PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		PA, QL (3 syringes/84 days)
<b>almotriptan malate tab 6.25 mg, 12.5 mg</b>	1		PA, QL (12 tablets/30 days)
<b>dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)</b>	1		PA, QL (24 ampules/28 days)
<b>dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)</b>	1		PA, QL (8 vials/28 days)
<b>eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)</b>	1		QL (12 tablets/30 days)
<b>eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)</b>	1		QL (6 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		PA, QL (1 syringe/28 days)
<b>ergotamine w/ caffeine tab 1-100 mg (Cafergot)</b>	1		PA, QL (40 tablets/28 days)

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<b>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</b>	1		PA, QL (18 tablets/30 days)
<b>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)</b>	1		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	2		PA, QL (8 tablets/30 days)
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>	1		QL (24 tablets/30 days)
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</b>	1		QL (12 tablets/30 days)
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	1		QL (24 tablets/30 days)
<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</b>	1		QL (12 tablets/30 days)
<b>sumatriptan nasal spray 5 mg/act (Imitrex)</b>	1		QL (6 packs/30 days)
<b>sumatriptan nasal spray 20 mg/act (Imitrex)</b>	1		QL (2 packs/30 days)
<b>sumatriptan succinate inj 6 mg/0.5ml</b>	1		QL (8 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml	2		PA, QL (12 doses/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 6 mg/0.5ml	2		PA, QL (8 doses/30 days)
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)</b>	1		QL (12 doses/30 days)
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)</b>	1		QL (8 doses/30 days)
<b>sumatriptan succinate tab 25 mg (Imitrex)</b>	1		QL (36 tablets/30 days)
<b>sumatriptan succinate tab 50 mg (Imitrex)</b>	1		QL (18 tablets/30 days)
<b>sumatriptan succinate tab 100 mg (Imitrex)</b>	1		QL (9 tablets/30 days)
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	2		PA, QL (12 mls/28 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2		PA, QL (16 tablets/30 days)
<b>zolmitriptan nasal spray 5 mg/spray unit (Zomig)</b>	1		QL (12 units/30 days)
<b>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg</b>	1		QL (12 tablets/30 days)
<b>zolmitriptan tab 2.5 mg, 5 mg (Zomig)</b>	1		QL (12 tablets/30 days)
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit	3		PA, QL (12 units/30 days)
<b>AGENTES PARA LA GOTA</b>			
<b>allopurinol tab 100 mg, 300 mg (Zyloprim)</b>	1		
<b>colchicine tab 0.6 mg (Colcrys)</b>	1		
<b>colchicine w/ probenecid tab 0.5-500 mg</b>	1		
<b>febuxostat tab 40 mg, 80 mg (Uloric)</b>	1		QL (30 tablets/30 days)

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<b>probenecid tab 500 mg</b>	1		
<b>FÁRMACOS NEUROMUSCULARES</b>			
<b>ANTICONVULSIVOS</b>			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	3		PA
BRIVIACT - brivaracetam oral soln 10 mg/ml	3		PA
<b>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)</b>	1		
<b>carbamazepine chew tab 100 mg</b>	1		
<b>carbamazepine susp 100 mg/5ml (Tegretol)</b>	1		
<b>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)</b>	1		
<b>carbamazepine tab 200 mg (Tegretol)</b>	1		
CELONTIN - methsuximide cap 300 mg	3		PA
<b>clobazam suspension 2.5 mg/ml (Onfi)</b>	1		
<b>clobazam tab 10 mg, 20 mg (Onfi)</b>	1		
<b>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</b>	1		
<b>clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)</b>	1		
DIACOMIT - stiripentol cap 250 mg, 500 mg	4	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	4	SP	
<b>diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)</b>	1		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	2		
<b>divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)</b>	1		
<b>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)</b>	1		
<b>divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)</b>	1		
EPIDIOLEX - cannabidiol soln 100 mg/ml	4	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	2		QL (473 mls/29 days)
<b>ethosuximide cap 250 mg (Zarontin)</b>	1		
<b>ethosuximide soln 250 mg/5ml</b>	1		
<b>felbamate susp 600 mg/5ml (Felbatol)</b>	1		
<b>felbamate tab 400 mg, 600 mg (Felbatol)</b>	1		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	4	SP	PA, LD

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FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3		PA
<b>gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)</b>	1		
<b>gabapentin oral soln 250 mg/5ml (Neurontin)</b>	1		
<b>gabapentin tab 600 mg, 800 mg (Neurontin)</b>	1		
<b>lacosamide oral solution 10 mg/ml (Vimpat)</b>	1		
<b>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)</b>	1		
<b>lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)</b>	1		
<b>lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)</b>	1		
<b>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit (Lamictal odt)</b>	1		
<b>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit (Lamictal odt)</b>	1		
<b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit (Lamictal odt)</b>	1		
<b>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)</b>	1		
<b>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)</b>	1		
<b>lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)</b>	1		
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit (Lamictal starter/not)</b>	1		
<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit (Lamictal starter/tak)</b>	1		
<b>levetiracetam oral soln 100 mg/ml (Keppra)</b>	1		
<b>levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)</b>	1		
<b>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)</b>	1		
<b>methsuximide cap 300 mg (Celontin)</b>	1		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2		QL (10 bottles/30 days)
<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)</b>	1		
<b>oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)</b>	1		
<b>phenytoin chew tab 50 mg (Dilantin infatabs)</b>	1		
<b>phenytoin sodium extended cap 100 mg (Dilantin)</b>	1		
<b>phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)</b>	1		

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<b>phenytoin susp 125 mg/5ml (Dilantin-125)</b>	1		
<b>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)</b>	1		QL (90 capsules/30 days)
<b>pregabalin cap 225 mg, 300 mg (Lyrica)</b>	1		QL (60 capsules/30 days)
<b>pregabalin soln 20 mg/ml (Lyrica)</b>	1		QL (900 mls/30 days)
<b>primidone tab 50 mg, 250 mg (Mysoline)</b>	1		
<b>rufinamide susp 40 mg/ml (Banzel)</b>	1		
<b>rufinamide tab 200 mg, 400 mg (Banzel)</b>	1		
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	2		
<b>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)</b>	1		
<b>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)</b>	1		PA, QL (30 capsules/30 days)
<b>topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)</b>	1		PA, QL (60 capsules/30 days)
<b>topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)</b>	1		PA, QL (30 capsules/30 days)
<b>topiramate cap er 24hr 200 mg (Trokendi xr)</b>	1		PA, QL (60 capsules/30 days)
<b>topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)</b>	1		
<b>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)</b>	1		
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b>	1		
<b>valproic acid cap 250 mg</b>	1		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	2		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	2		QL (10 bottles/30 days)
<b>vigabatrin powd pack 500 mg (Sabril)</b>	4	SP	LD
<b>vigabatrin tab 500 mg (Sabril)</b>	4	SP	LD
<b>zonisamide cap 25 mg, 100 mg (Zonegran)</b>	1		
<b>zonisamide cap 50 mg</b>	1		
ZTALMY - ganaxolone susp 50 mg/ml	4	SP	PA, LD, QL (1100 mls/30 days)
<b>AGENTES ANTIPARKINSONIANOS</b>			
<b>amantadine hcl cap 100 mg</b>	1		
<b>amantadine hcl soln 50 mg/5ml</b>	1		
<b>amantadine hcl tab 100 mg</b>	1		
<b>apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)</b>	4	SP	PA

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benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1		
carbidopa & levodopa tab 25-250 mg	1		
carbidopa tab 25 mg (Lodosyn)	1		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1		
entacapone tab 200 mg (Comtan)	1		
INBRIJA - levodopa inhal powder cap 42 mg	4	SP	PA, LD
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	1		
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	1		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1		
selegiline hcl cap 5 mg	1		
selegiline hcl tab 5 mg	1		
tolcapone tab 100 mg (Tasmar)	1		
TRIHENYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	2		

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<b>trihexyphenidyl hcl tab 2 mg, 5 mg</b>	1		
<b>AGENTES NEUROMUSCULARES</b>			
DAYBUE - trofinetide oral soln 200 mg/ml	4	SP	PA, LD, QL (3600 mls/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	4	SP	PA, LD, QL (80 mls/12 days)
EXSERVAN - riluzole oral film 50 mg	4	SP	PA, LD, QL (60 films/30 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	4	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	4	SP	PA, LD, QL (70 mls/180 days)
<b>riluzole tab 50 mg (Rilutek)</b>	1		
SKYCLARYS - omeveloxolone cap 50 mg	4	SP	PA, QL (90 capsules/30 days)
<b>AGENTES PARA LA TERAPIA MUSCULOESQUELÉTICA</b>			
<b>baclofen susp 25 mg/5ml (Fleqsuvy)</b>	1		
<b>baclofen tab 10 mg, 20 mg</b>	1		
<b>carisoprodol tab 350 mg (Soma)</b>	1		
<b>chlorzoxazone tab 500 mg</b>	1		
<b>cyclobenzaprine hcl tab 5 mg, 10 mg</b>	1		
<b>dantrolene sodium cap 25 mg (Dantrium)</b>	1		
<b>dantrolene sodium cap 50 mg, 100 mg</b>	1		
<b>metaxalone tab 400 mg, 800 mg</b>	1		
<b>methocarbamol tab 500 mg, 750 mg</b>	1		
<b>orphenadrine citrate tab er 12hr 100 mg</b>	1		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	4	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	4	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	4	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	4	SP	PA, LD, QL (56 capsules/28 days)
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	1		
<b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</b>	1		
<b>AGENTES ANTIMIASTÉNICOS</b>			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	4	SP	PA, LD, QL (240 tablets/30 days)
<b>pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)</b>	1		
<b>pyridostigmine bromide tab er 180 mg (Mestinon timespan)</b>	1		
<b>pyridostigmine bromide tab 60 mg (Mestinon)</b>	1		
<b>PRODUCTOS NUTRICIONALES</b>			

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<b>VITAMINAS</b>			
<b>cholecalciferol cap 1.25 mg (50000 unit)</b>	1		
<b>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)</b>	1		
<b>phytonadione tab 5 mg (Mephyton)</b>	1		QL (2 tablets/30 days)
<b>MULTIVITAMINAS</b>			
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	2		
COMPLETE NATAL DHA - prenatal-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	2		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	2		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	2		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg, 29-1 mg	2		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		

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SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	2		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2		
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
<b>MINERALES Y ELECTROLITOS</b>			
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1		
potassium chloride cap er 8 meq, 10 meq	1		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1		
potassium chloride tab er 8 meq (600 mg)	1		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1		
potassium phosphate monobasic tab 500 mg (K-phos)	1		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		
<b>AGENTES HEMATOLÓGICOS</b>			
<b>AGENTES HEMATOPOYÉTICOS</b>			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4	SP	PA

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ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	4	SP	PA
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	4	SP	PA, LD, QL (60 capsules/30 days)
<b>cyanocobalamin inj 1000 mcg/ml</b>	1		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	4	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	2		
ENDARI - glutamine (sickle cell) powd pack 5 gm	4	SP	PA, LD
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)</b>	1		
<b>folic acid tab 400 mcg, 800 mcg, 1 mg</b>	1		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
<b>miglustat cap 100 mg (Zavesca)</b>	4	SP	PA, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	4	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	SP	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	4	SP	PA, QL (30 tablets/30 days)
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	SP	PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	4	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	SP	PA

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ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
<b>ANTICOAGULANTES</b>			
<b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)</b>	1		QL (60 capsules/30 days)
<b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)</b>	1		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	2		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	2		QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2		QL (1 pack/180 days)
<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)</b>	1		QL (30 syringes/90 days)
<b>enoxaparin sodium inj 300 mg/3ml (Lovenox)</b>	1		QL (10 vials/90 days)
<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)</b>	1		QL (30 syringes/90 days)
<b>heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml</b>	1		
<b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</b>	1		
XARELTO - rivaroxaban for susp 1 mg/ml	2		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	2		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	2		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2		QL (1 pack/30 days)
<b>HEMOSTATICS</b>			
<b>aminocaproic acid oral soln 0.25 gm/ml (Amicar)</b>	1		
<b>aminocaproic acid tab 500 mg, 1000 mg (Amicar)</b>	1		
<b>tranexamic acid tab 650 mg (Lysteda)</b>	1		
<b>AGENTES HEMATOLÓGICOS, MISC.</b>			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	4	SP	PA, LD

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ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	4	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	4	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	SP	PA, LD
ALTUVIIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	SP	PA
<b>anagrelide hcl cap 0.5 mg (Agrylin)</b>	1		
<b>anagrelide hcl cap 1 mg</b>	1		
<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b>	1		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
BRILINTA - ticagrelor tab 60 mg, 90 mg	2		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	4	SP	PA, LD, QL (30 kits/30 days)
<b>cilostazol tab 50 mg, 100 mg</b>	1		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	4	SP	PA, LD, QL (20 vials/30 days)
<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b>	1		
<b>clopidogrel bisulfate tab 300 mg (base equiv)</b>	1		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	4	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	4	SP	PA, LD
<b>dipyridamole tab 25 mg, 50 mg, 75 mg</b>	1		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	4	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	4	SP	PA, LD, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	4	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	4	SP	PA, LD, QL (16 vials/30 days)

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HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	4	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	4	SP	PA
<b>icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)</b>	4	SP	PA, LD, QL (12 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	4	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	4	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	4	SP	PA
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	4	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	4	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	4	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	4	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	4	SP	PA, LD
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4	SP	PA, LD

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ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	4	SP	PA, LD, QL (30 capsules/30 days)
<b>pentoxifylline tab er 400 mg</b>	1		
<b>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)</b>	1		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	4	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	4	SP	PA, LD, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	4	SP	PA, LD, QL (1 pack/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	4	SP	PA, LD
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	4	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	4	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	4	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	4	SP	PA, LD, QL (2 vials/28 days)
TAVNEOS - avacopan cap 10 mg	4	SP	PA, LD, QL (180 capsules/30 days)
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	4	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	4	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	4	SP	PA

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XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	4	SP	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3		PA

**PRODUCTOS TÓPICOS****AGENTES OFTÁLMICOS**

ALOCRIAL - nedocromil sodium ophth soln 2%	3		PA
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	3		PA
ALREX - loteprednol etabonate ophth susp 0.2%	3		PA
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2		
<b>atropine sulfate ophth soln 1% (Atropine sulfate)</b>	1		
<b>azelastine hcl ophth soln 0.05%</b>	1		
BACITRACIN - bacitracin ophth oint 500 unit/gm	2		
<b>bacitracin-polymyxin b ophth oint</b>	1		
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>	1		
<b>bepotastine besilate ophth soln 1.5% (Bepreve)</b>	1		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3		PA
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	3		PA
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2		
<b>bimatoprost ophth soln 0.03%</b>	1		QL (2.5 mls/30 days)
<b>brimonidine tartrate ophth soln 0.15% (Alphagan p)</b>	1		
<b>brimonidine tartrate ophth soln 0.2%</b>	1		
<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)</b>	1		
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	1		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	2		
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b>	1		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	2		
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl)</b>	1		
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3		PA
<b>diclofenac sodium ophth soln 0.1%</b>	1		
<b>difluprednate ophth emulsion 0.05% (Durezol)</b>	1		

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<b>dorzolamide hcl ophth soln 2% (Trusopt)</b>	1		
<b>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)</b>	1		
<b>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)</b>	1		
<b>epinastine hcl ophth soln 0.05%</b>	1		
<b>erythromycin ophth oint 5 mg/gm</b>	1		
<b>fluorometholone ophth susp 0.1% (Fml liquifilm)</b>	1		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2		
<b>gatifloxacin ophth soln 0.5% (Zymaxid)</b>	1		
<b>gentamicin sulfate ophth soln 0.3%</b>	1		
ILEVRO - nepafenac ophth susp 0.3%	3		PA
<b>ketorolac tromethamine ophth soln 0.4% (Acular Is)</b>	1		
<b>ketorolac tromethamine ophth soln 0.5% (Acular)</b>	1		
<b>latanoprost ophth soln 0.005% (Xalatan)</b>	1		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	2		
LOTEMAX - loteprednol etabonate ophth gel 0.5%	2		
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	2		
<b>loteprednol etabonate ophth susp 0.2% (Alrex)</b>	1		
<b>loteprednol etabonate ophth susp 0.5% (Lotemax)</b>	1		
LUMIGAN - bimatoprost ophth soln 0.01%	2		QL (2.5 mls/30 days)
<b>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</b>	1		
NATACYN - natamycin ophth susp 5%	2		
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	1		
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</b>	1		
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</b>	1		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2		
<b>ofloxacin ophth soln 0.3% (Ocuflox)</b>	1		
<b>phenylephrine hcl ophth soln 2.5%, 10%</b>	1		
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	3		PA, LD
<b>pilocarpine hcl ophth soln 1% (Isopto carpine)</b>	1		
<b>pilocarpine hcl ophth soln 2%, 4%</b>	1		

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<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</b>	1		
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	2		
<b>proparacaine hcl ophth soln 0.5% (Alcaine)</b>	1		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3		PA, QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		
<b>sulfacetamide sodium ophth soln 10% (Bleph-10)</b>	1		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2		
<b>tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)</b>	1		QL (30 containers/30 days)
<b>tetracaine hcl ophth soln 0.5%</b>	1		
<b>timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)</b>	1		
<b>timolol maleate ophth soln 0.25%, 0.5% (Timoptic)</b>	1		
<b>timolol maleate ophth soln 0.5% (once-daily) (Istalol)</b>	1		
<b>timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)</b>	1		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	2		
<b>tobramycin ophth soln 0.3%</b>	1		
<b>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</b>	1		
<b>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)</b>	1		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2		
<b>tropicamide ophth soln 0.5%</b>	1		
<b>tropicamide ophth soln 1% (Mydracyl)</b>	1		
XIIDRA - lifitegrast ophth soln 5%	3		PA, QL (60 vials/30 days)
ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)	3		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	3		PA
<b>AGENTES ÓTICOS</b>			
<b>acetic acid otic soln 2%</b>	1		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	3		PA
<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)</b>	1		

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CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	3		PA
<b>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</b>	1		
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	1		
<b>neomycin-polymyxin-hc otic soln 1%</b>	1		
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	1		
<b>ofloxacin otic soln 0.3%</b>	1		
<b>AGENTES BUCALES/DENTALES/DE LA GARGANTA</b>			
<b>cevimeline hcl cap 30 mg (Evoxac)</b>	1		
<b>chlorhexidine gluconate soln 0.12% (Peridex)</b>	1		
<b>clotrimazole troche 10 mg</b>	1		
<b>lidocaine hcl viscous soln 2%</b>	1		
<b>nystatin susp 100000 unit/ml</b>	1		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	3		PA
<b>pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)</b>	1		
PREVIDENT RINSE - sodium fluoride rinse 0.2%	2		
<b>sodium fluoride cream 1.1% (Prevident 5000 plus)</b>	1		
<b>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</b>	1		
<b>sodium fluoride paste 1.1% (Prevident 5000 boost)</b>	1		
<b>stannous fluoride gel 0.4%</b>	1		
<b>triamcinolone acetonide dental paste 0.1%</b>	1		
<b>AGENTES ANORRECTALES</b>			
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1		
<b>hydrocortisone enema 100 mg/60ml (Cortenema)</b>	1		
<b>hydrocortisone perianal cream 1% (Proctocort)</b>	1		
<b>hydrocortisone perianal cream 2.5% (Anusol-hc)</b>	1		
<b>nitroglycerin oint 0.4% (Rectiv)</b>	1		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2		
RECTIV - nitroglycerin oint 0.4%	3		PA
<b>DERMATOLÓGICOS</b>			
<b>acitretin cap 10 mg, 17.5 mg, 25 mg</b>	1		
<b>acyclovir oint 5% (Zovirax)</b>	1		
<b>adapalene gel 0.1%</b>	1		
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	4	SP	PA, LD, QL (4 syringes/28 days)
<b>alclometasone dipropionate cream 0.05%</b>	1		QL (120 grams/30 days)

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<b>alclometasone dipropionate oint 0.05%</b>	1		QL (120 grams/30 days)
ALTABAX - retapamulin oint 1%	3		PA
<b>azelaic acid gel 15% (Finacea)</b>	1		
<b>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</b>	1		
<b>betamethasone dipropionate augmented cream 0.05%</b>	1		QL (200 grams/28 days)
<b>betamethasone dipropionate augmented lotion 0.05%</b>	1		QL (210 mls/30 days)
<b>betamethasone dipropionate augmented oint 0.05% (Diprolene)</b>	1		QL (200 grams/28 days)
<b>betamethasone dipropionate cream 0.05%</b>	1		QL (135 grams/30 days)
<b>betamethasone dipropionate lotion 0.05%</b>	1		QL (120 mls/30 days)
<b>betamethasone dipropionate oint 0.05%</b>	1		QL (135 grams/30 days)
<b>betamethasone valerate cream 0.1% (base equivalent)</b>	1		QL (135 grams/30 days)
<b>betamethasone valerate lotion 0.1% (base equivalent)</b>	1		QL (120 mls/30 days)
<b>betamethasone valerate oint 0.1% (base equivalent)</b>	1		QL (135 grams/30 days)
<b>bexarotene gel 1% (Targretin)</b>	4	SP	PA
<b>brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)</b>	1		
<b>calcipotriene cream 0.005% (Dovonex)</b>	1		QL (120 grams/30 days)
<b>calcipotriene oint 0.005%</b>	1		QL (120 grams/30 days)
<b>calcipotriene soln 0.005% (50 mcg/ml)</b>	1		QL (120 mls/30 days)
<b>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)</b>	1		QL (120 grams/30 days)
<b>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)</b>	1		QL (120 grams/30 days)
CALCITRIOL - calcitriol oint 3 mcg/gm	3		PA, QL (200 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	4	SP	PA, QL (30 tablets/30 days)
<b>ciclopirox gel 0.77%</b>	1		
<b>ciclopirox olamine cream 0.77% (base equiv) (Loprox)</b>	1		
<b>ciclopirox olamine susp 0.77% (base equiv) (Loprox)</b>	1		
<b>ciclopirox shampoo 1% (Loprox shampoo)</b>	1		
<b>ciclopirox solution 8% (Penlac Nail Lacquer)</b>	1		QL (6.6 mls/30 days)
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	1		
<b>clindamycin phosphate gel 1% (Clindagel)</b>	1		
<b>clindamycin phosphate lotion 1% (Cleocin-t)</b>	1		

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<b>clindamycin phosphate soln 1%</b>	1		QL (120 grams/30 days)
<b>clindamycin phosphate swab 1%</b>	1		
<b>clindamycin phosphate-benzoyl peroxide gel 1-5%</b>	1		
<b>clobetasol propionate cream 0.05% (Temovate)</b>	1		QL (210 grams/28 days)
<b>clobetasol propionate emollient base cream 0.05%</b>	1		QL (210 grams/28 days)
<b>clobetasol propionate gel 0.05%</b>	1		QL (210 grams/28 days)
<b>clobetasol propionate oint 0.05%</b>	1		QL (210 grams/28 days)
<b>clobetasol propionate soln 0.05%</b>	1		QL (200 mls/28 days)
<b>clocortolone pivalate cream 0.1% (Cloderm)</b>	1		QL (135 grams/30 days)
<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	1		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	3		ST, QL (1 box/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	4	SP	PA, LD, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	4	SP	PA, LD, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	4	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	4	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	4	SP	PA, LD, QL (1 pen/28 days)
CROTAN - crotamiton lotion 10%	3		PA
<b>desonide cream 0.05% (Desowen)</b>	1		QL (120 grams/30 days)
<b>desonide oint 0.05%</b>	1		QL (120 grams/30 days)
<b>desoximetasone cream 0.05%, 0.25% (Topicort)</b>	1		QL (120 grams/30 days)
<b>desoximetasone gel 0.05% (Topicort)</b>	1		QL (120 grams/30 days)
<b>desoximetasone oint 0.05%, 0.25% (Topicort)</b>	1		QL (120 grams/30 days)
<b>desoximetasone spray 0.25% (Topicort)</b>	1		QL (100 mls/30 days)
<b>diclofenac sodium soln 1.5%</b>	1		QL (150 mls/30 days)
<b>doxepin hcl cream 5% (Prudoxin)</b>	1		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	4	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	4	SP	PA, QL (2 syringes/28 days)
<b>econazole nitrate cream 1%</b>	1		QL (120 grams/30 days)
ERTACZO - sertaconazole nitrate cream 2%	3		PA
<b>erythromycin gel 2% (Erygel)</b>	1		
<b>erythromycin soln 2%</b>	1		
EXELDERM - sulconazole nitrate cream 1%	3		PA
<b>finasteride tab 1 mg (Propecia)</b>	1		

