

Guía de medicinas ValueScript Rx

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 para obtener la información más actualizada.

Contenido

Introducción	I
Lista de medicinas II	
Cambios al formulario I	
Su parte de los gastos I I	
Beneficios de Farmacia III	
Opciones de Farmacia VI	
Programas para el manejo de la utilización VIII	
Proceso de excepción de cobertura X	
Aviso XI	
Cómo utilizar la Guía de medicinas XI	
Abreviación/ Claves de acrónimos XII	

Lista de medicinas preferidas

Medicinas para el control de enfermedades infecciosas	1
Biológicas	9
Agentes antineoplásicos	12
Medicinas endocrinas y metabólicas	16
Agentes cardiovasculares	26
Agentes respiratorios	37
Agentes gastrointestinales	40
Agentes genitourinarios	44
Medicinas para las enfermedades del sistema nervioso central	45
Analgésicos y Anestésicos	56
Medicinas para las enfermedades neuromusculares	62
Productos nutricionales	66
Agentes hematológicos	72
Productos de uso tópico	79
Productos misceláneos	86
Índice	133

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 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, 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 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.

- 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 Planes para Grupos Grandes del Empleador](#) Las guías de medicinas actualizadas se publican periódicamente durante todo el año.

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**

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

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.](#)

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 recetadas preventivas y suministros (USPSTF)

Nivel 2 - Medicinas y suministros genéricos recetados para tratar una condición

Nivel 3 - Medicinas y suministros genéricos recetados de bajo costo

Nivel 4: Medicinas y suministros de marca recetados para tratar una condición (Condition care)

Nivel 5: Medicinas y suministros de marca preferidos y genéricos recetados de alto costo

Nivel 6: Medicinas recetadas de marca y genéricas especializadas; medicinas y suministros recetados no preferidos

Medicinas que no están cubiertas

ValueScript Planes para Grupos Grandes del Empleador 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

Programa Condition Care Rx

El Programa Condition Care Rx está diseñado para ayudar a controlar el costo de las medicinas utilizadas para el tratamiento de ciertos estados crónicos y cumplir con las indicaciones que garanticen la efectividad de la medicina. Usted puede comprar la medicina a un costo reducido con el programa Condition Care Rx. Revise su Plan de beneficios para determinar el costo compartido que aplica.

Puede encontrar una lista de medicinas que son parte del Programa Condition Care Rx en:

ProgramaCondition Care Rx Value List.

Nota: Consulte los documentos de su Plan para determinar si el Programa Condition Care Rx aplica a su plan y ver el costo compartido aplicable. También puede ver más información de la cobertura en la sección de miembros de www.floridablue.com o al llamar al número de atención al cliente que aparece en su tarjeta de miembro.

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.

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 verificarla 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 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.

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

◦ 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

- 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. Florida Blue se reserva el derecho de cambiar en cualquier momento y por cualquier motivo, las medicinas y los límites de cantidad sujetos al programa Responsible Quantity. En los casos en que médicamente se requiera una mayor cantidad de una medicina Responsible Quantity, su médico o proveedor de atención médica puede solicitar una anulación.

La información sobre el Programa Responsible Quantity 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 Responsible Steps 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 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 del Formulario

Se proporciona un proceso de excepción al formulario para permitir casos en los que la Lista de Formulario Cerrado puede no satisfacer las necesidades médicas únicas de un miembro (por ejemplo, alergia documentada, ineficacia o efectos adversos intolerables de las medicinas en el formulario). El formulario de excepción del formulario está disponible en www.floridablue.com.

- Haga clic en la pestaña de Proveedores.
- Haga clic en Información y Recursos de Farmacia y luego en Guías de Medicinas.
- Clic [Formulario de Fax del Médico para Excepción del Formulario](#)

Florida Blue no está obligada a aprobar ninguna excepción o continuar una excepción aprobada previamente.

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

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 Licenciatarias Independientes de Blue Cross and Blue Shield Association. Guía de medicinas ValueScript Rx de Florida Blue para Abril de 2024.

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 vía oral (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 decantidad 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. Seleccione “Herramientas (Tools)” y luego “Comparar precios de las medicinas (Compare Drug Prices)”.