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FLUOCINOLONE ACETONIDE - fluocinolone acetonide cream 0.01%	1		ST, QL (120 grams/30 days)
<b>fluocinolone acetonide cream 0.025% (Synalar)</b>	1		QL (120 grams/30 days)
<b>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)</b>	1		QL (118.28 mls/30 days)
<b>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)</b>	1		QL (118.28 mls/30 days)
<b>fluocinolone acetonide oint 0.025% (Synalar)</b>	1		QL (120 grams/30 days)
<b>fluocinolone acetonide soln 0.01% (Synalar)</b>	1		QL (120 mls/30 days)
<b>fluocinonide cream 0.05%</b>	1		QL (120 grams/30 days)
<b>fluocinonide emulsified base cream 0.05%</b>	1		QL (120 grams/30 days)
<b>fluocinonide gel 0.05%</b>	1		QL (120 grams/30 days)
<b>fluocinonide oint 0.05%</b>	1		QL (120 grams/30 days)
<b>fluocinonide soln 0.05%</b>	1		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	2		
<b>fluorouracil cream 5% (Efudex)</b>	1		PA, QL (240 grams/84 days)
<b>fluticasone propionate cream 0.05%</b>	1		QL (120 grams/30 days)
<b>fluticasone propionate oint 0.005%</b>	1		QL (120 grams/30 days)
<b>gentamicin sulfate cream 0.1%</b>	1		QL (60 grams/30 days)
<b>gentamicin sulfate oint 0.1%</b>	1		
<b>halcinonide cream 0.1% (Halog)</b>	1		QL (120 grams/30 days)
<b>halobetasol propionate cream 0.05%</b>	1		QL (200 grams/28 days)
HALOG - halcinonide oint 0.1%	3		ST, QL (120 grams/30 days)
<b>hydrocortisone butyrate oint 0.1%</b>	1		QL (135 grams/30 days)
<b>hydrocortisone cream 2.5%</b>	1		QL (454 grams/30 days)
<b>hydrocortisone lotion 2.5%</b>	1		QL (118 mls/30 days)
<b>hydrocortisone oint 2.5%</b>	1		QL (454 grams/30 days)
<b>hydrocortisone valerate cream 0.2%</b>	1		QL (120 grams/30 days)
<b>hydrocortisone valerate oint 0.2%</b>	1		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	2		PA, LD, QL (70 grams/84 days)
<b>imiquimod cream 5%</b>	1		QL (48 packets/112 days)
<b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)</b>	1		
<b>ivermectin cream 1% (Soolantra)</b>	1		PA
<b>ketoconazole cream 2%</b>	1		QL (120 grams/30 days)
<b>ketoconazole shampoo 2%</b>	1		
<b>lidocaine hcl soln 4%</b>	1		QL (150 mls/30 days)
<b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b>	1		
<b>lidocaine patch 5% (Lidoderm)</b>	1		PA, QL (90 patches/30 days)

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<b>lidocaine-prilocaine cream 2.5-2.5%</b>	1		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	4	SP	PA, LD, QL (28 capsules/28 days)
<b>mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)</b>	1		
<b>malathion lotion 0.5% (Ovide)</b>	1		
METHOXSALEN - methoxsalen rapid cap 10 mg	2		
<b>metronidazole cream 0.75% (Metrocream)</b>	1		
<b>metronidazole gel 0.75%</b>	1		
<b>metronidazole gel 1% (Metrogel)</b>	1		
<b>metronidazole lotion 0.75% (Metrolotion)</b>	1		
<b>mometasone furoate cream 0.1%</b>	1		QL (135 grams/30 days)
<b>mometasone furoate oint 0.1%</b>	1		QL (135 grams/30 days)
<b>mometasone furoate solution 0.1% (lotion)</b>	1		QL (120 mls/30 days)
<b>mupirocin oint 2%</b>	1		
NEO-SYNALAR - neomycin sulfate-fluocinolone acetone cream 0.5-0.025%	3		PA
<b>nystatin cream 100000 unit/gm</b>	1		
<b>nystatin oint 100000 unit/gm</b>	1		
<b>nystatin topical powder 100000 unit/gm</b>	1		
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	1		
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	1		
<b>oxiconazole nitrate cream 1% (Oxistat)</b>	1		PA
PANRETIN - alitretinoin gel 0.1%	3		PA
<b>penciclovir cream 1% (Denavir)</b>	1		
<b>permethrin cream 5%</b>	1		
<b>pimecrolimus cream 1% (Elidel)</b>	1		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	2		
<b>podofilox gel 0.5% (Condylox)</b>	1		
REGANEX - becaplermin gel 0.01%	3		PA
SANTYL - collagenase oint 250 unit/gm	3		PA, QL (90 grams/30 days)
<b>selenium sulfide lotion 2.5%</b>	1		
<b>silver sulfadiazine cream 1% (Silvadene)</b>	1		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	4	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	4	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	2		
SPINOSAD - spinosad susp 0.9%	3		PA
STELARA - ustekinumab inj 45 mg/0.5ml	4	SP	PA, QL (1 vial/84 days)

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STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	4	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	4	SP	PA, QL (1 syringe/56 days)
<b>sulfacetamide sodium lotion 10% (acne) (Klaron)</b>	1		
SULFAMYLON - mafenide acetate cream 85 mg/gm	2		
<b>tacrolimus oint 0.03%, 0.1% (Protopic)</b>	1		ST, QL (100 grams/30 days)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	4	SP	PA, LD, QL (1 pen/28 days)
TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	4	SP	PA, LD, QL (1 syringe/28 days)
<b>tazarotene cream 0.1% (Tazorac)</b>	1		QL (120 grams/30 days)
<b>tazarotene gel 0.05%, 0.1% (Tazorac)</b>	1		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	2		QL (120 grams/30 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	4	SP	PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	4	SP	PA, QL (1 syringe/56 days)
<b>tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)</b>	1		
<b>tretinoin gel 0.01%, 0.025% (Retin-a)</b>	1		
<b>triamcinolone acetone aerosol soln 0.147 mg/gm (Kenalog)</b>	1		QL (126 grams/30 days)
<b>triamcinolone acetone cream 0.025%, 0.1%, 0.5%</b>	1		QL (454 grams/30 days)
<b>triamcinolone acetone lotion 0.025%, 0.1%</b>	1		QL (120 mls/30 days)
<b>triamcinolone acetone oint 0.025%, 0.1%</b>	1		QL (454 grams/30 days)
<b>triamcinolone acetone oint 0.5%</b>	1		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	4	SP	LD
<b>PRODUCTOS MISCELÁNEOS</b>			
<b>ANTÍDOTOS</b>			
CHEMET - succimer cap 100 mg	4	SP	PA
<b>deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)</b>	4	SP	
<b>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)</b>	4	SP	
<b>deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)</b>	4	SP	
<b>deferiprone tab 500 mg, 1000 mg (Ferriprox)</b>	4	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2		QL (4 bottles/30 days)
<b>naloxone hcl inj 0.4 mg/ml</b>	1		QL (4 vials/30 days)
<b>naloxone hcl inj 4 mg/10ml</b>	1		QL (1 vial/30 days)
<b>naloxone hcl nasal spray 4 mg/0.1ml (Narcan)</b>	1		QL (4 bottles/30 days)
<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b>	1		QL (4 vials/30 days)

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NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	2		QL (4 cartridges/30 days)
<b>naltrexone hcl tab 50 mg</b>	1		
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2		QL (4 bottles/30 days)
<b>SUMINISTROS PARA LA DIABETES</b>			
CHEMSTRIP-K - acetone (urine) test strip	2		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
GLUCAGEN DIAGNOSTIC - glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	3		PA
KETOCARE - acetone (urine) test strip	2		
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		
KETOSTIX - acetone (urine) test strip	2		
ONETOUCH ULTRA - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
<b>DISPOSITIVOS MÉDICOS</b>			
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		
ACCU-CHEK SAFE-T-PRO LANC - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	2		
ACTI-LANCE LANCETS 28G - lancets	2		
ACTI-LANCE LITE SAFETY LA - lancets	2		
ACTI-LANCE SPECIAL SAFETY - lancets	2		
ACTI-LANCE UNIVERSAL SAFE - lancets	2		
ADJUSTABLE LANCING DEVICE - lancet devices	2		
ADVANCED MOBILE LANCET 30 - lancets	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		

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ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		
ADVOCATE SAFETY LANCETS 2 - lancets	2		
AF LANCETS SUPER THIN - lancets	2		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	2		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE HAEMOLANCE PLUS HI - lancets	2		
ASSURE HAEMOLANCE PLUS LO - lancets	2		
ASSURE HAEMOLANCE PLUS MI - lancets	2		
ASSURE HAEMOLANCE PLUS NO - lancets	2		
ASSURE HAEMOLANCE PLUS PE - lancets	2		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		

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ASSURE LANCE LANCETS - lancets	2		
ASSURE LANCE LANCETS 21G - lancets	2		
ASSURE LANCE PLUS SAFETY - lancets	2		
ASSURE LANCE SAFETY LANCE - lancets	2		
AT LAST LANCETS - lancets	2		
AUM INSULIN SAFETY PEN NE - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
AURORA LANCET SUPER THIN - lancets	2		
AURORA LANCET THIN 23G - lancets	2		
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
AUTO-LANCET - lancet devices	2		
AUTO-LANCET MINI - lancet devices	2		
AUTOLET IMPRESSION LANCIN - lancet devices	2		
AUTOLET LANCING DEVICE - lancet devices	2		
AUTOLET MINI - lancet devices	2		
AUTOLET PLUS - lancet devices	2		

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B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	2		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	2		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	2		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	2		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	2		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	2		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	2		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	2		
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	2		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	2		
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		

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BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	2		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	2		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD MICROTAINER LANCETS - lancets	2		
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	2		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	2		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	2		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	2		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	2		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	2		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	2		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	2		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	2		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	2		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		

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BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	2		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	2		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	2		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	2		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
CARDIOCOM LANCING DEVICE - lancet devices	2		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
CAREONE ADVANCED LANCING - lancet devices	2		
CAREONE INSULIN SYRINGES/ - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CAREONE LANCET SUPER THIN - lancets	2		
CAREONE LANCET THIN - lancets	2		
CAREONE LANCET ULTRA THIN - lancets	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARESENS LANCETS - lancets	2		
CARETOUCH INSULIN SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CARETOUCH LANCING DEVICE - lancet devices	2		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
CARETOUCH SAFETY LANCETS/ - lancets	2		
CARETOUCH TWIST LANCETS M - lancets	2		
CARETOUCH TWIST LANCETS 2 - lancets	2		
CARETOUCH TWIST LANCETS 3 - lancets	2		
CAYA - diaphragm arc-spring	3		
CLEANLET LANCETS 28G - lancets	2		
CLEVER CHEK LANCETS ULTRA - lancets	2		
CLEVER CHOICE COMFORT EZ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - lancets	2		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLICKFINE PEN NEEDLE 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLICKFINE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CLICKFINE UNIVERSAL PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COAGUCHEK LANCETS - lancets	2		
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
COMFORT ASSURED LANCETS M - lancets	2		
COMFORT ASSURED LANCETS S - lancets	2		
COMFORT EZ INSULIN SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
COMFORT LANCETS - lancets	2		
COMFORT TOUCH LANCETS ULT - lancets	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
COMFORT TOUCH PLUS SAFETY - lancets	2		
CONDOMS - condoms - male	2		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2		
CVS LANCETS MICRO THIN 33 - lancets	2		
CVS LANCETS MICRO-THIN 33 - lancets	2		
CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - lancets	2		
CVS LANCETS ULTRA THIN 30 - lancets	2		
CVS LANCETS ULTRA-THIN 30 - lancets	2		
CVS LANCETS 21G - lancets	2		
CVS LANCING DEVICE - lancet devices	2		
CVS ULTRA THIN LANCETS - lancets	2		
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous blood glucose system sensor	2		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	2		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous blood glucose system sensor	2		ST, QL (3 sensors/30 days)

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
DIATHRIVE LANCETS - lancets	2		
DIATHRIVE LANCETS ULTRA T - lancets	2		
DIATHRIVE LANCING DEVICE - lancet devices	2		
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET GENTEEL LANCING D - lancet devices	2		
DROPLET INSULIN SYRINGE U - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100 1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2"	2		
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPLET LANCETS ULTRA THI - lancets	2		
DROPLET LANCING DEVICE - lancet devices	2		
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	2		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		

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DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2		
DROPLET PERSONAL LANCETS - lancets	2		
DROPSAFE INSULIN SAFETY S - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DRUG MART LANCETS THIN - lancets	2		
DRUG MART LANCETS ULTRA T - lancets	2		
DRUG MART ON-THE-GO LANCE - lancets	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DRUG MART UNILET LANCETS - lancets	2		
DRUG MART UNILET MICRO TH - lancets	2		
DUANE READE LANCET ALTERN - lancets	2		
DUANE READE LANCET SUPER - lancets	2		
DUANE READE LANCET ULTRA - lancets	2		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	2		
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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DUREX EXTRA SENSITIVE THI - condoms latex lubricated	2		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	2		
E-Z JECT LANCETS - lancets	2		
E-Z JECT LANCETS COLOR - lancets	2		
E-Z JECT LANCETS SUPER TH - lancets	2		
E-Z JECT LANCETS THIN 26G - lancets	2		
E-Z JECT LANCETS 21G - lancets	2		
E-ZJECT LANCETS MICRO-THI - lancets	2		
EASY COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
EASY MINI EJECT LANCING D - lancet devices	2		
EASY MINI LANCING DEVICE - lancet devices	2		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100	2		

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1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
EASY TOUCH LANCETS 21G/PR - lancets	2		
EASY TOUCH LANCETS 23G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PU - lancets	2		
EASY TOUCH LANCETS 28G/PR - lancets	2		
EASY TOUCH LANCETS 28G/PU - lancets	2		
EASY TOUCH LANCETS 28G/TW - lancets	2		
EASY TOUCH LANCETS 30G/BU - lancets	2		
EASY TOUCH LANCETS 30G/PR - lancets	2		
EASY TOUCH LANCETS 30G/PU - lancets	2		
EASY TOUCH LANCETS 30G/TW - lancets	2		
EASY TOUCH LANCETS 32G/PR - lancets	2		
EASY TOUCH LANCETS 32G/PU - lancets	2		
EASY TOUCH LANCETS 32G/TW - lancets	2		
EASY TOUCH LANCETS 33G/TW - lancets	2		
EASY TOUCH LANCING DEVICE - lancet devices	2		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH SAFETY LANCETS - lancets	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		

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EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
EQL COLOR LANCETS MICRO T - lancets	2		
EQL COLOR LANCETS 21G - lancets	2		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
EQL SUPER THIN LANCETS 30 - lancets	2		
EQL THIN LANCETS 26G - lancets	2		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
EZ-LETS LANCETS 21G - lancets	2		
EZ-LETS LANCETS 26G SUPER - lancets	2		
EZ-LETS LANCETS 28G ULTRA - lancets	2		
EZ-LETS LANCETS 30G - lancets	2		
FANTASY LUBRICATED - condoms latex lubricated	2		

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FANTASY LUBRICATED/SPERMI - condoms latex lubricated	2		
FC2 FEMALE CONDOM - condoms - female	2		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	2		
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
FIFTY50 SAFETY SEAL LANCE - lancets	2		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
FIFTY50 UNILET LANCETS 33 - lancets	2		
FINGERSTIX LANCETS - lancets	2		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		
FREESTYLE LANCETS - lancets	2		
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3/READER/ - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		

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GENTLE-LET GP LANCETS - lancets	2		
GENTLE-LET LANCETS GENERA - lancets	2		
GENTLE-LET LANCETS SAFETY - lancets	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GLOBAL INJECT EASE LANCET - lancets	2		
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GLOBAL LANCING DEVICE - lancet devices	2		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		

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GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
GNP LANCETS THIN 26G - lancets	2		
GNP LANCETS 21G - lancets	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP ULTRA COMFORT INSULIN - insulin syringe/ needle u-100 1 ml 28 x 1/2"	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		
GOJJI STERILE LANCETS 30G - lancets	2		
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GOODSENSE COLOR LANCETS M - lancets	2		
GOODSENSE LANCETS MICRO-T - lancets	2		
GOODSENSE LANCETS ULTRA-T - lancets	2		
GOODSENSE LANCING DEVICE - lancet devices	2		

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GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
H-E-B INCONTROL ADVANCED - lancet devices	2		
H-E-B INCONTROL LANCETS M - lancets	2		
H-E-B INCONTROL LANCETS S - lancets	2		
H-E-B INCONTROL LANCETS U - lancets	2		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
HAEMOLANCE - lancets	2		
HAEMOLANCE LOW FLOW LANCE - lancets	2		
HAEMOLANCE PLUS - lancets	2		
HAEMOLANCE PLUS HIGH FLOW - lancets	2		
HAEMOLANCE PLUS LOW FLOW - lancets	2		
HAEMOLANCE PLUS MAX FLOW - lancets	2		
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HEALTH CARE LANCING DEVIC - lancet devices	2		
HEALTHWISE INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		

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HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSULIN SYRINGE 1ML/31G X - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		

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INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
KAMELEON LUBRICATED - condoms latex lubricated	2		
KIMONO COLORS - condoms latex lubricated	2		
KIMONO LUBRICATED - condoms latex lubricated	2		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	2		
KIMONO MICRO THIN - condoms latex non-lubricated	2		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	2		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	2		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	2		
KIMONO PS LUBRICATED - condoms latex lubricated	2		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	2		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	2		

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KIMONO SENSATION PLUS SPE - condoms latex lubricated	2		
KIMONO SPECIAL - condoms latex lubricated	2		
KINNEY LANCETS - lancets	2		
KINNEY THIN LANCETS - lancets	2		
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml, u-100 1/2 ml, u-100 1 ml	2		
KROGER AUTOLET LANCING DE - lancet devices	2		
KROGER HEALTHPRO TWIST LA - lancets	2		
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
KROGER LANCETS - lancets	2		
KROGER LANCETS MICRO THIN - lancets	2		
KROGER LANCETS SUPER THIN - lancets	2		
KROGER LANCETS THIN - lancets	2		
KROGER LANCETS THIN 26G - lancets	2		
KROGER LANCETS ULTRATHIN - lancets	2		
KROGER LANCETS 21G - lancets	2		
KROGER LANCING DEVICE - lancet devices	2		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
LANCET DEVICE ADJUSTABLE - lancet devices	2		
LANCET DEVICE WITH EJECTO - lancet devices	2		
LANCETS - lancets	2		
LANCETS - BAYER ASCENCIA - lancets	2		
LANCETS MICRO THIN 33G - lancets	2		
LANCETS SUPER THIN 28G - lancets	2		
LANCETS THIN - lancets	2		
LANCETS ULTRA THIN 30G - lancets	2		
LANCETS 28G - lancets	2		
LANCETS 30G - lancets	2		
LANCETS 30G TWIST TOP - lancets	2		
LANCETS 30G/TWIST TOP - lancets	2		
LANCETS 33G EXTRA FINE - lancets	2		
LANCETS 33G UNIVERSAL DES - lancets	2		
LANCING DEVICE - lancet devices	2		
LANZO - lancet devices	2		
LEADER ADVANCED LANCING D - lancet devices	2		
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
LEADER LANCETS COLORED - lancets	2		
LEADER SUPER THIN LANCET - lancets	2		
LEADER THIN LANCETS - lancets	2		
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LIBERTY MEDICAL LANCETS 3 - lancets	2		
LIBERTY MINI LANCING DEVI - lancet devices	2		
LIFESCAN UNISTIK 2 DEEP P - lancets	2		

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LITE TOUCH LANCETS - lancets	2		
LITE TOUCH LANCING PEN - lancet devices	2		
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LITETOUCH LANCETS MICRO T - lancets	2		
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LIVE BETTER ADVANCED LANC - lancet devices	2		
LIVE BETTER LANCET SUPER - lancets	2		
LIVE BETTER LANCET ULTRA - lancets	2		
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	2		
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
LONGS LANCETS STANDARD - lancets	2		
LONGS LANCETS THIN - lancets	2		
LONGS LANCETS ULTRA THIN - lancets	2		
MAGELLAN INSULIN SAFETY S - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		

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MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	2		
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MAXICOMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	2		
MAXX LUBRICATED - condoms latex lubricated	2		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	2		
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
MEDICHOICE PRE-SET SAFETY - lancets	2		
MEDICHOICE SAFETY LANCET - lancets	2		
MEDICINE SHOPPE LANCETS - lancets	2		
MEDICINE SHOPPE LANCETS T - lancets	2		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
MEDLANCE PLUS EXTRA LANCE - lancets	2		
MEDLANCE PLUS LANCETS LIT - lancets	2		
MEDLANCE PLUS LITE LANCET - lancets	2		
MEDLANCE PLUS SPECIAL LAN - lancets	2		
MEDLANCE PLUS SUPERLITE 3 - lancets	2		
MEDLANCE PLUS UNIVERSAL L - lancets	2		
MEDLANCE PLUS/LITE 25G - lancets	2		
MEIJER COLOR LANCETS UNIV - lancets	2		
MEIJER LANCETS - lancets	2		
MEIJER LANCETS THIN - lancets	2		
MEIJER LANCETS UNIVERSAL - lancets	2		
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
MEIJER SUPER THIN LANCETS - lancets	2		

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MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MINI LANCING DEVICE - lancet devices	2		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MM LANCING DEVICE - lancet devices	2		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MM TWIST LANCETS - lancets	2		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	2		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	2		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	2		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		

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MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 28 x 1/2"	2		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
MONOJECT ULTRA COMFORT IN - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - lancets	2		
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
MULTI-LANCET DEVICE - lancet devices	2		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA SAFETY LANCETS 23G - lancets	2		
NOVA SAFETY LANCETS 28G - lancets	2		
NOVA SUREFLEX LANCETS - lancets	2		
NOVA SUREFLEX LANCING DEV - lancet devices	2		
NOVOFINE AUTOCOVER PEN NE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
OMNIFLEX DIAPHRAGM - diaphragms	3		
OMNIPOD CLASSIC PODS (GEN - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	2		QL (1 kit/720 days)

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OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
ONETOUCH DELICA LANCETS E - lancets	2		
ONETOUCH DELICA LANCETS F - lancets	2		
ONETOUCH DELICA LANCING D - lancet devices	2		
ONETOUCH DELICA PLUS LANC - lancets	2		
ONETOUCH DELICA PLUS LANC - lancet devices	2		
ONETOUCH DELICA SAFETY LA - lancet devices	2		
ONETOUCH LANCETS - lancets	2		
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	2		
ONETOUCH ULTRASOFT 2 LANC - lancets	2		
ONETOUCH VERIO - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	2		
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		