Nombre de la medicina	Nivel de medicina	Especialidad	Requisitos/Limites
AGENTES ANTIINFECCIOSOS			
PENICILINAS			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	5		
amoxicillin (trihydrate) cap 250 mg, 500 mg	3		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	3		
amoxicillin (trihydrate) tab 500 mg, 875 mg	3		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	3		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	5		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	3		
amoxicillin & k clavulanate tab 250-125 mg	5		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	3		
amoxicillin & k clavulanate tab 875-125 mg	3		
ampicillin cap 500 mg	5		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	5		
dicloxacillin sodium cap 250 mg, 500 mg	3		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	5		
penicillin v potassium tab 250 mg, 500 mg	3		
CEFALOSPORINAS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	5		
cefadroxil cap 500 mg	3		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	3		
cefdinir cap 300 mg	3		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3		
cefixime cap 400 mg (Suprax)	5		
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	5		
cefepodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	5		
cefepodoxime proxetil tab 100 mg, 200 mg	5		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	3		
cefprozil tab 250 mg, 500 mg	3		
cefuroxime axetil tab 250 mg, 500 mg	3		
cephalexin cap 250 mg, 500 mg	3		
cephalexin cap 750 mg (Keflex)	5		

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
cephalexin for susp 125 mg/5ml, 250 mg/5ml	3		
MACRÓLIDOS			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	3		
azithromycin tab 250 mg, 500 mg (Zithromax)	3		
azithromycin tab 600 mg	3		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	5		
clarithromycin tab er 24hr 500 mg	5		
clarithromycin tab 250 mg, 500 mg	3		
DIFICID - fidaxomicin tab 200 mg	5		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	5		QL (272 mls/180 days)
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	5		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	5		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	5		
erythromycin tab 250 mg, 500 mg	5		
ZITHROMAX - azithromycin powd pack for susp 1 gm	5		
TETRACICLINAS			
demeclocycline hcl tab 150 mg, 300 mg	5		
doxycycline hyclate cap 50 mg	3		
doxycycline hyclate cap 100 mg (Vibramycin)	3		
doxycycline hyclate tab 20 mg, 100 mg	3		
doxycycline hyclate tab 50 mg	5		
doxycycline monohydrate cap 50 mg, 100 mg	3		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	5		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3		
minocycline hcl cap 50 mg, 75 mg, 100 mg	3		
tetracycline hcl cap 250 mg, 500 mg	5		
FLUOROQUINOLONAS			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	5		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	5		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	3		
ciprofloxacin hcl tab 750 mg (base equiv)	3		

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
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	5		
levofloxacin tab 250 mg, 500 mg, 750 mg	3		
moxifloxacin hcl tab 400 mg (base equiv)	3		
ofloxacin tab 400 mg	5		
AMINOGLUCÓSIDOS			
HUMATIN - paromomycin sulfate cap 250 mg	5		LD
neomycin sulfate tab 500 mg	3		
TOBI PODHALER - tobramycin inhal cap 28 mg	6	SP	LD
tobramycin nebu soln 300 mg/5ml (Tobi)	6	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	6	SP	
SULFONAMIDES			
SULFADIAZINE - sulfadiazine tab 500 mg	5		
AGENTES ANTIMICOBACTERIANOS			
cycloserine cap 250 mg	5		
ethambutol hcl tab 100 mg	3		
ethambutol hcl tab 400 mg (Myambutol)	3		
isoniazid syrup 50 mg/5ml	5		
isoniazid tab 300 mg	3		
PRETOMANID - pretomanid tab 200 mg	5		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	5		
pyrazinamide tab 500 mg	5		
rifabutin cap 150 mg (Mycobutin)	5		
rifampin cap 150 mg, 300 mg	5		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	6	SP	PA, LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	6	SP	PA, LD, QL (188 tablets/365 days)
TRECTOR - ethionamide tab 250 mg	6		PA
ANTIMICÓTICOS			
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	6		PA
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	3		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	3		
flucytosine cap 250 mg, 500 mg (Ancobon)	5		
griseofulvin microsize susp 125 mg/5ml	5		
griseofulvin microsize tab 500 mg	5		
griseofulvin ultramicrosize tab 125 mg, 250 mg	5		
itraconazole cap 100 mg (Sporanox)	5		PA, QL (120 capsules/30 days)

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
itraconazole oral soln 10 mg/ml (Sporanox)	5		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	3		
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5		PA
nystatin tab 500000 unit	5		
posaconazole susp 40 mg/ml (Noxafil)	5		PA
posaconazole tab delayed release 100 mg (Noxafil)	5		PA
terbinafine hcl tab 250 mg	3		QL (30 tablets/30 days)
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	5		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	5		PA
voriconazole tab 50 mg, 200 mg (Vfend)	5		PA
ANTIVIRALES			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	3		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	3		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	3		QL (30 tablets/30 days)
acyclovir cap 200 mg	3		
acyclovir susp 200 mg/5ml (Zovirax)	5		
acyclovir tab 400 mg, 800 mg	3		
adefovir dipivoxil tab 10 mg (Hepsera)	5		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	5		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	3		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	3		QL (60 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	5		QL (630 mls/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	5		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	5		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5		QL (30 tablets/30 days)

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
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5		QL (30 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	3		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	5		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	5		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	5		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	5		QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	5		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	5		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	5		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	5		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	6	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	6	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	6	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	6	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	5		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	5		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	5		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	5		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	3		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	6	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	6	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	6	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	5		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	5		QL (60 tablets/30 days)