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PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	2		
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Límites
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
PERFECT LANCETS 30G - lancets	2		
PERFECT PRESSURE ACTIVATE - lancets	2		
PHARMACIST CHOICE SELECT - lancets	2		
PHARMACIST CHOICE ULTRA T - lancets	2		
PHARMACY COUNTER LANCETS - lancets	2		
PIP LANCETS/28G - lancets	2		
PIP LANCETS/30G - lancets	2		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
PRECISION THINS GP LANCET - lancets	2		

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PREFERRED PLUS INSULIN SY - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
PREFERRED PLUS LANCETS CO - lancets	2		
PREFERRED PLUS LANCETS SU - lancets	2		
PREFERRED PLUS LANCETS TH - lancets	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PRO COMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
PRO COMFORT SAFETY LANCET - lancets	2		
PRODIGY INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	2		
PRODIGY LANCING DEVICE - lancet devices	2		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PSS SELECT GP LANCETS - lancets	2		
PSS SELECT SAFETY LANCETS - lancets	2		
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
PURE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		

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PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PX ADVANCED LANCING DEVIC - lancet devices	2		
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2		
PX LANCETS MICROTHIN 33G - lancets	2		
PX LANCETS ULTRA THIN - lancets	2		
PX LANCETS ULTRA THIN 28G - lancets	2		
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
QC ADVANCED LANCING DEVIC - lancet devices	2		
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
QC LANCETS SUPER THIN - lancets	2		
QC LANCETS ULTRA THIN - lancets	2		
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
QC UNILET LANCETS 28G/ULT - lancets	2		
QC UNILET LANCETS 33G/MIC - lancets	2		
RA E-ZJECT LANCETS THIN 2 - lancets	2		
RA E-ZJECT LANCETS ULTRA - lancets	2		
RA E-ZJECT LANCETS 28G - lancets	2		

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RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	2		
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	2		
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
READYLANCE SAFETY LANCETS - lancets	2		
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2"	2		
REALITY LANCETS - lancets	2		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	2		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	2		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	2		
REALITY TRIGGER LANCETS - lancets	2		
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
RELION LANCETS - lancets	2		
RELION LANCETS MICRO-THIN - lancets	2		
RELION LANCETS THIN 26G - lancets	2		
RELION LANCETS ULTRA-THIN - lancets	2		
RELION LANCING DEVICE - lancet devices	2		

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RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
RELION PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION THIN LANCETS - lancets	2		
RELION ULTRA THIN LANCETS - lancets	2		
RELION ULTRA THIN PLUS LA - lancets	2		
RELION 2-IN-1 LANCET DEV - lancet devices	2		
RELION 2-IN-1 LANCING DEV - lancet devices	2		
REXALL LANCETS ULTRA THIN - lancets	2		
RIGHTEST GD500 LANCING DE - lancet devices	2		
RIGHTEST GL300 LANCETS - lancets	2		
SAFE-T-LANCE LOW FLOW 25G - lancets	2		
SAFE-T-LANCE NORMAL FLOW - lancets	2		
SAFE-T-LANCE PLUS SAFETY - lancets	2		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY LANCETS 23G - lancets	2		
SAFETY LANCETS 28G - lancets	2		
SAFETY LANCETS/PRESSURE A - lancets	2		
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SAPS HEALTH CARE TWIST TO - lancets	2		
SAPS HEALTH PLUS TWIST TO - lancets	2		
SAPS HEALTH TWIST TOP LAN - lancets	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Límites
SAPSCARE TWIST TOP LANCET - lancets	2		
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
SB LANCETS THIN - lancets	2		
SB LANCETS ULTRA THIN - lancets	2		
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SELECT-LITE LANCING DEVIC - lancet devices	2		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		
SM MICRO THIN LANCETS 33G - lancets	2		
SM TRUEDRAW LANCING DEVIC - lancet devices	2		
SMART DIABETES VANTAGE LA - lancet devices	2		
SMART SENSE COLOR LANCETS - lancets	2		
SMART SENSE STANDARD LANC - lancets	2		
SMART SENSE SUPER THIN LA - lancets	2		
SMART SENSE THIN LANCETS - lancets	2		
SMARTTEST LANCETS 28G - lancets	2		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		
SUPER THIN LANCETS - lancets	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
SURE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x	2		

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1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
SURE COMFORT LANCETS 18G - lancets	2		
SURE COMFORT LANCETS 21G - lancets	2		
SURE COMFORT LANCETS 23G - lancets	2		
SURE COMFORT LANCETS 28G - lancets	2		
SURE COMFORT LANCETS 30G - lancets	2		
SURE COMFORT LANCING PEN - lancet devices	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
SURELITE LANCETS - lancets	2		
TECHLITE AST LANCETS - lancets	2		
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 26G - lancets	2		
TECHLITE LANCETS 30G - lancets	2		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
TGT ADVANCED LANCING DEVI - lancet devices	2		
TGT LANCET ALTERNATE SITE - lancets	2		
TGT LANCET MICRO THIN 33G - lancets	2		
TGT LANCET SUPER THIN 30G - lancets	2		
TGT LANCET THIN 23G - lancets	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
TGT LANCET THIN 26G - lancets	2		
TGT LANCET ULTRA THIN 28G - lancets	2		
TGT LANCET ULTRA THIN 30G - lancets	2		
TGT LANCING DEVICE - lancet devices	2		
THINLETS GP LANCETS - lancets	2		
TODAYS HEALTH ADVANCED LA - lancet devices	2		
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	2		
TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
TODAYS HEALTH SUPER THIN - lancets	2		
TODAYS HEALTH ULTRA THIN - lancets	2		
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TOPCARE LANCETS MICRO-THI - lancets	2		
TOPCARE ULTRA COMFORT INS - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRAVEL LANCETS ADVANCED 2 - lancets	2		
TRUE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
TRUE COMFORT SAFETY INSUL - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT SAFETY LANCE - lancets	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT TWIST TOP LA - lancets	2		
TRUEDRAW LANCING DEVICE - lancet devices	2		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRUEPLUS LANCETS 26G - lancets	2		
TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
TRUEPLUS LANCETS 30G ULTR - lancets	2		
TRUEPLUS LANCETS 33G - lancets	2		
TRUEPLUS LANCETS 33G MICR - lancets	2		
TRUEPLUS PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS PEN NEEDLES 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUEPLUS SAFETY LANCETS 2 - lancets	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Límites
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	2		
TRUSTEX LUBRICATED - condoms latex lubricated	2		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	2		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	2		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	2		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	2		
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	2		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	2		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	2		
TWIST TOP LANCETS 30G - lancets	2		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	2		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Límites
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	2		
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	2		
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
ULTIGUARD SAFEPAK INSULI - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTIGUARD SAFEPAK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTIGUARD SAFEPAK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTIGUARD SAFEPAK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTIGUARD SAFEPAK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPAK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPAK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTIGUARD SAFEPAK/SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16"	2		
ULTILET CLASSIC LANCETS - lancets	2		
ULTILET LANCETS - lancets	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Límites
ULTILET LANCETS 33G - lancets	2		
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTILET SAFETY LANCETS 21 - lancets	2		
ULTILET SAFETY LANCETS 23 - lancets	2		
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ULTRA COMFORT INSULIN SYR - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ULTRA FLO INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRA INSULIN SYRINGE/U-1 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
ULTRA THIN LANCETS 28G - lancets	2		
ULTRA THIN LANCETS 31G - lancets	2		
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTRA-THIN II AUTO LANCET - lancets	2		
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRA-THIN II LANCETS 28G - lancets	2		

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ULTRA-THIN II LANCETS 30G - lancets	2		
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTRACARE INSULIN SYRINGE - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		

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UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PROTECT SAFETY PE - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PROTECT SAFETY PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNILET COMFORTOUCH LANCET - lancets	2		
UNILET EXCELITE - lancets	2		
UNILET EXCELITE II - lancets	2		
UNILET G.P. LANCET - lancets	2		
UNILET G.P. SUPERLITE LAN - lancets	2		
UNILET GP 28 ULTRA THIN - lancets	2		
UNILET LANCET - lancets	2		
UNILET LANCETS MICRO-THIN - lancets	2		
UNILET LANCETS SUPER-THIN - lancets	2		
UNILET LANCETS ULTRA-THIN - lancets	2		
UNILET SUPERLITE LANCET - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
UNISTIK TOUCH SAFETY LANC - lancets	2		
UNISTIK 3 GENTLE - lancets	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
UNIVERSAL 1 LANCETS THIN - lancets	2		
UNIVERSAL 1 LANCETS ULTRA - lancets	2		
UNIVERSAL 1 LANCETS/33G/M - lancets	2		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	2		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	2		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	2		QL (30 systems/30 days)
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
VALUE PLUS LANCETS STANDA - lancets	2		
VALUE PLUS LANCETS SUPER - lancets	2		
VALUE PLUS LANCETS THIN 2 - lancets	2		
VALUE PLUS LANCING DEVICE - lancet devices	2		
VALUMARK LANCET SUPER THI - lancets	2		
VALUMARK LANCET ULTRA THI - lancets	2		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	2		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE SAFETY LANCET MI - lancets	2		
VERIFINE UNIVERSAL LANCET - lancets	2		
VIVAGUARD LANCETS - lancets	2		
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS/ - lancets	2		
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
WALGREENS COMFORT ASSURED - lancets	2		
WALGREENS LANCETS - lancets	2		
WALGREENS THIN LANCETS - lancets	2		
WALGREENS ULTRA THIN LANC - lancets	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	3		
ZEVX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	2		
ZEVX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	2		
ZEVX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ZEVX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ZEVX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ZEVX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ZEVX TWIST TOP LANCETS 3 - lancets	2		
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml 27 x 1/2"	2		
1ST CHOICE LANCETS SUPER - lancets	2		

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
1ST CHOICE LANCETS THIN - lancets	2		
1ST CHOICE LANCETS ULTRA - lancets	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
<b>VARIAS CLASES</b>			
<b>azathioprine tab 50 mg (Imuran)</b>	1		
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	SP	PA, LD, QL (4 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	SP	PA, LD, QL (4 syringes/28 days)
<b>cyclosporine cap 25 mg, 100 mg (Sandimmune)</b>	1		
<b>cyclosporine modified cap 25 mg, 100 mg (Neoral)</b>	1		
<b>cyclosporine modified cap 50 mg</b>	1		
<b>cyclosporine modified oral soln 100 mg/ml (Neoral)</b>	1		
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	4	SP	PA, LD, QL (1 syringe/28 days)
<b>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)</b>	1		
<b>irrigation solution, physiological</b>	1		
JOENJA - leniolisib phosphate tab 70 mg	4	SP	PA, LD, QL (60 tablets/30 days)
<b>lactated ringer's for irrigation</b>	1		
<b>lenalidomide caps 2.5 mg (Revlimid)</b>	4	SP	PA, QL (30 capsules/30 days)
<b>lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)</b>	4	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2		
<b>mycophenolate mofetil cap 250 mg (Cellcept)</b>	1		
<b>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</b>	1		
<b>mycophenolate mofetil tab 500 mg (Cellcept)</b>	1		
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)</b>	1		
<b>penicillamine tab 250 mg (Depen titratabs)</b>	4	SP	PA

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Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
REVLIMID - lenalidomide caps 2.5 mg	4	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	4	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	4	SP	PA, LD, QL (30 tablets/30 days)
<b>ringer's solution for irrigation</b>	1		
<b>sirolimus oral soln 1 mg/ml (Rapamune)</b>	1		
<b>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</b>	1		
<b>sodium polystyrene sulfonate powder</b>	1		
<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)</b>	1		
THALOMID - thalidomide cap 50 mg, 100 mg	4	SP	PA, LD, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	4	SP	PA, LD, QL (60 capsules/30 days)
<b>trientine hcl cap 250 mg (Syprine)</b>	4	SP	PA
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2		
<b>water for irrigation, sterile irrigation soln</b>	1		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	4	SP	PA, LD

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betaine powder for oral solution.....	31	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	62
betamethasone dipropionate augmented cream 0.05%.....	84	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	62
betamethasone dipropionate augmented lotion 0.05%.....	84	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv).....	62
betamethasone dipropionate augmented oint 0.05%.....	84	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	62
betamethasone dipropionate cream 0.05%.....	84	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	62
betamethasone dipropionate lotion 0.05%.....	84	buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	62
betamethasone dipropionate oint 0.05%.....	84	buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	62
betamethasone valerate cream 0.1% (base equivalent).....	84	bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	58
betamethasone valerate lotion 0.1% (base equivalent).....	84	bupropion hcl tab er 24hr 150 mg, 300 mg.....	53
betamethasone valerate oint 0.1% (base equivalent).....	84	bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....	53
BETASERON.....	58	bupropion hcl tab 75 mg, 100 mg.....	53
BETAXOLOL HCL.....	80	bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	52
betaxolol hcl tab 10 mg, 20 mg.....	34	butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	61
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg.....	50	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	62
bexarotene cap 75 mg.....	15	butalbital-acetaminophen cap 50-300 mg.....	61
bexarotene gel 1%.....	84		
BEXSERO.....	11		
bicalutamide tab 50 mg.....	15		
BIKTARVY.....	4		
bimatoprost ophth soln 0.03%.....	80		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg.....	37		
bisoprolol fumarate tab 5 mg, 10 mg.....	34		
BOOSTRIX.....	13		

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butalbital-acetaminophen tab 50-325 mg.....	61	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	71
butalbital-aspirin-caffeine cap 50-325-40 mg.....	61	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	71
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	62	carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	71
butorphanol tartrate nasal soln 10 mg/ml.....	62	carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	71
BYLVAY.....	49	carbidopa tab 25 mg.....	71
BYLVAY (PELLETS).....	49	carbinoxamine maleate tab 4 mg.....	42
<b>C</b>		carbonyl iron susp 15 mg/1.25ml (elemental iron).....	75
cabergoline tab 0.5 mg.....	31	CARDIOCOM LANCING DEVICE.....	94
CABLIVI.....	77	CAREFINE PEN NEEDLE 32GX4.....	94
CABOMETYX.....	15	CAREFINE PEN NEEDLES 29GX.....	94
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	57	CAREFINE PEN NEEDLES 30GX.....	94
calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....	84	CAREFINE PEN NEEDLES 31GX.....	94
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	84	CAREFINE PEN NEEDLES 32GX.....	94
calcipotriene cream 0.005%.....	84	CAREONE ADVANCED LANCING.....	94
calcipotriene oint 0.005%.....	84	CAREONE INSULIN SYRINGES/.....	94
calcipotriene soln 0.005% (50 mcg/ml).....	84	CAREONE LANCET SUPER THIN.....	94
calcitonin (salmon) inj 200 unit/ml.....	32	CAREONE LANCET THIN.....	94
calcitonin (salmon) nasal soln 200 unit/act.....	32	CAREONE LANCET ULTRA THIN.....	94
CALCITRIOL.....	84	CAREONE UNIFINE PENTIPS P.....	94
calcitriol cap 0.25 mcg, 0.5 mcg.....	32	CARESENS LANCETS.....	95
calcitriol oral soln 1 mcg/ml.....	32	CARETOUCH INSULIN SYRINGE.....	95
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	49	CARETOUCH LANCING DEVICE.....	95
calcium acetate (phosphate binder) tab 667 mg.....	49	CARETOUCH PEN NEEDLE 29GX.....	95
CALQUENCE.....	15	CARETOUCH PEN NEEDLE 33GX.....	95
CAMZYOS.....	41	CARETOUCH PEN NEEDLES 31.....	95
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	37	CARETOUCH PEN NEEDLES 31G.....	95
candesartan cilexetil tab 32 mg.....	37	CARETOUCH PEN NEEDLES 32G.....	95
candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	37	CARETOUCH SAFETY LANCETS/.....	95
capecitabine tab 150 mg, 500 mg.....	15	CARETOUCH TWIST LANCETS 2.....	95
CAPRELSA.....	15	CARETOUCH TWIST LANCETS 3.....	95
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	37	CARETOUCH TWIST LANCETS M.....	95
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	68	carglumic acid soluble tab 200 mg.....	32
carbamazepine chew tab 100 mg.....	68	carisoprodol tab 350 mg.....	72
carbamazepine susp 100 mg/5ml.....	68	CARTEOLOL HCL.....	80
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	68	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	34
carbamazepine tab 200 mg.....	68	CAYA.....	95
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	71	CAYSTON.....	9
carbidopa & levodopa tab 25-250 mg.....	71	CEFACLOR.....	1
carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	71	cefadroxil cap 500 mg.....	1
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	71	cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	71	cefdinir cap 300 mg.....	1
		cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	1
		cefixime cap 400 mg.....	1
		cefixime for susp 100 mg/5ml.....	1
		cefixime for susp 200 mg/5ml.....	1
		cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	1
		cefpodoxime proxetil tab 100 mg, 200 mg.....	1
		cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1

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cefprozil tab 250 mg, 500 mg.....	1	clarithromycin tab 250 mg, 500 mg.....	2
cefuroxime axetil tab 250 mg, 500 mg.....	1	CLEANLET LANCETS 28G.....	95
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....	64	CLEMASTINE FUMARATE.....	42
CELONTIN.....	68	clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....	42
cephalexin cap 250 mg, 500 mg, 750 mg.....	1	CLEOCIN.....	51
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	1	CLEVER CHEK LANCETS ULTRA.....	95
CERDELGA.....	75	CLEVER CHOICE COMFORT EZ.....	95
cevimeline hcl cap 30 mg.....	83	CLICKFINE PEN NEEDLE 32GX.....	96
CHEMET.....	88	CLICKFINE PEN NEEDLES 31G.....	96
CHEMSTRIP-K.....	89	CLICKFINE PEN NEEDLES 32G.....	96
CHENODAL.....	49	CLICKFINE PEN NEEDLE UNIV.....	96
CHLORDIAZEPOXIDE/AMITRIPT.....	58	CLICKFINE UNIVERSAL PEN N.....	96
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	52	CLIMARA PRO.....	24
chlorhexidine gluconate soln 0.12%.....	83	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	9
chloroquine phosphate tab 250 mg, 500 mg.....	9	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	9
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	54	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	85
chlorthalidone tab 25 mg, 50 mg.....	39	clindamycin phosphate gel 1%.....	84
chlorzoxazone tab 500 mg.....	72	clindamycin phosphate lotion 1%.....	84
CHOLBAM.....	49	clindamycin phosphate soln 1%.....	85
cholecalciferol cap 1.25 mg (50000 unit).....	73	clindamycin phosphate swab 1%.....	85
cholestyramine light powder 4 gm/dose.....	40	clindamycin phosphate vaginal cream 2%.....	51
cholestyramine light powder packets 4 gm.....	40	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	84
cholestyramine powder 4 gm/dose.....	40	clobazam suspension 2.5 mg/ml.....	68
cholestyramine powder packets 4 gm.....	40	clobazam tab 10 mg, 20 mg.....	68
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv).....	40	clobetasol propionate cream 0.05%.....	85
CIBINQO.....	84	clobetasol propionate emollient base cream 0.05%.....	85
ciclopirox gel 0.77%.....	84	clobetasol propionate gel 0.05%.....	85
ciclopirox olamine cream 0.77% (base equiv).....	84	clobetasol propionate oint 0.05%.....	85
ciclopirox olamine susp 0.77% (base equiv).....	84	clobetasol propionate soln 0.05%.....	85
ciclopirox shampoo 1%.....	84	clocortolone pivalate cream 0.1%.....	85
ciclopirox solution 8%.....	84	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	53
cilostazol tab 50 mg, 100 mg.....	77	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	68
CIMDUO.....	4	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	68
CIMZIA.....	49	clonidine hcl tab er 12hr 0.1 mg.....	57
CIMZIA STARTER KIT.....	49	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	37
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....	32	clonidine td patch weekly 0.1 mg/24hr.....	37
CINRYZE.....	77	clonidine td patch weekly 0.2 mg/24hr.....	37
CIPRO.....	2	clonidine td patch weekly 0.3 mg/24hr.....	37
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	82	clopidogrel bisulfate tab 75 mg (base equiv).....	77
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	80	clopidogrel bisulfate tab 300 mg (base equiv).....	77
ciprofloxacin hcl tab 750 mg (base equiv).....	2	clorazepate dipotassium tab 7.5 mg.....	52
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	2	clorazepate dipotassium tab 3.75 mg, 15 mg.....	52
CIPRO HC.....	82	clotrimazole troche 10 mg.....	83
citalopram hydrobromide oral soln 10 mg/5ml.....	53	clotrimazole w/ betamethasone cream 1-0.05%.....	85
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....	53	CLOZAPINE ODT.....	54
CLARITHROMYCIN.....	2	clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....	54
clarithromycin tab er 24hr 500 mg.....	2	clozapine tab 25 mg, 50 mg, 100 mg, 200 mg.....	55
		COAGADEX.....	77

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COAGUCHEK LANCETS.....	96	CRESEMBA.....	3
COARTEM.....	9	CROMOLYN SODIUM.....	80
<b>codeine sulfate tab 30 mg.....</b>	<b>62</b>	<b>cromolyn sodium oral conc 100 mg/5ml.....</b>	<b>49</b>
<b>colchicine tab 0.6 mg.....</b>	<b>67</b>	<b>cromolyn sodium soln nebu 20 mg/2ml.....</b>	<b>44</b>
<b>colchicine w/ probenecid tab 0.5-500 mg.....</b>	<b>67</b>	CROTAN.....	85
<b>colesevelam hcl packet for susp 3.75 gm.....</b>	<b>40</b>	CVS LANCETS 21G.....	97
<b>colesevelam hcl tab 625 mg.....</b>	<b>40</b>	CVS LANCETS MICRO-THIN 33.....	97
<b>colestipol hcl granule packets 5 gm.....</b>	<b>40</b>	CVS LANCETS MICRO THIN 33.....	97
<b>colestipol hcl granules 5 gm.....</b>	<b>40</b>	CVS LANCETS ORIGINAL.....	97
<b>colestipol hcl tab 1 gm.....</b>	<b>40</b>	CVS LANCETS THIN 26G.....	97
<b>colistimethate sod for inj 150 mg (colistin base activity).....</b>	<b>9</b>	CVS LANCETS ULTRA-THIN 30.....	97
COMETRIQ.....	15	CVS LANCETS ULTRA THIN 30.....	97
COMFORT ASSIST INSULIN SY.....	96	CVS LANCING DEVICE.....	97
COMFORT ASSURED LANCETS M.....	96	CVS ULTRA THIN LANCETS.....	97
COMFORT ASSURED LANCETS S.....	96	<b>cyanocobalamin inj 1000 mcg/ml.....</b>	<b>75</b>
COMFORT EZ/31G X 5MM.....	96	<b>cyclobenzaprine hcl tab 5 mg, 10 mg.....</b>	<b>72</b>
COMFORT EZ/31G X 6MM.....	96	CYCLOGYL.....	80
COMFORT EZ INSULIN SYRING.....	96	<b>cyclopentolate hcl ophth soln 1%.....</b>	<b>80</b>
COMFORT EZ MICRO/32G X 4M.....	96	CYCLOPHOSPHAMIDE.....	15
COMFORT EZ PRO SAFETY PEN.....	96	<b>cyclophosphamide cap 25 mg, 50 mg.....</b>	<b>16</b>
COMFORT EZ SHORT/31G X 8M.....	96	<b>cycloserine cap 250 mg.....</b>	<b>3</b>
COMFORT LANCETS.....	96	<b>cyclosporine cap 25 mg, 100 mg.....</b>	<b>133</b>
COMFORT TOUCH LANCETS ULT.....	96	<b>cyclosporine modified cap 50 mg.....</b>	<b>133</b>
COMFORT TOUCH PEN NEEDLES.....	96	<b>cyclosporine modified cap 25 mg, 100 mg.....</b>	<b>133</b>
COMFORT TOUCH PLUS SAFETY.....	97	<b>cyclosporine modified oral soln 100 mg/ml.....</b>	<b>133</b>
COMIRNATY 2023-24.....	11	<b>cyproheptadine hcl syrup 2 mg/5ml.....</b>	<b>42</b>
COMPLERA.....	4	<b>cyproheptadine hcl tab 4 mg.....</b>	<b>42</b>
COMPLETE NATAL DHA.....	73	CYSTAGON.....	51
COMPLETENATE.....	73	<b>D</b>	
CO-NATAL FA.....	73	<b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....</b>	<b>76</b>
CONCEPT DHA.....	73	<b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....</b>	<b>76</b>
CONCEPT OB.....	73	<b>dalfampridine tab er 12hr 10 mg.....</b>	<b>58</b>
CONCERTA.....	57	<b>danazol cap 50 mg, 100 mg, 200 mg.....</b>	<b>23</b>
CONDOMS.....	97	<b>dantrolene sodium cap 25 mg.....</b>	<b>72</b>
CONTOUR BLOOD GLUCOSE MON.....	97	<b>dantrolene sodium cap 50 mg, 100 mg.....</b>	<b>72</b>
CONTOUR BLOOD GLUCOSE TES.....	89	<b>dapsone tab 25 mg, 100 mg.....</b>	<b>9</b>
CONTOUR NEXT BLOOD GLUCOS.....	89	DAPTACEL.....	13
CONTOUR NEXT EZ BLOOD GLU.....	97	<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....</b>	<b>50</b>
CONTOUR NEXT GEN BLOOD GL.....	97	<b>darunavir tab 600 mg.....</b>	<b>4</b>
CONTOUR NEXT LINK BLOOD G.....	97	<b>darunavir tab 800 mg.....</b>	<b>4</b>
CONTOUR NEXT LINK WIRELES.....	97	DAURISMO.....	16
CONTOUR NEXT ONE BLOOD GL.....	97	DAYBUE.....	72
COPIKTRA.....	15	<b>deferasirox granules packet 90 mg, 180 mg, 360 mg.....</b>	<b>88</b>
CORDRAN.....	85	<b>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....</b>	<b>88</b>
CORIFACT.....	77	<b>deferasirox tab 90 mg, 180 mg, 360 mg.....</b>	<b>88</b>
CORLANOR.....	41	<b>deferiprone tab 500 mg, 1000 mg.....</b>	<b>88</b>
CORTISPORIN-TC.....	83	<b>deflazacort tab 6 mg.....</b>	<b>23</b>
COSENTYX.....	85		
COSENTYX SENSOREADY PEN.....	85		
COSENTYX UNOREADY.....	85		
COTELLIC.....	15		
CREON.....	48		

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deflazacort tab 18 mg.....	23	diazepam conc 5 mg/ml.....	52
deflazacort tab 30 mg, 36 mg.....	23	diazepam oral soln 1 mg/ml.....	52
DELSTRIGO.....	4	diazepam rectal gel delivery system 10 mg, 20 mg.....	68
demeclocycline hcl tab 150 mg, 300 mg.....	2	diazepam tab 2 mg, 5 mg, 10 mg.....	52
DESCOVY.....	4	diazoxide susp 50 mg/ml.....	26
desipramine hcl tab 10 mg, 25 mg.....	53	dichlorphenamide tab 50 mg.....	39
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	53	diclofenac potassium tab 50 mg.....	64
desloratadine tab 5 mg.....	42	diclofenac sodium ophth soln 0.1%.....	80
DESMOPRESSIN ACETATE.....	32	diclofenac sodium soln 1.5%.....	85
desmopressin acetate inj 4 mcg/ml.....	32	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	64
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	32	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	64
desmopressin acetate preservative free (pf) inj 4 mcg/ ml.....	32	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	64
desmopressin acetate tab 0.1 mg, 0.2 mg.....	32	dicloxacin sodium cap 250 mg, 500 mg.....	1
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	25	dicyclomine hcl cap 10 mg.....	47
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	25	dicyclomine hcl oral soln 10 mg/5ml.....	47
desonide cream 0.05%.....	85	dicyclomine hcl tab 20 mg.....	47
desonide oint 0.05%.....	85	DIFICID.....	2
desoximetasone cream 0.05%, 0.25%.....	85	diflunisal tab 500 mg.....	61
desoximetasone gel 0.05%.....	85	difluprednate ophth emulsion 0.05%.....	80
desoximetasone oint 0.05%, 0.25%.....	85	digoxin oral soln 0.05 mg/ml.....	34
desoximetasone spray 0.25%.....	85	digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	34
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	53	dihydroergotamine mesylate inj 1 mg/ml.....	66
DEXAMETHASONE.....	23	dihydroergotamine mesylate nasal spray 4 mg/ml.....	66
dexamethasone elixir 0.5 mg/5ml.....	23	DILANTIN.....	68
DEXAMETHASONE SODIUM PHOS.....	80	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	35
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	23	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	35
DEXCOM G6 RECEIVER.....	97	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	35
DEXCOM G7 RECEIVER.....	97	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	35
DEXCOM G6 SENSOR.....	97	diltiazem hcl tab er 24hr 420 mg.....	35
DEXCOM G7 SENSOR.....	97	diltiazem hcl tab 90 mg.....	35
DEXCOM G6 TRANSMITTER.....	97	diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	35
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	57	dimethyl fumarate capsule delayed release 120 mg.....	58
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	57	dimethyl fumarate capsule delayed release 240 mg.....	58
dextroamphetamine sulfate cap er 24hr 5 mg.....	57	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	59
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	57	diphenoxylate w/ atropine tab 2.5-0.025 mg.....	47
dextroamphetamine sulfate oral solution 5 mg/5ml.....	57	dipyridamole tab 25 mg, 50 mg, 75 mg.....	77
dextroamphetamine sulfate tab 5 mg.....	57	disopyramide phosphate cap 100 mg, 150 mg.....	36
dextroamphetamine sulfate tab 10 mg.....	57	disulfiram tab 250 mg, 500 mg.....	59
DIACOMIT.....	68	divalproex sodium cap delayed release sprinkle 125 mg.....	68
DIATHRIVE LANCETS.....	98	divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	68
DIATHRIVE LANCETS ULTRA T.....	98	divalproex sodium tab er 24 hr 250 mg, 500 mg.....	68
DIATHRIVE LANCING DEVICE.....	98	dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	36
DIATHRIVE PEN NEEDLE/31G.....	98		
DIATHRIVE PEN NEEDLE/32G.....	98		
DIATHRIVE PEN NEEDLE/31 G.....	98		

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donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	59	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	25
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	59	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	25
DOPTELET.....	75	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	25
dorzolamide hcl ophth soln 2%.....	81	DROXIA.....	75
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	81	DRUG MART LANCETS THIN.....	99
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....	81	DRUG MART LANCETS ULTRA T.....	99
DOVATO.....	4	DRUG MART ON-THE-GO LANCE.....	99
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	37	DRUG MART UNIFINE PENTIPS.....	99
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	53	DRUG MART UNILET LANCETS.....	99
doxepin hcl conc 10 mg/ml.....	53	DRUG MART UNILET MICRO TH.....	99
doxepin hcl cream 5%.....	85	DUANE READE LANCET ALTERN.....	99
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	56	DUANE READE LANCET SUPER.....	99
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg.....	32	DUANE READE LANCET ULTRA.....	99
doxycycline hyclate cap 50 mg.....	2	DUANE READE UNIFINE PENTI.....	99
doxycycline hyclate cap 100 mg.....	2	DUAVEE.....	24
doxycycline hyclate tab 20 mg, 50 mg, 100 mg.....	2	DULERA.....	44
doxycycline monohydrate cap 50 mg, 100 mg.....	2	duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....	53
doxycycline monohydrate for susp 25 mg/5ml.....	2	DUPIXENT.....	85
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	2	DUREX EXTRA SENSITIVE THI.....	100
doxylamine-pyridoxine tab delayed release 10-10 mg.....	48	DUREX REALFEEL NON-LATEX.....	100
dronabinol cap 2.5 mg.....	48	dutasteride cap 0.5 mg.....	51
dronabinol cap 5 mg, 10 mg.....	48	dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	51
DROPLET GENTEEL LANCING D.....	98	<b>E</b>	
DROPLET INSULIN SYRINGE 0.....	98	EASY COMFORT INSULIN SYRI.....	100
DROPLET INSULIN SYRINGE 1.....	98	EASY COMFORT PEN NEEDLES.....	100
DROPLET INSULIN SYRINGE/U.....	98	EASY COMFORT SAFETY PEN N.....	100
DROPLET INSULIN SYRINGE U.....	98	EASY GLIDE PEN NEEDLES 33.....	100
DROPLET LANCETS ULTRA THI.....	98	EASY MINI EJECT LANCING D.....	100
DROPLET LANCING DEVICE.....	98	EASY MINI LANCING DEVICE.....	100
DROPLET MICRON 34G X 9/64.....	98	EASY TOUCH ALLERGY TRAY S.....	100
DROPLET PEN NEEDLES 29GX1.....	98	EASY TOUCH FLIPLOCK SAFET.....	100
DROPLET PEN NEEDLES 31GX5.....	98	EASY TOUCH 32GX5MM.....	102
DROPLET PEN NEEDLES 31GX6.....	98	EASY TOUCH 32GX6MM.....	102
DROPLET PEN NEEDLES 31GX8.....	99	EASY TOUCH INSULIN SYRING.....	100
DROPLET PEN NEEDLES 32GX4.....	99	EASY TOUCH LANCETS 30G/BU.....	101
DROPLET PEN NEEDLES 32GX5.....	99	EASY TOUCH LANCETS 21G/PR.....	101
DROPLET PEN NEEDLES 32GX6.....	99	EASY TOUCH LANCETS 23G/PR.....	101
DROPLET PEN NEEDLES 32GX8.....	99	EASY TOUCH LANCETS 26G/PR.....	101
DROPLET PEN NEEDLES 29G X.....	98	EASY TOUCH LANCETS 28G/PR.....	101
DROPLET PEN NEEDLES 30G X.....	98	EASY TOUCH LANCETS 30G/PR.....	101
DROPLET PEN NEEDLES 31G X.....	98	EASY TOUCH LANCETS 32G/PR.....	101
DROPLET PEN NEEDLES 32G X.....	99	EASY TOUCH LANCETS 26G/PU.....	101
DROPLET PERSONAL LANCETS.....	99	EASY TOUCH LANCETS 28G/PU.....	101
DROPSAFE INSULIN SAFETY S.....	99	EASY TOUCH LANCETS 30G/PU.....	101
DROPSAFE SAFETY PEN NEEDL.....	99	EASY TOUCH LANCETS 32G/PU.....	101
DROPSAFE SAFTEY PEN NEEDL.....	99	EASY TOUCH LANCETS 28G/TW.....	101
drospirenone-ethinyl estradiol tab 3-0.02 mg.....	25	EASY TOUCH LANCETS 30G/TW.....	101
		EASY TOUCH LANCETS 32G/TW.....	101
		EASY TOUCH LANCETS 33G/TW.....	101

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EASY TOUCH LANCING DEVICE.....	101	ENBREL.....	64
EASY TOUCH PEN NEEDLE 30.....	101	ENBREL MINI.....	64
EASY TOUCH PEN NEEDLE/30.....	101	ENBREL SURECLICK.....	64
EASY TOUCH PEN NEEDLES 29.....	101	ENCARE.....	51
EASY TOUCH PEN NEEDLES 31.....	101	ENDARI.....	75
EASY TOUCH PEN NEEDLES 32.....	101	ENGERIX-B.....	11
EASY TOUCH PEN NEEDLES/31.....	101	<b>enoxaparin sodium inj 300 mg/3ml.....</b>	<b>76</b>
EASY TOUCH SAFETY LANCETS.....	101	<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40</b>	
EASY TOUCH SAFETY PEN NEE.....	101	<b>mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120</b>	
EASY TOUCH SHEATHLOCK SAF.....	101	<b>mg/0.8ml, 150 mg/ml.....</b>	<b>76</b>
EASY TOUCH TUBERCULIN FLI.....	101	ENSPRYNG.....	133
EASY TOUCH TUBERCULIN SHE.....	102	<b>entacapone tab 200 mg.....</b>	<b>71</b>
<b>econazole nitrate cream 1%.....</b>	<b>85</b>	<b>entecavir tab 0.5 mg, 1 mg.....</b>	<b>5</b>
EDURANT.....	4	ENTRESTO.....	41
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300</b>		EPCLUSA.....	5
<b>mg.....</b>	<b>5</b>	EPIDIOLEX.....	68
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300</b>		<b>epinastine hcl ophth soln 0.05%.....</b>	<b>81</b>
<b>mg.....</b>	<b>5</b>	<b>epinephrine solution auto-injector 0.15 mg/0.3ml</b>	
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300</b>		<b>(1:2000).....</b>	<b>40</b>
<b>mg.....</b>	<b>5</b>	<b>epinephrine solution auto-injector 0.3 mg/0.3ml</b>	
<b>efavirenz tab 600 mg.....</b>	<b>4</b>	<b>(1:1000).....</b>	<b>40</b>
EGATEN.....	9	EPIVIR.....	5
<b>eletriptan hydrobromide tab 20 mg (base</b>		<b>eplerenone tab 25 mg, 50 mg.....</b>	<b>37</b>
<b>equivalent).....</b>	<b>66</b>	EPRONTIA.....	68
<b>eletriptan hydrobromide tab 40 mg (base</b>		EQL COLOR LANCETS 21G.....	102
<b>equivalent).....</b>	<b>66</b>	EQL COLOR LANCETS MICRO T.....	102
ELIQUIS.....	76	EQL INSULIN SYRINGE/0.3ML.....	102
ELIQUIS STARTER PACK.....	76	EQL INSULIN SYRINGE/0.5ML.....	102
ELLA.....	25	EQL INSULIN SYRINGE/1ML/2.....	102
ELMIRON.....	51	EQL INSULIN SYRINGE/1ML/3.....	102
ELOCTATE.....	77	EQL SHORT PEN NEEDLES 31G.....	102
EMBRACE LANCETS ULTRA THI.....	102	EQL SUPER THIN LANCETS 30.....	102
EMBRACE LANCING DEVICE WI.....	102	EQL THIN LANCETS 26G.....	102
EMBRACE PEN NEEDLES/29G X.....	102	EQL ULTRA SHORT PEN NEEDL.....	102
EMBRACE PEN NEEDLES/30G X.....	102	<b>ergocalciferol cap 1.25 mg (50000 unit).....</b>	<b>73</b>
EMBRACE PEN NEEDLES/31G X.....	102	ERGOLOID MESYLATES.....	59
EMBRACE PEN NEEDLES/32G X.....	102	<b>ergotamine w/ caffeine tab 1-100 mg.....</b>	<b>66</b>
EMBRACE PRESSURE ACTIVATE.....	102	ERIVEDGE.....	16
EMCYT.....	16	ERLEADA.....	16
EMEND.....	48	<b>erlotinib hcl tab 25 mg (base equivalent).....</b>	<b>16</b>
EMGALITY.....	66	<b>erlotinib hcl tab 100 mg (base equivalent), 150 mg</b>	
EMPAVELI.....	77	<b>(base equivalent).....</b>	<b>16</b>
EMSAM.....	53	ERTACZO.....	85
<b>emtricitabine caps 200 mg.....</b>	<b>5</b>	<b>erythromycin ethylsuccinate for susp 200 mg/5ml.....</b>	<b>2</b>
<b>emtricitabine-tenofovir disoproxil fumarate tab</b>		<b>erythromycin ethylsuccinate for susp 400 mg/5ml.....</b>	<b>2</b>
<b>100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg.....</b>	<b>5</b>	<b>erythromycin gel 2%.....</b>	<b>85</b>
EMTRIVA.....	5	<b>erythromycin ophth oint 5 mg/gm.....</b>	<b>81</b>
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5</b>		<b>erythromycin soln 2%.....</b>	<b>85</b>
<b>mg.....</b>	<b>37</b>	<b>erythromycin tab delayed release 250 mg, 333 mg, 500</b>	
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25</b>		<b>mg.....</b>	<b>2</b>
<b>mg.....</b>	<b>37</b>	<b>erythromycin tab 250 mg, 500 mg.....</b>	<b>2</b>
<b>enalapril maleate oral soln 1 mg/ml.....</b>	<b>37</b>	<b>escitalopram oxalate soln 5 mg/5ml (base equiv).....</b>	<b>53</b>
<b>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....</b>	<b>37</b>		

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escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	53	E-Z JECT LANCETS.....	100
esomeprazole magnesium cap delayed release 40 mg (base eq).....	47	E-Z JECT LANCETS COLOR.....	100
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg.....	47	E-Z JECT LANCETS 21G.....	100
ESPEROCT.....	77	E-ZJECT LANCETS MICRO-THI.....	100
estazolam tab 1 mg, 2 mg.....	56	E-Z JECT LANCETS SUPER TH.....	100
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	24	E-Z JECT LANCETS THIN 26G.....	100
estradiol & norethindrone acetate tab 1-0.5 mg.....	24	EZ-LETS LANCETS 21G.....	102
estradiol tab 0.5 mg, 1 mg, 2 mg.....	24	EZ-LETS LANCETS 30G.....	102
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%).....	24	EZ-LETS LANCETS 26G SUPER.....	102
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	24	EZ-LETS LANCETS 28G ULTRA.....	102
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr.....	24	<b>F</b>	
estradiol vaginal cream 0.1 mg/gm.....	51	famciclovir tab 125 mg, 250 mg, 500 mg.....	5
estradiol vaginal tab 10 mcg.....	51	famotidine for susp 40 mg/5ml.....	47
ESTRING.....	51	famotidine tab 20 mg, 40 mg.....	47
ESTROGEL.....	24	FANAPT.....	55
eszopiclone tab 1 mg, 2 mg, 3 mg.....	56	FANAPT TITRATION PACK.....	55
ethacrynic acid tab 25 mg.....	39	FANTASY LUBRICATED.....	102
ethambutol hcl tab 100 mg.....	3	FANTASY LUBRICATED/SPERMI.....	103
ethambutol hcl tab 400 mg.....	3	FARXIGA.....	26
ethosuximide cap 250 mg.....	68	FASENRA PEN.....	44
ethosuximide soln 250 mg/5ml.....	68	FC2 FEMALE CONDOM.....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	25	febuxostat tab 40 mg, 80 mg.....	67
etodolac cap 200 mg, 300 mg.....	64	FEIBA.....	77
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	64	felbamate susp 600 mg/5ml.....	68
etodolac tab 400 mg.....	64	felbamate tab 400 mg, 600 mg.....	68
etodolac tab 500 mg.....	64	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	35
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	25	FEMCAP.....	103
ETOPOSIDE.....	16	fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....	40
etravirine tab 100 mg, 200 mg.....	5	fenofibrate tab 48 mg, 145 mg.....	40
everolimus tab for oral susp 3 mg.....	16	fenofibrate tab 54 mg, 160 mg.....	40
everolimus tab for oral susp 2 mg, 5 mg.....	16	fenoprofen calcium tab 600 mg.....	64
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	16	fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	62
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	133	fantanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	62
EVOTAZ.....	5	ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....	75
EVRYSDI.....	72	fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	50
EXELDERM.....	85	FETZIMA.....	53
exemestane tab 25 mg.....	16	FETZIMA TITRATION PACK.....	53
EXKIVITY.....	16	FIASP.....	29
EXSERVAN.....	72	FIASP FLEXTOUCH.....	29
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	40	FIASP PENFILL.....	29
ezetimibe tab 10 mg.....	40	FIBRYGA.....	77
		FIFTY50 PEN NEEDLES/31GX8.....	103
		FIFTY50 PEN NEEDLES/32GX4.....	103
		FIFTY50 PEN NEEDLES/32GX6.....	103
		FIFTY50 PEN NEEDLES 31GX5.....	103
		FIFTY50 PEN NEEDLES 31G X.....	103
		FIFTY50 SAFETY SEAL LANCE.....	103
		FIFTY50 SUPERIOR COMFORT.....	103

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FIFTY50 UNILET LANCETS 33.....	103	fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	40
FILSPARI.....	51	fluvoxamine maleate tab 100 mg.....	53
finasteride tab 1 mg.....	85	fluvoxamine maleate tab 25 mg, 50 mg.....	53
finasteride tab 5 mg.....	51	FLUZONE HIGH-DOSE PF 2023.....	11
FINGERSTIX LANCETS.....	103	FLUZONE QUADRIVALENT 2023.....	11
fingolimod hcl cap 0.5 mg (base equiv).....	59	folic acid tab 400 mcg, 800 mcg, 1 mg.....	75
FINTEPLA.....	68	FOLIVANE-OB.....	73
FIRDAPSE.....	72	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	76
flavoxate hcl tab 100 mg.....	50	FORA LANCETS.....	103
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	36	FORA LANCING DEVICE.....	103
FLUAD QUADRIVALENT 2023-2.....	11	FORA LANCING DEVICE/CLEAR.....	103
FLUARIX QUADRIVALENT 2023.....	11	fosamprenavir calcium tab 700 mg (base equiv).....	5
FLUBLOK QUADRIVALENT 2023.....	11	fosfomycin tromethamine powd pack 3 gm (base equivalent).....	9
FLUCELVAX QUADRIVALENT 20.....	11	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	37
fluconazole for susp 10 mg/ml, 40 mg/ml.....	3	fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	37
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	3	FOTIVDA.....	16
flucytosine cap 250 mg, 500 mg.....	3	FREESTYLE LANCETS.....	103
fludrocortisone acetate tab 0.1 mg.....	23	FREESTYLE LIBRE 2/READER/.....	103
FLULAVAL QUADRIVALENT 202.....	11	FREESTYLE LIBRE 3/READER/.....	103
FLUMIST QUADRIVALENT.....	11	FREESTYLE LIBRE/READER/FL.....	103
flunisolide nasal soln 25 mcg/act (0.025%).....	43	FREESTYLE LIBRE 2/SENSOR/.....	103
FLUOCINOLONE ACETONIDE.....	86	FREESTYLE LIBRE 3/SENSOR/.....	103
fluocinolone acetonide cream 0.025%.....	86	FREESTYLE LIBRE 14 DAY/RE.....	103
fluocinolone acetonide oil 0.01% (body oil).....	86	FREESTYLE LIBRE 14 DAY/SE.....	103
fluocinolone acetonide oil 0.01% (scalp oil).....	86	FREESTYLE UNISTICK II LAN.....	103
fluocinolone acetonide oint 0.025%.....	86	frovatriptan succinate tab 2.5 mg (base equivalent).....	67
fluocinolone acetonide (otic) oil 0.01%.....	83	FRUZAQLA.....	16
fluocinolone acetonide soln 0.01%.....	86	FULPHILA.....	75
fluocinonide cream 0.05%.....	86	FUROSCIX.....	39
fluocinonide emulsified base cream 0.05%.....	86	furosemide oral soln 10 mg/ml.....	39
fluocinonide gel 0.05%.....	86	furosemide tab 20 mg, 40 mg, 80 mg.....	39
fluocinonide oint 0.05%.....	86	FUZEON.....	5
fluocinonide soln 0.05%.....	86	FYCOMPA.....	69
fluorometholone ophth susp 0.1%.....	81	FYLNETRA.....	75
FLUOROURACIL.....	86	<b>G</b>	
fluorouracil cream 5%.....	86	gabapentin cap 100 mg, 300 mg, 400 mg.....	69
fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....	53	gabapentin oral soln 250 mg/5ml.....	69
fluoxetine hcl solution 20 mg/5ml.....	53	gabapentin tab 600 mg, 800 mg.....	69
fluoxetine hcl tab 60 mg.....	53	GALAFOLD.....	32
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	55	galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....	59
FLURAZEPAM HYDROCHLORIDE.....	56	galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	59
FLURBIPROFEN SODIUM.....	81	GAMMAGARD LIQUID.....	14
flurbiprofen tab 100 mg.....	64	GAMMAKED.....	14
FLUTICASONE PROPIONATE/SA.....	45	GAMUNEX-C.....	14
fluticasone propionate cream 0.05%.....	86	GARDASIL 9.....	11
FLUTICASONE PROPIONATE DI.....	44	gatifloxacin ophth soln 0.5%.....	81
FLUTICASONE PROPIONATE HF.....	44		
fluticasone propionate nasal susp 50 mcg/act.....	43		
fluticasone propionate oint 0.005%.....	86		
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	45		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	40		