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
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	5		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-riopivirine hcl tab 50-25 mg (base eq)	5		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	5		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	5		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	3		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	5		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	3		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	3		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	3		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	6	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	6	SP	PA, LD, QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	3		QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	5		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	5		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	5		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	5		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	6	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	6	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	5		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	3		QL (30 tablets/30 days)
nevirapine tab 200 mg	3		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	5		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	5		QL (360 packets/30 days)
ODEFSEY - emtricitabine-riopivirine-tenofovir af tab 200-25-25 mg	5		QL (30 tablets/30 days)

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
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	3		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	3		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	5		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	5		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	6	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	6	SP	PA
PIFELTRO - doravirine tab 100 mg	5		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	5		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	5		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	5		QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	6		PA, QL (40 blisters/120 days)
RETROVIR - zidovudine cap 100 mg	5		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	5		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	5		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	5		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	5		
RIBAVIRIN - ribavirin tab 200 mg	5		
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	6		PA
ritonavir tab 100 mg (Norvir)	3		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	5		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	6	SP	PA, QL (28 tablets/28 days)

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
SOVALDI - sofosbuvir tab 200 mg, 400 mg	6	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	6	SP	PA, QL (30 packets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5		QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5		QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	5		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	5		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	3		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	5		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	5		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	5		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	5		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5		QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	6	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)	5		QL (2 tablets/120 days)

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
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	5		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	3		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	3		QL (1920 mls/30 days)
zidovudine tab 300 mg	3		QL (60 tablets/30 days)
ANTIPALÚDICOS			
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	5		
chloroquine phosphate tab 250 mg, 500 mg	5		
COARTEM - artemether-lumefantrine tab 20-120 mg	6		PA
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	5		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3		
mefloquine hcl tab 250 mg	3		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	3		
pyrimethamine tab 25 mg (Daraprim)	6	SP	PA, QL (90 tablets/30 days)
quinine sulfate cap 324 mg (Qualaquin)	5		QL (42 capsules/90 days)
ANTIHELMÍNTICOS			
albendazole tab 200 mg (Albenza)	5		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	5		LD
EGATEN - triclabendazole tab 250 mg	6	SP	PA
ivermectin tab 3 mg (Stromectol)	5		
praziquantel tab 600 mg (Biltricide)	5		
AGENTES ANTIINFECCIOSOS, MISC.			
ALINIA - nitazoxanide for susp 100 mg/5ml	5		QL (300 mls/90 days)
atovaquone susp 750 mg/5ml (Mepron)	5		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	6	SP	LD
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	3		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	5		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	5		
dapsone tab 25 mg	5		
dapsone tab 100 mg	3		
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	5		
IMPAVIDO - miltefosine cap 50 mg	6	SP	PA
LAMPIT - nifurtimox tab 30 mg	5		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	5		LD, QL (450 tablets/180 days)

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
linezolid for susp 100 mg/5ml (Zyvox)	5		
linezolid tab 600 mg (Zyvox)	5		
methenamine hippurate tab 1 gm (Hiprex)	5		
metronidazole cap 375 mg (Flagyl)	5		
metronidazole tab 250 mg	3		
metronidazole tab 500 mg (Flagyl)	3		
nitazoxanide tab 500 mg (Alinia)	5		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)	5		
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrochantin)	3		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	3		
nitrofurantoin susp 25 mg/5ml	5		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	5		
SIVEXTRO - tedizolid phosphate tab 200 mg	5		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	3		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	3		
tinidazole tab 250 mg	5		
tinidazole tab 500 mg	3		
trimethoprim tab 100 mg	3		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	5		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	5		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	5		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	5		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 200 mg	6		PA, QL (9 tablets/180 days)
XIFAXAN - rifaximin tab 550 mg	5		PA, QL (90 tablets/30 days)
BIOLÓGICOS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	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/Limites
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	1		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1		
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	1		
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1		
FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	1		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	1		QL (1 vaccine/90 days)
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	1		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	1		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	1		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	1		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	1		
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1		
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	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/Limites
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1		
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	1		
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	1		
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	1		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	1		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1		QL (1 vaccine/90 days)
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	1		QL (1 vaccine/90 days)
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1		
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	1		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	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/Limites
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1		
ROTARIX - rotavirus vaccine, live oral susp	1		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	1		
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	1		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1		
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1		
VAXCHORA - cholera vaccine live attenuated for oral susp	5		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	1		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	5		
TOXOIDS			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1		
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	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/Limites
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1		
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	1		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp	1		
PASSIVE IMMUNIZING AGENTS			
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	6	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	6	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	6	SP	PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	6	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	6	SP	PA, LD
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	6	SP	PA, LD
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	6	SP	PA, LD
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	6	SP	PA, LD
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	6	SP	PA, LD
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	6	SP	PA, LD
AGENTES ANTINEOPLÁSICOS			
AGENTES ANTINEOPLÁSICOS			
abiraterone acetate tab 250 mg (Zytiga)	5	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	5	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	6	SP	PA, LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	5	SP	PA, LD, QL (60 tablets/30 days)