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GATTEX.....	49	GNP INSULIN SYRINGES/0.3M.....	105
GAVRETO.....	16	GNP INSULIN SYRINGES/1ML/.....	105
<b>gefitinib tab 250 mg.....</b>	<b>16</b>	GNP INSULIN SYRINGES/3ML/.....	105
<b>gemfibrozil tab 600 mg.....</b>	<b>40</b>	GNP LANCETS 21G.....	105
GENOTROPIN.....	32	GNP LANCETS THIN 26G.....	105
GENOTROPIN MINIQUICK.....	32	GNP STERILE LANCETS 28G.....	105
<b>gentamicin sulfate cream 0.1%.....</b>	<b>86</b>	GNP STERILE LANCETS 30G.....	105
<b>gentamicin sulfate oint 0.1%.....</b>	<b>86</b>	GNP STERILE LANCETS 33G.....	105
<b>gentamicin sulfate ophth soln 0.3%.....</b>	<b>81</b>	GNP ULTICARE PEN NEEDLES.....	105
GENTEEL BUTTERFLY TOUCH L.....	103	GNP ULTICARE PEN NEEDLES/.....	105
GENTEEL PLUS LANCING DEVI.....	103	GNP ULTIGUARD SAFEPACK/MI.....	105
GENTLE-LET GP LANCETS.....	104	GNP ULTIGUARD SAFEPACK/SH.....	105
GENTLE-LET LANCETS GENERA.....	104	GNP ULTRA COMFORT INSULIN.....	105
GENTLE-LET LANCETS SAFETY.....	104	GOJJI LANCING DEVICE/CLEA.....	105
GENVOYA.....	5	GOJJI STERILE LANCETS 30G.....	105
GILOTRIF.....	16	GOODSENSE CLICKFINE SAFET.....	105
<b>glatiramer acetate soln prefilled syringe 20 mg/ml.....</b>	<b>59</b>	GOODSENSE COLOR LANCETS M.....	105
<b>glatiramer acetate soln prefilled syringe 40 mg/ml.....</b>	<b>59</b>	GOODSENSE LANCETS MICRO-T.....	105
GLEOSTINE.....	16	GOODSENSE LANCETS ULTRA-T.....	105
<b>glimepiride tab 1 mg, 2 mg, 4 mg.....</b>	<b>27</b>	GOODSENSE LANCING DEVICE.....	105
<b>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg,</b>		GOODSENSE PEN NEEDLE/PENF.....	106
<b>5-500 mg.....</b>	<b>27</b>	<b>granisetron hcl tab 1 mg.....</b>	<b>48</b>
<b>glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....</b>	<b>27</b>	<b>griseofulvin microsize susp 125 mg/5ml.....</b>	<b>3</b>
<b>glipizide tab 5 mg, 10 mg.....</b>	<b>27</b>	<b>griseofulvin microsize tab 500 mg.....</b>	<b>3</b>
GLOBAL EASE INJECT PEN NE.....	104	<b>griseofulvin ultramicrosize tab 125 mg, 250 mg.....</b>	<b>3</b>
GLOBAL EASY GLIDE INSULIN.....	104	<b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2</b>	
GLOBAL EASY GLIDE PEN NEE.....	104	<b>mg (base equiv), 3 mg (base equiv), 4 mg (base</b>	
GLOBAL INJECT EASE INSULI.....	104	<b>equiv).....</b>	<b>57</b>
GLOBAL INJECT EASE LANCET.....	104	<b>guanfacine hcl tab 1 mg, 2 mg.....</b>	<b>37</b>
GLOBAL INSULIN SYRINGE/U.....	104	GVOKE HYPOPEN 1-PACK.....	27
GLOBAL INSULIN SYRINGES/U.....	104	GVOKE HYPOPEN 2-PACK.....	27
GLOBAL LANCING DEVICE.....	104	GVOKE KIT.....	27
GLUCAGEN DIAGNOSTIC.....	89	GVOKE PFS.....	27
GLUCAGEN HYPOKIT.....	27	GYNAZOLE-1.....	51
GLUCAGON EMERGENCY KIT FO.....	27		
GLUCOCOM LANCETS 28G.....	104	<b>H</b>	
GLUCOCOM LANCETS 30G.....	104	HADLIMA.....	64
GLUCOCOM LANCETS 33G.....	104	HADLIMA PUSH TOUCH.....	64
GLUCOPRO INSULIN SYRINGE/.....	104	HAEGARDA.....	77
<b>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg,</b>		HAEMOLANCE.....	106
<b>5-500 mg.....</b>	<b>27</b>	HAEMOLANCE LOW FLOW LANCE.....	106
GLYBURIDE MICRONIZED.....	27	HAEMOLANCE PLUS.....	106
<b>glyburide tab 1.25 mg, 2.5 mg, 5 mg.....</b>	<b>27</b>	HAEMOLANCE PLUS HIGH FLOW.....	106
<b>glycopyrrolate oral soln 1 mg/5ml.....</b>	<b>47</b>	HAEMOLANCE PLUS LOW FLOW.....	106
<b>glycopyrrolate tab 1 mg.....</b>	<b>47</b>	HAEMOLANCE PLUS MAX FLOW.....	106
<b>glycopyrrolate tab 2 mg.....</b>	<b>47</b>	HAEMOLANCE PLUS PEDIATRIC.....	106
GLYXAMBI.....	27	<b>halcinonide cream 0.1%.....</b>	<b>86</b>
GNP CLICKFINE UNIVERSAL P.....	104	<b>halobetasol propionate cream 0.05%.....</b>	<b>86</b>
GNP INSULIN SYRINGE/0.3ML.....	104	HALOG.....	86
GNP INSULIN SYRINGE/0.5ML.....	105	<b>haloperidol lactate oral conc 2 mg/ml.....</b>	<b>55</b>
GNP INSULIN SYRINGE/1ML/2.....	105	<b>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20</b>	
GNP INSULIN SYRINGE/1ML/3.....	105	<b>mg.....</b>	<b>55</b>
GNP INSULIN SYRINGES/1/2M.....	105	HARVONI.....	5

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HAVRIX.....	11	hydrocortisone enema 100 mg/60ml.....	83
HEALTH CARE LANCING DEVIC.....	106	hydrocortisone lotion 2.5%.....	86
HEALTHWISE INSULIN SYRING.....	106	hydrocortisone oint 2.5%.....	86
HEALTHWISE MICRON PEN NEE.....	106	hydrocortisone perianal cream 1%.....	83
HEALTHWISE MINI PEN NEEDL.....	106	hydrocortisone perianal cream 2.5%.....	83
HEALTHWISE PEN NEEDLES 29.....	106	hydrocortisone tab 5 mg, 10 mg, 20 mg.....	23
HEALTHWISE SHORT PEN NEED.....	106	hydrocortisone valerate cream 0.2%.....	86
H-E-B INCONTROL ADVANCED.....	106	hydrocortisone valerate oint 0.2%.....	86
H-E-B INCONTROL LANCETS M.....	106	hydrocortisone w/ acetic acid otic soln 1-2%.....	83
H-E-B INCONTROL LANCETS S.....	106	hydromorphone hcl liqd 1 mg/ml.....	62
H-E-B INCONTROL LANCETS U.....	106	hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	63
H-E-B IN CONTROL PEN NEED.....	106	hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	63
H-E-B INCONTROL PEN NEEDL.....	106	hydroxychloroquine sulfate tab 200 mg.....	9
H-E-B IN CONTROL UNIFINE.....	106	hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg.....	9
HEMLIBRA.....	78	hydroxyurea cap 500 mg.....	16
HEMOFIL M.....	78	hydroxyzine hcl syrup 10 mg/5ml.....	52
<b>heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml.....</b>	<b>76</b>	hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	52
HEPLISAV-B.....	11	hydroxyzine pamoate cap 25 mg, 50 mg.....	52
HIBERIX.....	11	HYFTOR.....	86
HIZENTRA.....	14	HYQVIA.....	14
HM ULTICARE INSULIN SYRIN.....	107	HY-VEE LANCETS.....	107
HM ULTICARE MINI PEN NEED.....	107	HY-VEE THIN LANCETS.....	107
HM ULTICARE SHORT PEN NEE.....	107		
HUMATE-P.....	78	<b>I</b>	
HUMATIN.....	3	<b>ibandronate sodium tab 150 mg (base equivalent).....</b>	<b>32</b>
HUMIRA.....	65	IBRANCE.....	16
HUMIRA PEDIATRIC CROHNS D.....	65	<b>ibuprofen tab 400 mg, 600 mg, 800 mg.....</b>	<b>65</b>
HUMIRA PEN.....	65	<b>icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....</b>	<b>78</b>
HUMIRA PEN-CD/UC/HS START.....	65	ICLUSIG.....	16
HUMIRA PEN-PEDIATRIC UC S.....	65	IDELVION.....	78
HUMIRA PEN-PS/UV STARTER.....	65	IDHIFA.....	17
HUMULIN R U-500 (CONCENTR.....	29	ILEVRO.....	81
HUMULIN R U-500 KWIKPEN.....	29	<b>imatinib mesylate tab 100 mg (base equivalent).....</b>	<b>17</b>
HYCAMTIN.....	16	<b>imatinib mesylate tab 400 mg (base equivalent).....</b>	<b>17</b>
<b>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</b>	<b>37</b>	IMBRUVICA.....	17
<b>hydrochlorothiazide cap 12.5 mg.....</b>	<b>39</b>	IMCIVREE.....	57
<b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....</b>	<b>39</b>	<b>imipramine hcl tab 10 mg, 25 mg, 50 mg.....</b>	<b>53</b>
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....</b>	<b>62</b>	<b>imiquimod cream 5%.....</b>	<b>86</b>
<b>hydrocodone-acetaminophen tab 5-325 mg.....</b>	<b>62</b>	IMPAVIDO.....	9
<b>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....</b>	<b>62</b>	INBRIJA.....	71
<b>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....</b>	<b>43</b>	INCONTROL ULTICARE MINI P.....	107
<b>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....</b>	<b>43</b>	INCRELEX.....	32
HYDROCODONE BITARTRATE ER.....	62	INCRUSE ELLIPTA.....	45
<b>hydrocodone-ibuprofen tab 7.5-200 mg.....</b>	<b>62</b>	<b>indapamide tab 1.25 mg, 2.5 mg.....</b>	<b>39</b>
HYDROCODONE POLISTIREX/CH.....	43	<b>indomethacin cap er 75 mg.....</b>	<b>65</b>
HYDROCORTISONE ACETATE/PR.....	83	<b>indomethacin cap 25 mg, 50 mg.....</b>	<b>65</b>
<b>hydrocortisone butyrate oint 0.1%.....</b>	<b>86</b>	INFANRIX.....	13
<b>hydrocortisone cream 2.5%.....</b>	<b>86</b>	INLYTA.....	17
		INQOVI.....	17
		INREBIC.....	17

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INSULIN ASPART.....	29	isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....	34
INSULIN ASPART FLEXPEN.....	29	isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	86
INSULIN ASPART PENFILL.....	29	isradipine cap 2.5 mg, 5 mg.....	35
INSULIN ASPART PROTAMINE/.....	30	itraconazole cap 100 mg.....	3
INSULIN DEGLUDEC.....	30	itraconazole oral soln 10 mg/ml.....	3
INSULIN DEGLUDEC FLEXTOUC.....	30	ivermectin cream 1%.....	86
INSULIN SYRINGE/0.3ML/30G.....	107	ivermectin tab 3 mg.....	9
INSULIN SYRINGE/0.3ML/31G.....	107	IWILFIN.....	17
INSULIN SYRINGE/0.5ML/28G.....	107	IXINITY.....	78
INSULIN SYRINGE/0.5ML/30G.....	107		
INSULIN SYRINGE/0.5ML/31G.....	107	<b>J</b>	
INSULIN SYRINGE/1ML/29G X.....	108	JAKAFI.....	17
INSULIN SYRINGE/1ML/30G X.....	108	JANUMET.....	27
INSULIN SYRINGE/NEEDLE 0.....	107	JANUMET XR.....	27
INSULIN SYRINGE/NEEDLE 1M.....	107	JANUVIA.....	27
INSULIN SYRINGE/U-100/0.3.....	107	JARDIANCE.....	27
INSULIN SYRINGE/U-100/0.5.....	107	JAYPIRCA.....	17
INSULIN SYRINGE/U-100/1ML.....	107	JIVI.....	78
INSULIN SYRINGE 1ML/31G X.....	107	JOENJA.....	133
INSULIN SYRINGES/U-100/0.....	108	JULUCA.....	6
INSULIN SYRINGES/U-100/1M.....	108	JUXTAPID.....	40
INSULIN SYRINGES 0.3ML/31.....	108	JYLAMVO.....	17
INSULIN SYRINGES 0.5ML/31.....	108	JYNARQUE.....	32
INSUPEN 33GX4MM.....	108	JYNNEOS.....	12
INSUPEN 29G X 12MM.....	108		
INSUPEN 31G X 5MM.....	108	<b>K</b>	
INSUPEN 31G X 8MM.....	108	KALETRA.....	6
INSUPEN 32G X 4MM.....	108	KALYDECO.....	46
INTELENCE.....	5	KAMELEON LUBRICATED.....	108
IN TOUCH DIABETES MANAGEM.....	107	KERENDIA.....	32
IN TOUCH LANCING DEVICE.....	107	KESIMPTA.....	59
IN TOUCH STERILE LANCETS.....	107	KETOCARE.....	89
INTRAROSA.....	51	ketoconazole cream 2%.....	86
IPOL INACTIVATED IPV.....	11	ketoconazole shampoo 2%.....	86
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	45	ketoconazole tab 200 mg.....	3
ipratropium bromide inhal soln 0.02%.....	45	KETONE.....	89
ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....	43	KETONE TEST STRIPS.....	89
ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....	43	ketorolac tromethamine ophth soln 0.4%.....	81
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg.....	37	ketorolac tromethamine ophth soln 0.5%.....	81
irbesartan tab 75 mg, 150 mg, 300 mg.....	37	ketorolac tromethamine tab 10 mg.....	65
irrigation solution, physiological.....	133	KETOSTIX.....	89
ISENTRESS.....	5	KEVZARA.....	65
ISENTRESS HD.....	6	KIMONO COLORS.....	108
isoniazid syrup 50 mg/5ml.....	3	KIMONO LUBRICATED.....	108
isoniazid tab 300 mg.....	3	KIMONO MAXX/LARGE FLARE.....	108
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....	41	KIMONO MICRO THIN.....	108
isosorbide dinitrate tab 5 mg, 40 mg.....	34	KIMONO MICRO THIN PLUS SP.....	108
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	34	KIMONO PLUS SPERMICIDE/LU.....	108
ISOSORBIDE MONONITRATE.....	34	KIMONO PLUS SPERMICIDE LU.....	108
		KIMONO PS LUBRICATED.....	108
		KIMONO PS PLUS SPERMICIDE.....	108
		KIMONO SENSATION LUBRICAT.....	108

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KIMONO SENSATION PLUS SPE.....	109	lamivudine-zidovudine tab 150-300 mg.....	6
KIMONO SPECIAL.....	109	lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg.....	69
KINERET.....	65	lamotrigine tab chewable dispersible 5 mg, 25 mg.....	69
KINNEY LANCETS.....	109	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	69
KINNEY THIN LANCETS.....	109	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	69
KINRAY INSULIN SYRINGE/0.....	109	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	69
KINRAY INSULIN SYRINGE PR.....	109	lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg.....	69
KINRIX.....	13	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg.....	69
KISQALI.....	17	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....	69
KISQALI FEMARA 200 DOSE.....	17	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....	69
KISQALI FEMARA 400 DOSE.....	17	lamotrigine tab 35 x 25 mg starter kit.....	69
KISQALI FEMARA 600 DOSE.....	17	LAMPIT.....	9
KLOXXADO.....	88	LANCET DEVICE ADJUSTABLE.....	110
KMART VALU PLUS INSULIN S.....	109	LANCET DEVICE WITH EJECTO.....	110
KOATE.....	78	LANCETS.....	110
KOATE-DVI.....	78	LANCETS - BAYER ASCENCIA.....	110
KOGENATE FS.....	78	LANCETS 28G.....	110
KOSELUGO.....	17	LANCETS 30G.....	110
KOVALTRY.....	78	LANCETS 30G/TWIST TOP.....	110
K-PHOS NO 2.....	51	LANCETS 33G EXTRA FINE.....	110
KRAZATI.....	17	LANCETS 30G TWIST TOP.....	110
KROGER AUTOLET LANCING DE.....	109	LANCETS 33G UNIVERSAL DES.....	110
KROGER HEALTHPRO TWIST LA.....	109	LANCETS MICRO THIN 33G.....	110
KROGER INSULIN SYRINGE/0.....	109	LANCETS SUPER THIN 28G.....	110
KROGER INSULIN SYRINGE/1M.....	109	LANCETS THIN.....	110
KROGER INSULIN SYRINGE/U.....	109	LANCETS ULTRA THIN 30G.....	110
KROGER LANCETS.....	109	LANCING DEVICE.....	110
KROGER LANCETS 21G.....	109	lansoprazole cap delayed release 30 mg.....	47
KROGER LANCETS MICRO THIN.....	109	lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental).....	49
KROGER LANCETS SUPER THIN.....	109	LANTUS.....	30
KROGER LANCETS THIN.....	109	LANTUS SOLOSTAR.....	30
KROGER LANCETS THIN 26G.....	109	LANZO.....	110
KROGER LANCETS ULTRATHIN.....	109	lapatinib ditosylate tab 250 mg (base equiv).....	18
KROGER LANCING DEVICE.....	109	latanoprost ophth soln 0.005%.....	81
KROGER PEN NEEDLES/31G X.....	109	LEADER ADVANCED LANCING D.....	110
KROGER PEN NEEDLES/32G X.....	109	LEADER INSULIN SYRINGE/0.....	110
KROGER PEN NEEDLES/33G X.....	110	LEADER INSULIN SYRINGE/1M.....	110
KROGER PEN NEEDLES 29G X.....	109	LEADER LANCETS COLORED.....	110
KROGER PEN NEEDLES 31G X.....	109	LEADER SUPER THIN LANCET.....	110
KROGER PEN NEEDLES 31GX1/.....	109	LEADER THIN LANCETS.....	110
		LEADER UNIFINE PENTIPS/MI.....	110
<b>L</b>		LEADER UNIFINE PENTIPS/NA.....	110
labetalol hcl tab 100 mg, 200 mg, 300 mg.....	34	LEADER UNIFINE PENTIPS/PL.....	110
lacosamide oral solution 10 mg/ml.....	69	LEADER UNIFINE PENTIPS PL.....	110
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg.....	69	LEDIPASVIR/SOFOSBUVIR.....	6
lactated ringer's for irrigation.....	133	leflunomide tab 10 mg, 20 mg.....	65
lactulose (encephalopathy) solution 10 gm/15ml.....	49		
lactulose solution 10 gm/15ml.....	47		
LAGEVRIO.....	6		
lamivudine oral soln 10 mg/ml.....	6		
lamivudine tab 150 mg.....	6		
lamivudine tab 300 mg.....	6		
lamivudine tab 100 mg (hbv).....	6		

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lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg.....	133	lidocaine hcl soln 4%.....	86
lenalidomide caps 2.5 mg.....	133	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	86
LENVIMA 4 MG DAILY DOSE.....	18	lidocaine hcl viscous soln 2%.....	83
LENVIMA 8 MG DAILY DOSE.....	18	lidocaine patch 5%.....	86
LENVIMA 10 MG DAILY DOSE.....	18	lidocaine-prilocaine cream 2.5-2.5%.....	87
LENVIMA 12MG DAILY DOSE.....	18	LIFESCAN UNISTIK 2 DEEP P.....	110
LENVIMA 14 MG DAILY DOSE.....	18	linezolid for susp 100 mg/5ml.....	9
LENVIMA 18 MG DAILY DOSE.....	18	linezolid tab 600 mg.....	9
LENVIMA 20 MG DAILY DOSE.....	18	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	31
LENVIMA 24 MG DAILY DOSE.....	18	lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.....	57
letrozole tab 2.5 mg.....	18	lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....	58
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg.....	18	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	37
LEUKERAN.....	18	lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg.....	37
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	18	LITETOUCH INSULIN PEN NEE.....	111
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	45	LITETOUCH INSULIN SYRINGE.....	111
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	45	LITE TOUCH LANCETS.....	111
LEVEMIR.....	30	LITETOUCH LANCETS MICRO T.....	111
LEVEMIR FLEXPEN.....	30	LITE TOUCH LANCING PEN.....	111
levetiracetam oral soln 100 mg/ml.....	69	LITETOUCH PEN NEEDLES/31.....	111
levetiracetam tab er 24hr 500 mg, 750 mg.....	69	LITETOUCH PEN NEEDLES/31G.....	111
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	69	LITETOUCH PEN NEEDLES 29G.....	111
LEVOBUNOLOL HCL.....	81	LITETOUCH PEN NEEDLES 31G.....	111
levocarnitine oral soln 1 gm/10ml (10%).....	32	LITFULO.....	87
levocarnitine tab 330 mg.....	32	LITHIUM CARBONATE.....	55
levocetirizine dihydrochloride tab 5 mg.....	42	lithium carbonate cap 150 mg, 300 mg, 600 mg.....	55
LEVOFLOXACIN.....	2	lithium carbonate tab er 300 mg.....	55
levofloxacin tab 250 mg, 500 mg, 750 mg.....	2	lithium carbonate tab er 450 mg.....	55
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.....	25	lithium carbonate tab 300 mg.....	55
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	25	LIVE BETTER ADVANCED LANC.....	111
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	25	LIVE BETTER LANCET SUPER.....	111
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	25	LIVE BETTER LANCET ULTRA.....	111
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	25	LIVE BETTER PEN NEEDLES 2.....	111
levonorgestrel tab 1.5 mg.....	25	LIVE BETTER PEN NEEDLES 3.....	111
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	25	LIVMARLI.....	49
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	25	LIVTENCITY.....	6
levorphanol tartrate tab 2 mg.....	63	LOKELMA.....	133
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg.....	31	LO LOESTRIN FE.....	25
LIBERTY MEDICAL LANCETS 3.....	110	LONGS INSULIN SYRINGE/0.5.....	111
LIBERTY MINI LANCING DEVI.....	110	LONGS LANCETS STANDARD.....	111
		LONGS LANCETS THIN.....	111
		LONGS LANCETS ULTRA THIN.....	111
		LONSURF.....	18
		lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	6
		lopinavir-ritonavir tab 100-25 mg.....	6
		lopinavir-ritonavir tab 200-50 mg.....	6
		loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	43

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loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	43	MECLOFENAMATE SODIUM.....	65
loratadine oral soln 5 mg/5ml.....	42	MEDICHOICE PRE-SET SAFETY.....	112
loratadine rapidly-disintegrating tab 10 mg.....	42	MEDICHOICE SAFETY LANCET.....	112
loratadine syrup 5 mg/5ml.....	42	MEDICINE SHOPPE LANCETS.....	112
loratadine tab 10 mg.....	42	MEDICINE SHOPPE LANCETS T.....	112
lorazepam conc 2 mg/ml.....	52	MEDICINE SHOPPE PEN NEEDL.....	112
lorazepam tab 0.5 mg, 1 mg, 2 mg.....	52	MEDIC INSULIN SYRINGE/0.3.....	112
LORBRENA.....	18	MEDIC INSULIN SYRINGE/0.5.....	112
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	38	MEDLANCE PLUS/LITE 25G.....	112
losartan potassium tab 100 mg.....	38	MEDLANCE PLUS EXTRA LANCE.....	112
losartan potassium tab 25 mg, 50 mg.....	38	MEDLANCE PLUS LANCETS LIT.....	112
LOTEMAX.....	81	MEDLANCE PLUS LITE LANCET.....	112
LOTEPREDNOL ETABONATE.....	81	MEDLANCE PLUS SPECIAL LAN.....	112
loteprednol etabonate ophth susp 0.2%.....	81	MEDLANCE PLUS SUPERLITE 3.....	112
loteprednol etabonate ophth susp 0.5%.....	81	MEDLANCE PLUS UNIVERSAL L.....	112
lovastatin tab 10 mg, 20 mg, 40 mg.....	40	medroxyprogesterone acetate im susp 150 mg/ml.....	25
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.....	55	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....	25
lubiprostone cap 8 mcg.....	49	medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....	26
lubiprostone cap 24 mcg.....	49	mefloquine hcl tab 250 mg.....	9
LUCEMYRA.....	59	megestrol acetate susp 40 mg/ml.....	18
LUMAKRAS.....	18	megestrol acetate tab 20 mg, 40 mg.....	18
LUMIGAN.....	81	MEIJER COLOR LANCETS UNIV.....	112
LUMRYZ.....	59	MEIJER LANCETS.....	112
lurasidone hcl tab 80 mg.....	55	MEIJER LANCETS THIN.....	112
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	55	MEIJER LANCETS UNIVERSAL.....	112
LYNPARZA.....	18	MEIJER PEN NEEDLES 29G X.....	112
LYSODREN.....	18	MEIJER PEN NEEDLES 31G X.....	112
LYTGOBI.....	18	MEIJER SUPER THIN LANCETS.....	112
<b>M</b>		MEKINIST.....	19
mafenide acetate packet for topical soln 5% (50 gm).....	87	MEKTOVI.....	19
MAGELLAN INSULIN SAFETY S.....	111	meloxicam tab 7.5 mg, 15 mg.....	65
MAGELLAN TUBERCULIN SAFET.....	111	MELPHALAN.....	19
malathion lotion 0.5%.....	87	memantine hcl oral solution 2 mg/ml.....	59
MARATHON MEDICAL PENTIPS.....	111	memantine hcl tab 5 mg, 10 mg.....	60
maraviroc tab 150 mg.....	6	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	60
maraviroc tab 300 mg.....	6	MENEST.....	24
MARPLAN.....	53	MENQUADFI.....	12
MATULANE.....	18	MENVEO.....	12
MAVENCLAD.....	59	meprobamate tab 200 mg.....	52
MAVYRET.....	6	meprobamate tab 400 mg.....	52
MAXICOMFORT II PEN NEEDLE.....	112	mercaptopurine tab 50 mg.....	19
MAXI-COMFORT INSULIN SYRI.....	112	mesalamine cap dr 400 mg.....	49
MAXI-COMFORT INSULIN SYRIN.....	112	mesalamine cap er 24hr 0.375 gm.....	49
MAXI-COMFORT SAFETY PEN N.....	112	MESALAMINE DR.....	49
MAXX LUBRICATED.....	112	mesalamine enema 4 gm.....	49
MAXX PLUS SPERMICIDE LUBR.....	112	mesalamine suppos 1000 mg.....	49
MAYZENT.....	59	mesalamine tab delayed release 1.2 gm.....	49
MAYZENT STARTER PACK.....	59	MESNEX.....	19
meclizine hcl tab 12.5 mg, 25 mg.....	48	metaxalone tab 400 mg, 800 mg.....	72
		metformin hcl tab er 24hr 500 mg, 750 mg.....	27

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metformin hcl tab 500 mg, 850 mg, 1000 mg.....	27	metronidazole gel 1%.....	87
methadone hcl conc 10 mg/ml.....	63	metronidazole lotion 0.75%.....	87
methadone hcl soln 5 mg/5ml.....	63	metronidazole tab 250 mg, 500 mg.....	10
methadone hcl soln 10 mg/5ml.....	63	metronidazole vaginal gel 0.75%.....	51
methadone hcl tab for oral susp 40 mg.....	63	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	36
methadone hcl tab 5 mg, 10 mg.....	63	MICRODOT PEN NEEDLE/31G X.....	113
methamphetamine hcl tab 5 mg.....	58	MICRODOT PEN NEEDLE/32G X.....	113
methazolamide tab 25 mg, 50 mg.....	39	MICRODOT PEN NEEDLE/33G X.....	113
methenamine hippurate tab 1 gm.....	9	MICROLET LANCETS.....	113
methimazole tab 5 mg, 10 mg.....	31	MICROLET NEXT.....	113
methocarbamol tab 500 mg, 750 mg.....	72	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	40
methotrexate sodium for inj 1 gm.....	19	MIFEPREX.....	32
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	19	mifepristone tab 200 mg.....	32
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250		mifepristone tab 300 mg.....	27
mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	19	MIGLITOL.....	27
methotrexate sodium tab 2.5 mg (base equiv).....	19	miglustat cap 100 mg.....	75
METHOXSALIN.....	87	MINI LANCING DEVICE.....	113
methscopolamine bromide tab 2.5 mg, 5 mg.....	47	minocycline hcl cap 50 mg, 75 mg, 100 mg.....	2
methsuximide cap 300 mg.....	69	minoxidil tab 2.5 mg, 10 mg.....	38
METHYLDOPA.....	38	mirtazapine orally disintegrating tab 15 mg, 30 mg, 45	
methylergonovine maleate tab 0.2 mg.....	31	mg.....	53
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la),		mirtazapine tab 7.5 mg, 45 mg.....	53
30 mg (la), 40 mg (la).....	58	mirtazapine tab 15 mg, 30 mg.....	54
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30		misoprostol tab 100 mcg, 200 mcg.....	47
mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	58	1ML VANISHPOINT TUBERCULI.....	132
methylphenidate hcl chew tab 10 mg.....	58	MM INSULIN SYRINGE/U-100/.....	113
methylphenidate hcl chew tab 2.5 mg, 5 mg.....	58	MM LANCING DEVICE.....	113
methylphenidate hcl soln 5 mg/5ml.....	58	MM PEN NEEDLES 31G X 3/16.....	113
methylphenidate hcl soln 10 mg/5ml.....	58	MM PEN NEEDLES 31G X 5/16.....	113
methylphenidate hcl tab er 10 mg, 20 mg.....	58	MM PEN NEEDLES 32G X 5/32.....	113
methylphenidate hcl tab er osmotic release (osm) 36		MM PEN NEEDLES 31G X 1/4".....	113
mg.....	58	M-M-R II.....	12
methylphenidate hcl tab er osmotic release (osm) 18		MM TWIST LANCETS.....	113
mg, 27 mg, 54 mg.....	58	M-NATAL PLUS.....	73
methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	58	modafinil tab 100 mg, 200 mg.....	58
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	23	MODERNA COVID-19 VACCINE.....	12
methylprednisolone tab therapy pack 4 mg (21).....	23	moexipril hcl tab 7.5 mg, 15 mg.....	38
methyltestosterone cap 10 mg.....	23	mometasone furoate cream 0.1%.....	87
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base		mometasone furoate oint 0.1%.....	87
equiv).....	50	mometasone furoate solution 0.1% (lotion).....	87
metoclopramide hcl tab 5 mg (base equivalent), 10 mg		MONOJECT HYPO/ALUM HUB/18.....	113
(base equivalent).....	50	MONOJECT HYPO/ALUM HUB/LU.....	113
metolazone tab 2.5 mg, 5 mg, 10 mg.....	39	MONOJECT INSULIN SYRINGE.....	113
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25		MONOJECT INSULIN SYRINGE/.....	113
mg, 100-50 mg.....	38	MONOJECT MAGELLAN SAFETY.....	113
metoprolol succinate tab er 24hr 25 mg (tartrate		MONOJECT TB SYRINGE-NDL 1.....	113
equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv),		MONOJECT TUBERCULIN SAFET.....	114
200 mg (tartrate equiv).....	34	MONOJECT TUBERCULIN SYRIN.....	114
metoprolol tartrate tab 50 mg, 100 mg.....	35	MONOJECT ULTRA COMFORT IN.....	114
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	34	MONOLET LANCETS.....	114
metronidazole cap 375 mg.....	10	MONOLET OPD LANCETS.....	114
metronidazole cream 0.75%.....	87	MONOLETTOR SAFETY LANCETS.....	114
metronidazole gel 0.75%.....	87		

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montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	45	nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	35
montelukast sodium tab 10 mg (base equiv).....	45	NEFAZODONE HYDROCHLORIDE.....	54
MORPHINE SULFATE.....	63	NEOMYCIN/POLYMYXIN/GRAMIC.....	81
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	63	neomycin-bacitrac zn-polymyx	
morphine sulfate tab er 100 mg, 200 mg.....	63	5(3.5)mg-400unt-10000unt op oin.....	81
morphine sulfate tab er 15 mg, 30 mg, 60 mg.....	63	neomycin-polymyxin-dexamethasone ophth oint	
morphine sulfate tab 15 mg.....	63	0.1%.....	81
morphine sulfate tab 30 mg.....	63	neomycin-polymyxin-dexamethasone ophth susp	
MOUNJARO.....	27	0.1%.....	81
MOVANTIK.....	50	neomycin-polymyxin-hc otic soln 1%.....	83
moxifloxacin hcl ophth soln 0.5% (base equiv).....	81	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000	
moxifloxacin hcl tab 400 mg (base equiv).....	2	unit/ml-1%.....	83
MS INSULIN SYRINGE/0.3ML/.....	114	neomycin sulfate tab 500 mg.....	3
MS INSULIN SYRINGE/0.5ML/.....	114	NEONATAL COMPLETE.....	73
MS INSULIN SYRINGE/1ML/29.....	114	NEONATAL PLUS.....	73
MS INSULIN SYRINGE/1ML/30.....	114	NEO-SYNALAR.....	87
MS INSULIN SYRINGE/1ML/31.....	114	NERLYNX.....	19
MULTAQ.....	36	NEULASTA.....	75
MULTI-LANCET DEVICE.....	114	NEVIRAPINE.....	6
mupirocin oint 2%.....	87	nevirapine tab er 24hr 400 mg.....	6
MYALEPT.....	32	nevirapine tab 200 mg.....	6
MYCAPSSA.....	32	NEXIUM.....	47
mycophenolate mofetil cap 250 mg.....	133	NEXLETOL.....	40
mycophenolate mofetil for oral susp 200 mg/ml.....	133	NEXLIZET.....	41
mycophenolate mofetil tab 500 mg.....	133	niacin tab er 500 mg (antihyperlipidemic),	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	133	750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....	41
MYFEMBREE.....	24	nicardipine hcl cap 20 mg, 30 mg.....	35
MYGLUCOHEALTH MGH SOFTLAN.....	114	nicotine polacrilex gum 2 mg, 4 mg.....	60
MYLERAN.....	19	nicotine polacrilex lozenge 2 mg, 4 mg.....	60
MYRBETRIQ.....	50	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	60
MYTESI.....	47	NICOTROL INHALER.....	60
<b>N</b>		NICOTROL NS.....	60
nabumetone tab 500 mg, 750 mg.....	65	nifedipine cap 10 mg, 20 mg.....	35
nadolol tab 20 mg, 40 mg, 80 mg.....	35	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	35
naloxone hcl inj 0.4 mg/ml.....	88	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	35
naloxone hcl inj 4 mg/10ml.....	88	nilutamide tab 150 mg.....	19
naloxone hcl nasal spray 4 mg/0.1ml.....	88	nimodipine cap 30 mg.....	35
naloxone hcl soln prefilled syringe 2 mg/2ml.....	88	NINLARO.....	19
NALOXONE HYDROCHLORIDE.....	89	NISOLDIPINE ER.....	35
naltrexone hcl tab 50 mg.....	89	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	35
naproxen sodium tab 275 mg.....	65	nitazoxanide tab 500 mg.....	10
naproxen sodium tab 550 mg.....	65	nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	32
naproxen tab 500 mg.....	65	NITRO-BID.....	34
naproxen tab 250 mg, 375 mg.....	65	nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg.....	10
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	67	nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	10
NATACYN.....	81	nitrofurantoin susp 25 mg/5ml.....	10
nateglinide tab 60 mg, 120 mg.....	28		
NAYZILAM.....	69		

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nitroglycerin oint 0.4%.....	83	NOVOLIN N FLEXPEN.....	30
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	34	NOVOLIN N FLEXPEN RELION.....	30
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	34	NOVOLIN N RELION.....	30
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	34	NOVOLIN R.....	29
NITYR.....	33	NOVOLIN R FLEXPEN.....	29
NIVA-PLUS.....	73	NOVOLIN R FLEXPEN RELION.....	29
NIVA THYROID.....	31	NOVOLIN R RELION.....	29
NIVESTYM.....	75	NOVOLOG.....	29
NIZATIDINE.....	48	NOVOLOG FLEXPEN.....	29
NORDITROPIN FLEXPEN.....	33	NOVOLOG FLEXPEN RELION.....	29
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	26	NOVOLOG MIX 70/30.....	30
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	26	NOVOLOG MIX 70/30 PREFILL.....	30
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	26	NOVOLOG MIX 70/30 RELION.....	30
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	26	NOVOLOG PENFILL.....	29
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	26	NOVOLOG RELION.....	29
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	26	NOVOSEVEN RT.....	78
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg.....	24	NOXAFIL.....	4
norethindrone acetate tab 5 mg.....	26	NP THYROID 15.....	31
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	26	NP THYROID 30.....	31
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg.....	26	NP THYROID 60.....	31
norethindrone tab 0.35 mg.....	26	NP THYROID 90.....	31
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	26	NP THYROID 120.....	31
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg.....	26	NUBEQA.....	19
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	26	NUCALA.....	45
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	54	NUCYNTA ER.....	63
nortriptyline hcl soln 10 mg/5ml.....	54	NULIBRY.....	33
NORVIR.....	6	NURTEC.....	67
NOVA SAFETY LANCETS 23G.....	114	NUVARING.....	26
NOVA SAFETY LANCETS 28G.....	114	NUWIQ.....	78
NOVA SUREFLEX LANCETS.....	114	nystatin cream 100000 unit/gm.....	87
NOVA SUREFLEX LANCING DEV.....	114	nystatin oint 100000 unit/gm.....	87
NOVAVAX COVID-19 VACCINE/.....	12	nystatin susp 100000 unit/ml.....	83
NOVOEIGHT.....	78	nystatin tab 500000 unit.....	4
NOVOFINE AUTOCOVER PEN NE.....	114	nystatin topical powder 100000 unit/gm.....	87
NOVOFINE PEN NEEDLE 32G X.....	114	nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	87
NOVOFINE PLUS PEN NEEDLE.....	114	nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	87
NOVOLIN 70/30.....	30	NYVEPRIA.....	75
NOVOLIN 70/30 FLEXPEN.....	30	<b>O</b>	
NOVOLIN 70/30 FLEXPEN REL.....	30	OBIZUR.....	78
NOVOLIN 70/30 RELION.....	30	octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....	33
NOVOLIN N.....	30	octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml).....	33
		ODEFSEY.....	6
		ODOMZO.....	19
		OFEV.....	46
		ofloxacin ophth soln 0.3%.....	81
		ofloxacin otic soln 0.3%.....	83
		ofloxacin tab 400 mg.....	3
		OGSIVEO.....	19
		OJJAARA.....	19

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olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....	55	ORAVIG.....	83
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....	55	ORENCIA.....	65
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg.....	38	ORENCIA CLICKJECT.....	65
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	38	ORENITRAM.....	42
olmesartan medoxomil tab 5 mg.....	38	ORENITRAM TITRATION KIT M.....	42
olmesartan medoxomil tab 20 mg, 40 mg.....	38	ORFADIN.....	33
olopatadine hcl nasal soln 0.6%.....	43	ORGOVYX.....	19
OLUMIANT.....	65	ORIAHNN.....	24
omega-3-acid ethyl esters cap 1 gm.....	41	ORLISSA.....	33
omeprazole cap delayed release 20 mg.....	48	ORKAMBI.....	46
omeprazole cap delayed release 10 mg, 40 mg.....	48	ORLADEYO.....	79
OMNIFLEX DIAPHRAGM.....	114	orphenadrine citrate tab er 12hr 100 mg.....	72
OMNIPOD CLASSIC PODS (GEN.....	114	ORSERDU.....	19
OMNIPOD DASH INTRO KIT (G.....	114	oseltamivir phosphate cap 30 mg (base equiv).....	6
OMNIPOD DASH PODS (GEN 4).....	115	oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....	6
OMNIPOD 5 G6 INTRO KIT (G.....	115	oseltamivir phosphate for susp 6 mg/ml (base equiv).....	7
OMNIPOD GO 10 UNITS/DAY.....	115	OSPHERA.....	33
OMNIPOD GO 15 UNITS/DAY.....	115	OTEZLA.....	65
OMNIPOD GO 20 UNITS/DAY.....	115	OTREXUP.....	65
OMNIPOD GO 25 UNITS/DAY.....	115	oxaprozin tab 600 mg.....	66
OMNIPOD GO 30 UNITS/DAY.....	115	oxazepam cap 10 mg, 15 mg, 30 mg.....	52
OMNIPOD GO 35 UNITS/DAY.....	115	oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	69
OMNIPOD GO 40 UNITS/DAY.....	115	oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	69
OMNIPOD 5 G6 PODS (GEN 5).....	115	oxiconazole nitrate cream 1%.....	87
OMNITROPE.....	33	oxybutynin chloride solution 5 mg/5ml.....	50
ondansetron hcl oral soln 4 mg/5ml.....	48	oxybutynin chloride tab er 24hr 5 mg.....	50
ondansetron hcl tab 4 mg, 8 mg.....	48	oxybutynin chloride tab er 24hr 10 mg.....	50
ondansetron orally disintegrating tab 4 mg, 8 mg.....	48	oxybutynin chloride tab er 24hr 15 mg.....	50
ONETOUCH DELICA LANCETS E.....	115	oxybutynin chloride tab 5 mg.....	50
ONETOUCH DELICA LANCETS F.....	115	oxycodone hcl cap 5 mg.....	63
ONETOUCH DELICA LANCING D.....	115	oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	63
ONETOUCH DELICA PLUS LANC.....	115	oxycodone hcl soln 5 mg/5ml.....	63
ONETOUCH DELICA SAFETY LA.....	115	oxycodone hcl tab 5 mg.....	63
ONETOUCH LANCETS.....	115	oxycodone hcl tab 10 mg.....	63
ONETOUCH ULTRA.....	89	oxycodone hcl tab 20 mg.....	63
ONETOUCH ULTRA 2.....	115	oxycodone hcl tab 15 mg, 30 mg.....	63
ONETOUCH ULTRASOFT 2 LANC.....	115	oxycodone w/ acetaminophen tab 7.5-325 mg.....	63
ONETOUCH ULTRA TEST STRIP.....	89	oxycodone w/ acetaminophen tab 10-325 mg.....	63
ONETOUCH VERIO.....	115	oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....	63
ONETOUCH VERIO FLEX BLOOD.....	115	OZEMPIC.....	28
ONETOUCH VERIO IQ BLOOD G.....	115		
ONETOUCH VERIO REFLECT.....	115	<b>P</b>	
ONETOUCH VERIO TEST STRIP.....	89	paliperidone tab er 24hr 6 mg.....	55
ONE VITE WOMENS PRENATAL.....	73	paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	55
ONUREG.....	19	PANRETIN.....	87
OPSUMIT.....	41	pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv).....	48
OPTIONS GYNOL II VAGINAL.....	51	pantoprazole sodium for delayed release susp packet 40 mg.....	48
OPVEE.....	89	paricalcitol cap 4 mcg.....	33

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paricalcitol cap 1 mcg, 2 mcg.....	33	PENTIPS 32GX6MM.....	117
paroxetine hcl oral susp 10 mg/5ml (base equiv).....	54	PENTIPS 29GX12MM.....	117
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....	54	PENTIPS 29G X 12MM.....	117
paroxetine mesylate cap 7.5 mg (base equiv).....	60	PENTIPS 31G X 5MM.....	117
PAXLOVID.....	7	PENTIPS 31G X 8MM.....	117
pazopanib hcl tab 200 mg (base equiv).....	19	PENTIPS 32G X 4MM.....	117
PC UNIFINE PENTIPS 29G X.....	115	<b>pentoxifylline tab er 400 mg.....</b>	<b>79</b>
PC UNIFINE PENTIPS 31G X.....	116	PERFECT LANCETS 30G.....	117
PEDIARIX.....	13	PERFECT PRESSURE ACTIVATE.....	117
PEDVAX HIB.....	12	PERINDOPRIL ERBUMINE.....	38
PEGASYS.....	7	<b>perindopril erbumine tab 4 mg.....</b>	<b>38</b>
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236</b>		<b>permethrin cream 5%.....</b>	<b>87</b>
<b>gm.....</b>	<b>47</b>	PERPHENAZINE/AMITRIPTYLIN.....	60
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln</b>		<b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....</b>	<b>55</b>
<b>100 gm.....</b>	<b>47</b>	PFIZER-BIONTECH COVID-19.....	12
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....</b>	<b>47</b>	PHARMACIST CHOICE SELECT.....	117
PEMAZYRE.....	19	PHARMACIST CHOICE ULTRA T.....	117
PENBRAYA.....	12	PHARMACY COUNTER LANCETS.....	117
<b>penciclovir cream 1%.....</b>	<b>87</b>	PHEBURANE.....	33
<b>penicillamine tab 250 mg.....</b>	<b>133</b>	PHENELZINE SULFATE.....	54
PENICILLIN V POTASSIUM.....	1	<b>phenobarbital elixir 20 mg/5ml.....</b>	<b>56</b>
<b>penicillin v potassium tab 250 mg, 500 mg.....</b>	<b>1</b>	<b>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60</b>	
PEN NEEDLES.....	116	<b>mg, 64.8 mg, 97.2 mg, 100 mg.....</b>	<b>56</b>
PEN NEEDLES/29G X 1/2".....	116	<b>phenoxybenzamine hcl cap 10 mg.....</b>	<b>38</b>
PEN NEEDLES/31G X 1/4".....	116	<b>phenylephrine hcl ophth soln 2.5%, 10%.....</b>	<b>81</b>
PEN NEEDLES/31G X 3/16".....	117	<b>phenytoin chew tab 50 mg.....</b>	<b>69</b>
PEN NEEDLES/31G X 5/16".....	117	<b>phenytoin sodium extended cap 100 mg.....</b>	<b>69</b>
PEN NEEDLES/32G X 5/32".....	117	<b>phenytoin sodium extended cap 200 mg, 300 mg.....</b>	<b>69</b>
PEN NEEDLES/31G X 6MM.....	117	<b>phenytoin susp 125 mg/5ml.....</b>	<b>70</b>
PEN NEEDLES 31GX5/16".....	116	PHEXXI.....	51
PEN NEEDLES 31G X 3/16".....	116	PHOSPHOLINE IODIDE.....	81
PEN NEEDLES 33G X 5/32".....	116	<b>phytonadione tab 5 mg.....</b>	<b>73</b>
PEN NEEDLES 30GX5MM.....	116	PIFELTRO.....	7
PEN NEEDLES 30GX8MM.....	116	<b>pilocarpine hcl ophth soln 1%.....</b>	<b>81</b>
PEN NEEDLES 31GX5MM.....	116	<b>pilocarpine hcl ophth soln 2%, 4%.....</b>	<b>81</b>
PEN NEEDLES 31GX8MM.....	116	<b>pilocarpine hcl tab 5 mg, 7.5 mg.....</b>	<b>83</b>
PEN NEEDLES 32GX4MM.....	116	<b>pimecrolimus cream 1%.....</b>	<b>87</b>
PEN NEEDLES 29GX12MM.....	116	PIMOZIDE.....	60
PEN NEEDLES 31G X 5MM.....	116	<b>pindolol tab 5 mg, 10 mg.....</b>	<b>35</b>
PEN NEEDLES 31G X 6MM.....	116	<b>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850</b>	
PEN NEEDLES 31G X 8MM.....	116	<b>mg.....</b>	<b>28</b>
PEN NEEDLES 32G X 4MM.....	116	<b>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base</b>	
PEN NEEDLES 32G X 5MM.....	116	<b>equiv), 45 mg (base equiv).....</b>	<b>28</b>
PEN NEEDLES 32G X 6MM.....	116	PIP LANCETS/28G.....	117
PEN NEEDLES 31GX8MM (5/16).....	116	PIP LANCETS/30G.....	117
PEN NEEDLES 31GX6MM (1/4").....	116	PIP PEN NEEDLES 31G X 5MM.....	117
PENTACEL.....	13	PIP PEN NEEDLES 32G X 4MM.....	117
<b>pentamidine isethionate for nebulization soln 300</b>		PIQRAY 200MG DAILY DOSE.....	19
<b>mg.....</b>	<b>10</b>	PIQRAY 250MG DAILY DOSE.....	19
PENTIPS 31GX5MM.....	117	PIQRAY 300MG DAILY DOSE.....	20
PENTIPS 31GX6MM.....	117	PIRFENIDONE.....	46
PENTIPS 31GX8MM.....	117	<b>pirfenidone cap 267 mg.....</b>	<b>46</b>
PENTIPS 32GX4MM.....	117	<b>pirfenidone tab 267 mg.....</b>	<b>46</b>

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pirfenidone tab 801 mg.....	46	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	23
piroxicam cap 10 mg, 20 mg.....	66	PREFERRED PLUS INSULIN SY.....	118
pitavastatin calcium tab 4 mg.....	41	PREFERRED PLUS LANCETS CO.....	118
pitavastatin calcium tab 1 mg, 2 mg.....	41	PREFERRED PLUS LANCETS SU.....	118
PLEGRIDY.....	60	PREFERRED PLUS LANCETS TH.....	118
PLEGRIDY STARTER PACK.....	60	PREFERRED PLUS UNIFINE PE.....	118
PNEUMOVAX 23.....	12	<b>pregabalin cap 225 mg, 300 mg.....</b>	<b>70</b>
PNEUMOVAX 23/1 DOSE.....	12	<b>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....</b>	<b>70</b>
PODOFILOX.....	87	<b>pregabalin soln 20 mg/ml.....</b>	<b>70</b>
<b>podofilox gel 0.5%.....</b>	<b>87</b>	PREHEVBRIO.....	12
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....</b>	<b>82</b>	PREMARIN.....	24
POMALYST.....	20	PREMPHASE.....	25
<b>posaconazole susp 40 mg/ml.....</b>	<b>4</b>	PREMPRO.....	25
<b>posaconazole tab delayed release 100 mg.....</b>	<b>4</b>	PRENATAL.....	73
<b>potassium chloride cap er 8 meq, 10 meq.....</b>	<b>74</b>	PRENATAL 19.....	73
<b>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....</b>	<b>74</b>	PRENATAL PLUS.....	73
<b>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....</b>	<b>74</b>	PRENATAL PLUS VITAMIN AND.....	73
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<b>potassium chloride tab er 8 meq (600 mg).....</b>	<b>74</b>	PRETOMANID.....	3
<b>potassium citrate tab er 5 meq (540 mg).....</b>	<b>52</b>	PREVENT DROPSAFE SAFETY P.....	118
<b>potassium citrate tab er 10 meq (1080 mg).....</b>	<b>52</b>	PREVENT SAFETY PEN NEEDLE.....	118
<b>potassium citrate tab er 15 meq (1620 mg).....</b>	<b>52</b>	PREVIDENT RINSE.....	83
<b>potassium phosphate monobasic tab 500 mg.....</b>	<b>74</b>	PREVNAR 13.....	12
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg.....</b>	<b>74</b>	PREVNAR 20.....	12
<b>pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg.....</b>	<b>71</b>	PREVYMIS.....	7
<b>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....</b>	<b>71</b>	PREZCOBIX.....	7
<b>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....</b>	<b>79</b>	PREZISTA.....	7
<b>pravastatin sodium tab 80 mg.....</b>	<b>41</b>	PRIFTIN.....	3
<b>pravastatin sodium tab 10 mg, 20 mg, 40 mg.....</b>	<b>41</b>	<b>primaquine phosphate tab 26.3 mg (15 mg base).....</b>	<b>9</b>
<b>praziquantel tab 600 mg.....</b>	<b>9</b>	<b>primidone tab 50 mg, 250 mg.....</b>	<b>70</b>
<b>prazosin hcl cap 1 mg, 2 mg, 5 mg.....</b>	<b>38</b>	PRIORIX.....	12
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<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....</b>	<b>23</b>	PROCRIT.....	75
<b>prednisolone soln 15 mg/5ml.....</b>	<b>23</b>	PROCTOFOAM HC.....	83
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		PRODIGY TWIST TOP LANCETS.....	118
		PROFILNINE.....	79
		<b>progesterone cap 100 mg, 200 mg.....</b>	<b>26</b>
		PROMACTA.....	75
		<b>promethazine-dm syrup 6.25-15 mg/5ml.....</b>	<b>43</b>
		<b>promethazine hcl suppos 12.5 mg, 25 mg.....</b>	<b>42</b>

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<b>promethazine hcl syrup 6.25 mg/5ml.....</b>	<b>42</b>	QC PEN NEEDLES 31G X 8MM.....	119
<b>promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....</b>	<b>43</b>	QC UNIFINE PENTIPS 32GX4M.....	119
PROMETHAZINE VC.....	43	QC UNILET LANCETS 33G/MIC.....	119
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<b>promethazine w/ codeine syrup 6.25-10 mg/5ml.....</b>	<b>43</b>	QINLOCK.....	20
<b>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....</b>	<b>36</b>	QUADRACEL.....	13
<b>propafenone hcl tab 150 mg, 225 mg, 300 mg.....</b>	<b>36</b>	<b>quetiapine fumarate tab er 24hr 150 mg, 200 mg.....</b>	<b>55</b>
<b>propracaine hcl ophth soln 0.5%.....</b>	<b>82</b>	<b>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg.....</b>	<b>55</b>
<b>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....</b>	<b>35</b>	<b>quetiapine fumarate tab 300 mg, 400 mg.....</b>	<b>55</b>
<b>propranolol hcl oral soln 20 mg/5ml.....</b>	<b>35</b>	<b>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....</b>	<b>55</b>
<b>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....</b>	<b>35</b>	<b>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....</b>	<b>38</b>
<b>propylthiouracil tab 50 mg.....</b>	<b>31</b>	<b>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....</b>	<b>38</b>
PROQUAD.....	12	<b>quinidine gluconate tab er 324 mg.....</b>	<b>36</b>
<b>protriptyline hcl tab 5 mg, 10 mg.....</b>	<b>54</b>	QUINIDINE SULFATE.....	36
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<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....</b>	<b>43</b>	QULIPTA.....	67
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PX EXTRA SHORT PEN NEEDLE.....	119	RA E-ZJECT LANCETS THIN 2.....	119
PX INSULIN SYRINGE/U-100/.....	119	RA E-ZJECT LANCETS ULTRA.....	119
PX LANCETS MICROTHIN 33G.....	119	RA INSULIN SYRINGE/0.5ML/.....	120
PX LANCETS ULTRA THIN.....	119	RA INSULIN SYRINGE/1ML/29.....	120
PX LANCETS ULTRA THIN 28G.....	119	RA INSULIN SYRINGE/U-100/.....	120
PX MINI PEN NEEDLES 31GX5.....	119	<b>raloxifene hcl tab 60 mg.....</b>	<b>33</b>
PX PEN NEEDLE 31GX8MM.....	119	<b>ramelteon tab 8 mg.....</b>	<b>56</b>
PX PEN NEEDLE 29GX12MM.....	119	<b>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....</b>	<b>38</b>
<b>pyrazinamide tab 500 mg.....</b>	<b>3</b>	<b>ranolazine tab er 12hr 500 mg, 1000 mg.....</b>	<b>34</b>
<b>pyridostigmine bromide oral soln 60 mg/5ml.....</b>	<b>72</b>	RA PEN NEEDLES 31G X 5MM.....	120
<b>pyridostigmine bromide tab er 180 mg.....</b>	<b>72</b>	RA PEN NEEDLES 31G X 8MM.....	120
<b>pyridostigmine bromide tab 60 mg.....</b>	<b>72</b>	<b>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv).....</b>	<b>71</b>
<b>pyrimethamine tab 25 mg.....</b>	<b>9</b>	RAVICTI.....	33
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QC INSULIN SYRINGE/0.3ML/.....	119	REALITY LATEX/ULTRA TEXTU.....	120
QC INSULIN SYRINGE/0.5ML/.....	119	REALITY LATEX/ULTRA THIN.....	120
QC INSULIN SYRINGE/1ML/29.....	119	REALITY LATEX CONDOMS/LUB.....	120
QC INSULIN SYRINGE/1ML/31.....	119	REALITY TRIGGER LANCETS.....	120
QC LANCETS SUPER THIN.....	119	REBIF.....	60
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REBIF TITRATION PACK.....	60	RIGHTEST GL300 LANCETS.....	121
REBINYN.....	79	<b>riluzole tab 50 mg.....</b>	<b>72</b>
RECOMBINATE.....	79	RIMANTADINE HYDROCHLORIDE.....	7
RECOMBIVAX HB.....	12	<b>ringer's solution for irrigation.....</b>	<b>134</b>
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REGRANEX.....	87	<b>risedronate sodium tab delayed release 35 mg.....</b>	<b>33</b>
RELENZA DISKHALER.....	7	<b>risedronate sodium tab 5 mg, 30 mg.....</b>	<b>33</b>
RELION 2-IN-1 LANCET DEV.....	121	<b>risedronate sodium tab 35 mg, 150 mg.....</b>	<b>33</b>
RELION 2-IN-1 LANCING DEV.....	121	<b>risperidone orally disintegrating tab 4 mg.....</b>	<b>56</b>
RELION INSULIN SYRINGE 0.....	120	<b>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2</b>	
RELION INSULIN SYRINGE/U.....	120	<b>mg, 3 mg.....</b>	<b>55</b>
RELION INSULIN SYRINGE 1M.....	120	<b>risperidone soln 1 mg/ml.....</b>	<b>56</b>
RELION KETONE TEST STRIPS.....	89	<b>risperidone tab 0.25 mg.....</b>	<b>56</b>
RELION LANCETS.....	120	<b>risperidone tab 4 mg.....</b>	<b>56</b>
RELION LANCETS MICRO-THIN.....	120	<b>risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....</b>	<b>56</b>
RELION LANCETS THIN 26G.....	120	<b>ritonavir tab 100 mg.....</b>	<b>7</b>
RELION LANCETS ULTRA-THIN.....	120	<b>rivastigmine tartrate cap 1.5 mg (base equivalent), 3</b>	
RELION LANCING DEVICE.....	120	<b>mg (base equivalent), 4.5 mg (base equivalent), 6 mg</b>	
RELION MINI PEN NEEDLES 3.....	121	<b>(base equivalent).....</b>	<b>60</b>
RELION PEN NEEDLES/31G X.....	121	<b>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr,</b>	
RELION PEN NEEDLES 29GX12.....	121	<b>13.3 mg/24hr.....</b>	<b>60</b>
RELION PEN NEEDLES 31G X.....	121	RIXUBIS.....	79
RELION PEN NEEDLES 32G X.....	121	<b>rizatriptan benzoate oral disintegrating tab 5 mg (base</b>	
RELION PEN NEEDLES 31GX5/.....	121	<b>eq).....</b>	<b>67</b>
RELION PEN NEEDLES 31GX6M.....	121	<b>rizatriptan benzoate oral disintegrating tab 10 mg</b>	
RELION PEN NEEDLES 31GX8M.....	121	<b>(base eq).....</b>	<b>67</b>
RELION PEN NEEDLES 32GX4M.....	121	<b>rizatriptan benzoate tab 5 mg (base equivalent).....</b>	<b>67</b>
RELION R.....	29	<b>rizatriptan benzoate tab 10 mg (base equivalent).....</b>	<b>67</b>
RELION SHORT PEN NEEDLES.....	121	<b>roflumilast tab 250 mcg, 500 mcg.....</b>	<b>45</b>
RELION THIN LANCETS.....	121	<b>ropinirole hydrochloride tab er 24hr 2 mg (base</b>	
RELION ULTRA THIN LANCETS.....	121	<b>equivalent), 4 mg (base equivalent), 6 mg (base</b>	
RELION ULTRA THIN PLUS LA.....	121	<b>equivalent), 8 mg (base equivalent), 12 mg (base</b>	
<b>repaglinide tab 0.5 mg, 1 mg, 2 mg.....</b>	<b>28</b>	<b>equivalent).....</b>	<b>71</b>
REPATHA.....	41	<b>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2</b>	
REPATHA PUSHTRONEX SYSTEM.....	41	<b>mg, 3 mg, 4 mg, 5 mg.....</b>	<b>71</b>
REPATHA SURECLICK.....	41	<b>rosuvastatin calcium tab 40 mg.....</b>	<b>41</b>
RESTASIS.....	82	<b>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....</b>	<b>41</b>
RETACRIT.....	75	ROTARIX.....	12
RETEVMO.....	20	ROTATEQ.....	12
RETROVIR.....	7	ROZLYTREK.....	20
REVLIMID.....	134	RUBRACA.....	20
REXALL LANCETS ULTRA THIN.....	121	<b>rufinamide susp 40 mg/ml.....</b>	<b>70</b>
REXULTI.....	55	<b>rufinamide tab 200 mg, 400 mg.....</b>	<b>70</b>
REYATAZ.....	7	RUKOBIA.....	7
REYVOW.....	67	RYBELSUS.....	28
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RIASTAP.....	79	SAFE-T-LANCE LOW FLOW 25G.....	121
RIBAVIRIN.....	7	SAFE-T-LANCE NORMAL FLOW.....	121
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<b>rifampin cap 150 mg, 300 mg.....</b>	<b>3</b>	SAFETY LANCETS.....	121
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SAFETY LANCETS/PRESSURE A.....	121	<b>simvastatin tab 10 mg, 40 mg.....</b>	<b>41</b>
SAFETY LANCETS 21G.....	121	SINGLE-LET.....	122
SAFETY LANCETS 23G.....	121	<b>sirolimus oral soln 1 mg/ml.....</b>	<b>134</b>
SAFETY LANCETS 28G.....	121	<b>sirolimus tab 0.5 mg, 1 mg, 2 mg.....</b>	<b>134</b>
SAFETY PEN NEEDLES/30G X.....	121	SIRTURO.....	3
SANTYL.....	87	SIVEXTRO.....	10
<b>sapropterin dihydrochloride powder packet 100 mg,</b>		SKYCLARYS.....	72
<b>500 mg.....</b>	<b>33</b>	SKYRIZI.....	50
<b>sapropterin dihydrochloride tab 100 mg.....</b>	<b>33</b>	SKYRIZI PEN.....	87
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SAVELLA TITRATION PACK.....	61	SMART SENSE THIN LANCETS.....	122
<b>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base</b>		SM MICRO THIN LANCETS 33G.....	122
<b>equiv).....</b>	<b>28</b>	SM TRUEDRAW LANCING DEVIC.....	122
<b>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....</b>	<b>28</b>	<b>sodium chloride irrigation soln 0.9%.....</b>	<b>52</b>
<b>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000</b>		<b>sodium chloride soln nebu 7%.....</b>	<b>43</b>
<b>mg.....</b>	<b>28</b>	<b>sodium chloride soln nebu 3%, 10%.....</b>	<b>43</b>
SB INSULIN SYRINGE/U-100/.....	122	<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml.....</b>	<b>52</b>
SB LANCETS THIN.....	122	SODIUM FLUORIDE.....	74
SB LANCETS ULTRA THIN.....	122	<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg</b>	
SCEMBLIX.....	20	<b>naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg</b>	
SCHNUCKS INSULIN SYRINGE.....	122	<b>naf).....</b>	<b>74</b>
<b>scopolamine td patch 72hr 1 mg/3days.....</b>	<b>48</b>	<b>sodium fluoride cream 1.1%.....</b>	<b>83</b>
SECURESAFE SAFETY INSULIN.....	122	<b>sodium fluoride gel 1.1% (0.5% f).....</b>	<b>83</b>
SECURESAFE SAFETY PEN NEE.....	122	<b>sodium fluoride paste 1.1%.....</b>	<b>83</b>
SELECT-LITE LANCING DEVIC.....	122	<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml</b>	
<b>selegiline hcl cap 5 mg.....</b>	<b>71</b>	<b>naf).....</b>	<b>74</b>
<b>selegiline hcl tab 5 mg.....</b>	<b>71</b>	SODIUM OXYBATE.....	61
<b>selenium sulfide lotion 2.5%.....</b>	<b>87</b>	<b>sodium phenylbutyrate oral powder 3 gm/</b>	
SELZENTRY.....	7	<b>teaspoonful.....</b>	<b>33</b>
SE-NATAL 19.....	73	<b>sodium phenylbutyrate tab 500 mg.....</b>	<b>33</b>
SEREVENT DISKUS.....	45	<b>sodium polystyrene sulfonate powder.....</b>	<b>134</b>
<b>sertraline hcl oral concentrate for solution 20 mg/</b>		<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</b>	
<b>ml.....</b>	<b>54</b>	<b>gm/177ml.....</b>	<b>47</b>
<b>sertraline hcl tab 25 mg, 50 mg, 100 mg.....</b>	<b>54</b>	SOFOSBUVIR/VELPATASVIR.....	7
<b>sevelamer carbonate packet 0.8 gm, 2.4 gm.....</b>	<b>50</b>	SOHONOS.....	72
<b>sevelamer carbonate tab 800 mg.....</b>	<b>50</b>	<b>solifenacin succinate tab 5 mg, 10 mg.....</b>	<b>50</b>
<b>sevelamer hcl tab 400 mg.....</b>	<b>50</b>	SOLIQUA 100/33.....	28
<b>sevelamer hcl tab 800 mg.....</b>	<b>50</b>	SOLUS V2 LANCING DEVICE.....	122
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<b>silodosin cap 4 mg, 8 mg.....</b>	<b>52</b>	SOOLANTRA.....	87
<b>silver sulfadiazine cream 1%.....</b>	<b>87</b>	<b>sorafenib tosylate tab 200 mg (base equivalent).....</b>	<b>20</b>
SIMBRINZA.....	82	<b>sotalol hcl (afib/afI) tab 80 mg, 120 mg, 160 mg.....</b>	<b>35</b>
SIMPLE DIAGNOSTICS LANCIN.....	122	<b>sotalol hcl tab 240 mg.....</b>	<b>35</b>
SIMPONI.....	66	<b>sotalol hcl tab 80 mg, 120 mg, 160 mg.....</b>	<b>35</b>
<b>simvastatin tab 5 mg.....</b>	<b>41</b>	SOVALDI.....	7
<b>simvastatin tab 20 mg.....</b>	<b>41</b>	SPIKEVAX COVID-19 VACCINE.....	13
<b>simvastatin tab 80 mg.....</b>	<b>41</b>	SPINOSAD.....	87

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SPIRIVA HANDIHALER.....	45	SURE COMFORT LANCETS 23G.....	123
SPIRIVA RESPIMAT.....	45	SURE COMFORT LANCETS 28G.....	123
<b>spironolactone &amp; hydrochlorothiazide tab 25-25</b>		SURE COMFORT LANCETS 30G.....	123
<b>mg.....</b>	<b>39</b>	SURE COMFORT LANCING PEN.....	123
<b>spironolactone tab 25 mg, 50 mg, 100 mg.....</b>	<b>39</b>	SURE COMFORT PEN NEEDLES.....	123
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<b>stannous fluoride gel 0.4%.....</b>	<b>83</b>	SUTAB.....	47
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1ST CHOICE LANCETS THIN.....	133	SYMDEKO.....	46
1ST CHOICE LANCETS ULTRA.....	133	SYMFI.....	8
STELARA.....	87	SYMFI LO.....	8
STERILANCE TL.....	122	SYMLINPEN 60.....	28
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STRENSIQ.....	33	SYMPROIC.....	50
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STRIVERDI RESPIMAT.....	45	SYNAREL.....	33
1ST TIER UNIFINE PENTIPS.....	133	SYNJARDY.....	28
<b>sucalfate tab 1 gm.....</b>	<b>48</b>	SYNJARDY XR.....	28
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<b>sulfacetamide sodium lotion 10% (acne).....</b>	<b>88</b>	<b>T</b>	
<b>sulfacetamide sodium ophth soln 10%.....</b>	<b>82</b>	TABLOID.....	20
SULFADIAZINE.....	3	TABRECTA.....	20
<b>sulfamethoxazole-trimethoprim susp 200-40</b>		<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg.....</b>	<b>134</b>
<b>mg/5ml.....</b>	<b>10</b>	<b>tacrolimus oint 0.03%, 0.1%.....</b>	<b>88</b>
<b>sulfamethoxazole-trimethoprim tab 400-80 mg.....</b>	<b>10</b>	<b>tadalafil tab 2.5 mg, 5 mg.....</b>	<b>42</b>
<b>sulfamethoxazole-trimethoprim tab 800-160 mg.....</b>	<b>10</b>	<b>tadalafil tab 20 mg (pah).....</b>	<b>42</b>
SULFAMYLON.....	88	TAFINLAR.....	20
<b>sulfasalazine tab delayed release 500 mg.....</b>	<b>50</b>	<b>tafluprost preservative free (pf) ophth soln</b>	
<b>sulfasalazine tab 500 mg.....</b>	<b>50</b>	<b>0.0015%.....</b>	<b>82</b>
<b>sulindac tab 150 mg, 200 mg.....</b>	<b>66</b>	TAGRISO.....	21
<b>sumatriptan nasal spray 5 mg/act.....</b>	<b>67</b>	TAKHZYRO.....	79
<b>sumatriptan nasal spray 20 mg/act.....</b>	<b>67</b>	TALTZ.....	88
<b>sumatriptan succinate inj 6 mg/0.5ml.....</b>	<b>67</b>	TALZENNA.....	21
SUMATRIPTAN SUCCINATE REF.....	67	<b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg</b>	
<b>sumatriptan succinate solution auto-injector 4</b>		<b>(base equivalent).....</b>	<b>21</b>
<b>mg/0.5ml.....</b>	<b>67</b>	<b>tamsulosin hcl cap 0.4 mg.....</b>	<b>52</b>
<b>sumatriptan succinate solution auto-injector 6</b>		TARON-C DHA.....	74
<b>mg/0.5ml.....</b>	<b>67</b>	TARPEYO.....	23
<b>sumatriptan succinate tab 25 mg.....</b>	<b>67</b>	TASCENSO ODT.....	61
<b>sumatriptan succinate tab 50 mg.....</b>	<b>67</b>	TASIGNA.....	21
<b>sumatriptan succinate tab 100 mg.....</b>	<b>67</b>	<b>tasimelteon capsule 20 mg.....</b>	<b>56</b>
<b>sunitinib malate cap 12.5 mg (base equivalent).....</b>	<b>20</b>	TAVNEOS.....	79
<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg</b>		<b>tazarotene cream 0.1%.....</b>	<b>88</b>
<b>(base equivalent), 50 mg (base equivalent).....</b>	<b>20</b>	<b>tazarotene gel 0.05%, 0.1%.....</b>	<b>88</b>
SUNLENCA.....	8	TAZORAC.....	88
SUNOSI.....	58	TAZVERIK.....	21
SUPER THIN LANCETS.....	122	TDVAX.....	13
SURE COMFORT AUTOKEEPER S.....	122	TECHLITE AST LANCETS.....	123
SURE COMFORT INSULIN SYRI.....	122	TECHLITE INSULIN SYRINGE.....	123
SURE COMFORT LANCETS 18G.....	123	TECHLITE LANCETS.....	123
SURE COMFORT LANCETS 21G.....	123	TECHLITE LANCETS 26G.....	123

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TECHLITE LANCETS 30G.....	123	theophylline soln 80 mg/15ml.....	46
TECHLITE PEN NEEDLES/31G.....	123	theophylline tab er 12hr 300 mg, 450 mg.....	46
TECHLITE PEN NEEDLES/32G.....	123	theophylline tab er 24hr 400 mg, 600 mg.....	46
TECHLITE PEN NEEDLES 29G.....	123	THINLETS GP LANCETS.....	124
TECHLITE PEN NEEDLES 31G.....	123	THIOLA EC.....	52
TELMISARTAN/AMLODIPINE.....	38	thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	56
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	38	thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	56
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....	38	THRIVITE RX.....	74
telmisartan tab 20 mg, 40 mg, 80 mg.....	38	THYROID.....	31
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg.....	56	tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	70
temozolomide cap 5 mg, 20 mg.....	21	TIBSOVO.....	21
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg.....	21	timolol maleate ophth gel forming soln 0.25%, 0.5%.....	82
TENCON.....	61	timolol maleate ophth soln 0.25%, 0.5%.....	82
TENIVAC.....	13	timolol maleate ophth soln 0.5% (once-daily).....	82
tenofovir disoproxil fumarate tab 300 mg.....	8	timolol maleate preservative free ophth soln 0.25%, 0.5%.....	82
TEPMETKO.....	21	timolol maleate tab 5 mg, 10 mg, 20 mg.....	35
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	38	tinidazole tab 250 mg, 500 mg.....	10
terbinafine hcl tab 250 mg.....	4	tiopronin tab 100 mg.....	52
terbutaline sulfate tab 2.5 mg, 5 mg.....	45	tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	46
terconazole vaginal cream 0.4%, 0.8%.....	51	TIVICAY.....	8
terconazole vaginal suppos 80 mg.....	51	TIVICAY PD.....	8
teriflunomide tab 7 mg, 14 mg.....	61	tizanidine hcl tab 2 mg (base equivalent).....	72
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml.....	34	tizanidine hcl tab 4 mg (base equivalent).....	72
testosterone cypionate im inj in oil 100 mg/ml.....	23	TOBI PODHALER.....	3
testosterone cypionate im inj in oil 200 mg/ml.....	24	TOBRADEX.....	82
TESTOSTERONE ENANTHATE.....	24	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	82
testosterone td gel 12.5 mg/act (1%).....	24	tobramycin nebu soln 300 mg/5ml.....	3
testosterone td gel 20.25 mg/act (1.62%).....	24	tobramycin nebu soln 300 mg/4ml.....	3
testosterone td gel 10mg/act (2%).....	24	tobramycin ophth soln 0.3%.....	82
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....	24	TODAYS HEALTH ADVANCED LA.....	124
testosterone td soln 30 mg/act.....	24	TODAYS HEALTH ORIGINAL PE.....	124
tetrabenazine tab 12.5 mg.....	61	TODAYS HEALTH SHORT PEN N.....	124
tetrabenazine tab 25 mg.....	61	TODAYS HEALTH SUPER THIN.....	124
tetracaine hcl ophth soln 0.5%.....	82	TODAYS HEALTH ULTRA THIN.....	124
tetracycline hcl cap 250 mg, 500 mg.....	2	TODAY SPONGE.....	51
TEZSPIRE.....	46	tolcapone tab 100 mg.....	71
TGT ADVANCED LANCING DEVI.....	123	tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	50
TGT LANCET ALTERNATE SITE.....	123	tolterodine tartrate tab 1 mg, 2 mg.....	51
TGT LANCET MICRO THIN 33G.....	123	tolvaptan tab 15 mg.....	34
TGT LANCET SUPER THIN 30G.....	123	tolvaptan tab 30 mg.....	34
TGT LANCET THIN 23G.....	123	TOPCARE CLICKFINE UNIVERS.....	124
TGT LANCET THIN 26G.....	124	TOPCARE LANCETS MICRO-THI.....	124
TGT LANCET ULTRA THIN 28G.....	124	TOPCARE ULTRA COMFORT INS.....	124
TGT LANCET ULTRA THIN 30G.....	124	topiramate cap er 24hr 200 mg.....	70
TGT LANCING DEVICE.....	124	topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....	70
THALOMID.....	134	topiramate cap er 24hr sprinkle 200 mg.....	70
theophylline elixir 80 mg/15ml.....	46	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	70
		topiramate sprinkle cap 15 mg, 25 mg.....	70
		topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	70

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toremifene citrate tab 60 mg (base equivalent).....	21	TRIUMEQ PD.....	8
toremifene citrate tab 60 mg (base equivalent).....	21	tropicamide ophth soln 0.5%.....	82
torseamide tab 5 mg, 10 mg, 20 mg, 100 mg.....	39	tropicamide ophth soln 1%.....	82
TOUJEO MAX SOLOSTAR.....	30	tropium chloride cap er 24hr 60 mg.....	51
TOUJEO SOLOSTAR.....	30	tropium chloride tab 20 mg.....	51
TRACLEER.....	42	TRUDHESA.....	67
tramadol-acetaminophen tab 37.5-325 mg.....	63	TRUE COMFORT INSULIN SYRI.....	124
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	63	TRUE COMFORT PEN NEEDLES.....	124
tramadol hcl tab 50 mg.....	63	TRUE COMFORT PRO INSULIN.....	124
trandolapril tab 1 mg, 2 mg, 4 mg.....	38	TRUE COMFORT PRO PEN NEED.....	124
tranexamic acid tab 650 mg.....	76	TRUE COMFORT SAFETY INSUL.....	125
tranylcypromine sulfate tab 10 mg.....	54	TRUE COMFORT SAFETY LANCE.....	125
TRAVEL LANCETS ADVANCED 2.....	124	TRUE COMFORT SAFETY PEN N.....	125
travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	82	TRUE COMFORT TWIST TOP LA.....	125
trazodone hcl tab 50 mg, 100 mg, 150 mg.....	54	TRUEDRAW LANCING DEVICE.....	125
TRECTOR.....	3	TRUEPLUS 5-BEVEL PEN NEED.....	125
TRELEGY ELLIPTA.....	46	TRUEPLUS INSULIN SYRINGE.....	125
TREMFYA.....	88	TRUEPLUS INSULIN SYRINGE/.....	125
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml).....	42	TRUEPLUS LANCETS 26G.....	125
TRESIBA.....	30	TRUEPLUS LANCETS 28G.....	125
TRESIBA FLEXTOUCH.....	31	TRUEPLUS LANCETS 30G.....	125
tretinoin cap 10 mg.....	21	TRUEPLUS LANCETS 33G.....	125
tretinoin cream 0.025%, 0.05%, 0.1%.....	88	TRUEPLUS LANCETS 33G MICR.....	125
tretinoin gel 0.01%, 0.025%.....	88	TRUEPLUS LANCETS 28G SUPE.....	125
TRETTEN.....	79	TRUEPLUS LANCETS 30G ULTR.....	125
triamcinolone acetonide aerosol soln 0.147 mg/gm.....	88	TRUEPLUS PEN NEEDLES 29GX.....	125
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	88	TRUEPLUS PEN NEEDLES 31GX.....	125
triamcinolone acetonide dental paste 0.1%.....	83	TRUEPLUS PEN NEEDLES 32GX.....	125
triamcinolone acetonide lotion 0.025%, 0.1%.....	88	TRUEPLUS SAFETY LANCETS 2.....	125
triamcinolone acetonide oint 0.5%.....	88	TRULANCE.....	50
triamcinolone acetonide oint 0.025%, 0.1%.....	88	TRULICITY.....	28
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	39	TRUMENBA.....	13
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	39	TRUQAP.....	21
triamterene & hydrochlorothiazide tab 75-50 mg.....	39	TRUSTEX/RIA LUBRICATED.....	126
triamterene cap 50 mg, 100 mg.....	39	TRUSTEX/RIA LUBRICATED/SP.....	126
trientine hcl cap 250 mg.....	134	TRUSTEX/RIA LUBRICATED SP.....	126
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	56	TRUSTEX/RIA NON-LUBRICATE.....	126
TRIFLURIDINE.....	82	TRUSTEX COLOR CONDOMS + L.....	126
TRIHENYPHENIDYL HCL.....	71	TRUSTEX LUBRICATED.....	126
trihexyphenidyl hcl tab 2 mg, 5 mg.....	72	TRUSTEX LUBRICATED/RIBBED.....	126
TRIJARDY XR.....	28	TRUSTEX LUBRICATED/SPERMI.....	126
TRIKAFTA.....	46	TRUSTEX LUBRICATED EXTRA.....	126
trimethobenzamide hcl cap 300 mg.....	48	TRUSTEX NATURAL CONDOMS +.....	126
trimethoprim tab 100 mg.....	10	TRUSTEX NON-LUBRICATED.....	126
trimipramine maleate cap 25 mg, 50 mg, 100 mg.....	54	TRUSTEX WITH NONOXYNOL-9/.....	126
TRINATAL RX 1.....	74	TRUVADA.....	8
TRINATE.....	74	TUKYSA.....	21
TRINTELLIX.....	54	TURALIO.....	21
TRIUMEQ.....	8	TWINRIX.....	13
		TWIST TOP LANCETS 30G.....	126
		TYBOST.....	8
		TYMLOS.....	34

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## U

UBRELVY.....	67	UNIFINE PENTIPS/30G X 3/1.....	130
UDENYCA.....	75	UNIFINE PENTIPS 31G X 3/1.....	129
ULTICARE INSULIN SAFETY S.....	126	UNIFINE PENTIPS 31GX5MM.....	129
ULTICARE INSULIN SYRINGE.....	126	UNIFINE PENTIPS 31GX6MM.....	130
ULTICARE INSULIN SYRINGE/.....	126	UNIFINE PENTIPS 31GX8MM.....	130
ULTICARE MICRO PEN NEEDLE.....	126	UNIFINE PENTIPS 32GX4MM.....	130
ULTICARE MINI PEN NEEDLES.....	126	UNIFINE PENTIPS 32GX6MM.....	130
ULTICARE MINI SAFETY PEN.....	127	UNIFINE PENTIPS 33GX4MM.....	130
ULTICARE ORIGINAL PEN NEE.....	127	UNIFINE PENTIPS 29GX12MM.....	129
ULTICARE PEN NEEDLES/29G.....	127	UNIFINE PENTIPS 31G X 6MM.....	129
ULTICARE PEN NEEDLES 31G.....	127	UNIFINE PENTIPS 31G X 8MM.....	129
ULTICARE SHORT PEN NEEDLE.....	127	UNIFINE PENTIPS PLUS/30G.....	129
ULTICARE SHORT SAFETY PEN.....	127	UNIFINE PENTIPS PLUS 33G.....	129
ULTICARE TUBERCULIN SAFET.....	127	UNIFINE PENTIPS PLUS 29GX.....	129
ULTICARE U-100 INSULIN SY.....	127	UNIFINE PENTIPS PLUS 31GX.....	129
ULTIGUARD INSULIN SYRINGE.....	127	UNIFINE PENTIPS PLUS 32GX.....	129
ULTIGUARD SAFEPACK/MICRO.....	127	UNIFINE PENTIPS PLUS 33GX.....	129
ULTIGUARD SAFEPACK/MINI P.....	127	UNIFINE PROTECT SAFETY PE.....	130
ULTIGUARD SAFEPACK/SHORT.....	127	UNIFINE SAFECONTROL PEN N.....	130
ULTIGUARD SAFEPACK/SYRING.....	127	UNIFINE ULTRA PEN NEEDLE/.....	130
ULTIGUARD SAFEPACK INSULI.....	127	UNILET COMFORTOUCH LANCET.....	130
ULTIGUARD SAFEPACK MINI P.....	127	UNILET EXCELITE.....	130
ULTIGUARD SAFEPACK PEN NE.....	127	UNILET EXCELITE II.....	130
ULTI-LANCE AUTOMATIC/ CLE.....	126	UNILET G.P. LANCET.....	130
ULTILET CLASSIC LANCETS.....	127	UNILET G.P. SUPERLITE LAN.....	130
ULTILET LANCETS.....	127	UNILET GP 28 ULTRA THIN.....	130
ULTILET LANCETS 33G.....	128	UNILET LANCET.....	130
ULTILET PEN NEEDLE 29GX12.....	128	UNILET LANCETS MICRO-THIN.....	130
ULTILET PEN NEEDLE 31GX5M.....	128	UNILET LANCETS SUPER-THIN.....	130
ULTILET PEN NEEDLE 31GX8M.....	128	UNILET LANCETS ULTRA-THIN.....	130
ULTILET PEN NEEDLE 32GX4M.....	128	UNILET SUPERLITE LANCET.....	130
ULTILET SAFETY LANCETS 21.....	128	UNISTIK 3 GENTLE.....	130
ULTILET SAFETY LANCETS 23.....	128	UNISTIK PRO SAFETY LANCET.....	130
ULTILET SHORT PEN NEEDLES.....	128	UNISTIK SAFETY LANCETS 28.....	130
ULTRACARE INSULIN SYRINGE.....	129	UNISTIK SAFETY LANCETS 30.....	130
ULTRACARE PEN NEEDLES/31G.....	129	UNISTIK TOUCH SAFETY LANC.....	130
ULTRACARE PEN NEEDLES/32G.....	129	UNIVERSAL 1 LANCETS/33G/M.....	131
ULTRACARE PEN NEEDLES/33G.....	129	UNIVERSAL 1 LANCETS THIN.....	131
ULTRA COMFORT INSULIN SYR.....	128	UNIVERSAL 1 LANCETS ULTRA.....	131
ULTRA FLO INSULIN PEN NEE.....	128	UPTRAVI.....	42
ULTRA FLO INSULIN SYRINGE.....	128	UPTRAVI TITRATION PACK.....	42
ULTRA INSULIN SYRINGE/U-1.....	128	<b>ursodiol cap 300 mg.....</b>	<b>50</b>
ULTRA-THIN II AUTO LANCET.....	128	<b>ursodiol tab 250 mg.....</b>	<b>50</b>
ULTRA-THIN II INSULIN SYR.....	128	<b>ursodiol tab 500 mg.....</b>	<b>50</b>
ULTRA-THIN II LANCETS 28G.....	128	<b>V</b>	
ULTRA-THIN II LANCETS 30G.....	129	<b>valacyclovir hcl tab 500 mg, 1 gm.....</b>	<b>8</b>
ULTRA-THIN II MINI PEN NE.....	129	VALCHLOR.....	88
ULTRA-THIN II PEN NEEDLES.....	129	<b>valganciclovir hcl for soln 50 mg/ml (base equiv).....</b>	<b>8</b>
ULTRA THIN LANCETS 28G.....	128	<b>valganciclovir hcl tab 450 mg (base equivalent).....</b>	<b>8</b>
ULTRA THIN LANCETS 31G.....	128	<b>valproate sodium oral soln 250 mg/5ml (base</b>	
ULTRA THIN PEN NEEDLES 32.....	128	<b>equiv).....</b>	<b>70</b>
		<b>valproic acid cap 250 mg.....</b>	<b>70</b>

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valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg.....	39	verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	36
valsartan tab 320 mg.....	38	VERAPAMIL HCL ER.....	36
valsartan tab 40 mg, 80 mg, 160 mg.....	38	verapamil hcl tab er 120 mg, 180 mg, 240 mg.....	36
VALTOCO 5 MG DOSE.....	70	verapamil hcl tab 40 mg, 80 mg, 120 mg.....	36
VALTOCO 10 MG DOSE.....	70	VERIFINE INSULIN PEN NEED.....	131
VALTOCO 15 MG DOSE.....	70	VERIFINE INSULIN SYRINGE.....	131
VALTOCO 20 MG DOSE.....	70	VERIFINE INSULIN SYRINGE/.....	131
VALUE HEALTH INSULIN SYRI.....	131	VERIFINE PLUS INSULIN PEN.....	132
VALUE PLUS LANCETS STANDA.....	131	VERIFINE PLUS PEN NEEDLE/.....	132
VALUE PLUS LANCETS SUPER.....	131	VERIFINE SAFETY LANCET MI.....	132
VALUE PLUS LANCETS THIN 2.....	131	VERIFINE UNIVERSAL LANCET.....	132
VALUE PLUS LANCING DEVICE.....	131	VERQUVO.....	42
VALUMARK LANCET SUPER THI.....	131	VERZENIO.....	21
VALUMARK LANCET ULTRA THI.....	131	V-GO 20.....	131
VALUMARK PEN NEEDLES 31G.....	131	V-GO 30.....	131
VALUMARK PEN NEEDLES 29GX.....	131	V-GO 40.....	131
vancomycin hcl cap 125 mg (base equivalent).....	10	VIBERZI.....	50
vancomycin hcl cap 250 mg (base equivalent).....	10	vigabatrin powd pack 500 mg.....	70
vancomycin hcl for oral soln 25 mg/ml (base equivalent).....	10	vigabatrin tab 500 mg.....	70
vancomycin hcl for oral soln 50 mg/ml (base equivalent).....	10	vilazodone hcl tab 10 mg, 20 mg, 40 mg.....	54
VANFLYTA.....	21	VINATE ONE.....	74
VANISHPOINT INSULIN SYRIN.....	131	VIRACEPT.....	8
VANISHPOINT TUBERCULIN SY.....	131	VIREAD.....	8
VAQTA.....	13	VITATHELY/GINGER.....	74
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv).....	61	VITRAKVI.....	22
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	61	VIVAGUARD LANCETS.....	132
VARIVAX.....	13	VIVAGUARD LANCING DEVICE.....	132
VARUBI.....	48	VIVAGUARD SAFETY LANCETS/.....	132
VASCEPA.....	41	VIVJOA.....	4
VAXCHORA.....	13	VIVOTIF.....	13
VAXELIS.....	14	VIZIMPRO.....	22
VAXNEUVANCE.....	13	VONJO.....	22
VCF VAGINAL CONTRACEPTIVE.....	51	VONVENDI.....	79
VECAMYL.....	39	voriconazole for susp 40 mg/ml.....	4
VELIVET.....	26	voriconazole tab 50 mg, 200 mg.....	4
VELPHORO.....	50	VOSEVI.....	8
VELTASSA.....	134	VOXZOGO.....	34
VEMLIDY.....	8	VP INSULIN SYRINGE/U-100/.....	132
VENCLEXTA.....	21	VYNDAMAX.....	42
VENCLEXTA STARTING PACK.....	21	VYNDAQEL.....	42
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent).....	54	VYVANSE.....	58
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....	54	<b>W</b>	
VENTAVIS.....	42	WALGREENS COMFORT ASSURED.....	132
VENTOLIN HFA.....	46	WALGREENS LANCETS.....	132
		WALGREENS THIN LANCETS.....	132
		WALGREENS ULTRA THIN LANC.....	132
		warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....	76
		water for irrigation, sterile irrigation soln.....	134
		WEGMANS UNIFINE PENTIPS P.....	132
		WELIREG.....	22
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WESTAB PLUS.....	74	ZIEXTENZO.....	76
WIDE-SEAL SILICONE DIAPHR.....	132	<b>zileuton tab er 12hr 600 mg.....</b>	<b>46</b>
WILATE.....	79	<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....</b>	<b>56</b>
<b>X</b>		ZIRGAN.....	82
XALKORI.....	22	ZITHROMAX.....	2
XARELTO.....	76	ZOKINVY.....	134
XARELTO STARTER PACK.....	76	ZOLINZA.....	22
XELJANZ.....	66	<b>zolmitriptan nasal spray 5 mg/spray unit.....</b>	<b>67</b>
XELJANZ XR.....	66	<b>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....</b>	<b>67</b>
XHANCE.....	43	<b>zolmitriptan tab 2.5 mg, 5 mg.....</b>	<b>67</b>
XIFAXAN.....	10	<b>zolpidem tartrate tab er 6.25 mg, 12.5 mg.....</b>	<b>56</b>
XIGDUO XR.....	28	<b>zolpidem tartrate tab 5 mg, 10 mg.....</b>	<b>56</b>
XIIDRA.....	82	ZOMIG.....	67
XOFLUZA.....	8	<b>zonisamide cap 50 mg.....</b>	<b>70</b>
XOLAIR.....	46	<b>zonisamide cap 25 mg, 100 mg.....</b>	<b>70</b>
XOSPATA.....	22	ZONTIVITY.....	80
XPOVIO.....	22	ZTALMY.....	70
XPOVIO 60 MG TWICE WEEKLY.....	22	ZUBSOLV.....	63
XPOVIO 80 MG TWICE WEEKLY.....	22	ZYDELIG.....	23
XTAMPZA ER.....	63	ZYKADIA.....	23
XTANDI.....	22		
XULTOPHY 100/3.6.....	29		
XYNTHA.....	79		
XYNTHA SOLOFUSE.....	80		
XYWAV.....	61		
<b>Y</b>			
YONSA.....	22		
<b>Z</b>			
<b>zafirlukast tab 10 mg, 20 mg.....</b>	<b>46</b>		
<b>zaleplon cap 5 mg, 10 mg.....</b>	<b>56</b>		
ZARXIO.....	75		
ZEGALOGUE.....	29		
ZEJULA.....	22		
ZELBORAF.....	22		
ZENPEP.....	48		
ZEPOSIA.....	61		
ZEPOSIA 7-DAY STARTER PAC.....	61		
ZEPOSIA STARTER KIT.....	61		
ZERVIAE.....	82		
ZEVX INSULIN SYRINGE/0.5.....	132		
ZEVX INSULIN SYRINGE/1ML.....	132		
ZEVX PEN NEEDLES 31G X 5.....	132		
ZEVX PEN NEEDLES 31G X 6.....	132		
ZEVX PEN NEEDLES 31G X 8.....	132		
ZEVX PEN NEEDLES 32G X 4.....	132		
ZEVX TWIST TOP LANCETS 3.....	132		
ZIAGEN.....	8		
<b>zidovudine cap 100 mg.....</b>	<b>8</b>		
<b>zidovudine syrup 10 mg/ml.....</b>	<b>9</b>		
<b>zidovudine tab 300 mg.....</b>	<b>9</b>		

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