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
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	5	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	5	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	5	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	5	SP	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	5	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	5	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	6	SP	PA, LD, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	5	SP	PA
bicalutamide tab 50 mg (Casodex)	3		
BOSULIF - bosutinib cap 50 mg	5	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	5	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	5	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	5	SP	PA, LD, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	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)	5	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	5	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	5	SP	
CAPRELSA - vandetanib tab 100 mg	5	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	5	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	5	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	5	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	5	SP	PA, LD, QL (1 kit/28 days)

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
COPIKTRA - duvelisib cap 15 mg, 25 mg	5	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	5	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	5		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	5		
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	5	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	5		
ERIVEDGE - vismodegib cap 150 mg	5	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	5	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	5	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	5	SP	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	5	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	5		
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	5	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	5	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	5	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	5		
EXKIVITY - mobocertinib succinate cap 40 mg	5	SP	PA, LD, QL (120 capsules/30 days)
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	5	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	SP	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	5	SP	PA, QL (30 tablets/30 days)
GILOTTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	5	SP	
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	5	SP	PA

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
hydroxyurea cap 500 mg (Hydrea)	3		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	5	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	5	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)	5	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	5	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	5	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	5	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	5	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	5	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	5	SP	PA, LD, QL (120 capsules/30 days)
INLYTA - axitinib tab 1 mg	5	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	5	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	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)	5	SP	PA, LD, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	5	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	5	SP	PA, LD, QL (60 tablets/30 days)
JYLAMVO - methotrexate oral soln 2 mg/ml	5		
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	5	SP	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	SP	PA, QL (91 tablets/28 days)

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
KOSELUGO - selumetinib sulfate cap 10 mg	5	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	5	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	5	SP	PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	5	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	5	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	5	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	5	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)	5	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	5	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	5	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)	5	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	3		
leucovorin calcium tab 5 mg	3		
leucovorin calcium tab 10 mg, 15 mg, 25 mg	5		
LEUKERAN - chlorambucil tab 2 mg	5		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	6	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	5	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	5	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	5	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	5	SP	PA, LD, QL (84 tablets/28 days)

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
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	5	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	5	SP	PA, LD, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	5	SP	LD
megestrol acetate susp 40 mg/ml	3		
megestrol acetate tab 20 mg, 40 mg	3		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	5	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	5	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	5	SP	PA, LD, QL (180 tablets/30 days)
MELPHALAN - melphalan tab 2 mg	5		
mercaptopurine tab 50 mg	5		
MESNEX - mesna tab 400 mg	5		
methotrexate sodium for inj 1 gm	5		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	3		
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	3		
methotrexate sodium tab 2.5 mg (base equiv)	3		
MYLERAN - busulfan tab 2 mg	5		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	5	SP	PA, LD, QL (180 tablets/30 days)
nilutamide tab 150 mg (Nilandron)	5		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	5	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	5	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	5	SP	PA, LD, QL (180 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	5	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	5	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	SP	PA, LD, QL (30 tablets/30 days)

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
pazopanib hcl tab 200 mg (base equiv) (Votrient)	5	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	SP	PA, QL (1 pack/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	5	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5	SP	LD
QINLOCK - ripretinib tab 50 mg	5	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	5	SP	PA, LD, QL (240 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	5	SP	PA, LD, QL (120 capsules/30 days)
REZLIDHIA - olutasidenib cap 150 mg	5	SP	PA, LD, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	5	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	5	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	SP	PA, LD, QL (300 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	5	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	5	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	5	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	5	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	5	SP	PA, QL (90 capsules/30 days)

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
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	5	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	5	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	5	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)	5	SP	PA, LD, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	5	SP	PA, LD, QL (90 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	5	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	SP	PA, LD, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg	5	SP	PA
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	5	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	5	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	5	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	5		
tretinoin cap 10 mg	5	SP	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	5	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	5	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	5	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	5	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	5	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	5	SP	PA, LD, QL (30 tablets/30 days)

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
VENCLEXTA - venetoclax tab 100 mg	5	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	5	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	5	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	5	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	5	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	5	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg	5	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	5	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	5	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	5	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	5	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	5	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)	5	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)	5	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	5	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	5	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	5	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	5	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	5	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	5	SP	PA, LD, QL (120 tablets/30 days)

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
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	5	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	5	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	5	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	5	SP	PA, LD, QL (90 tablets/30 days)

FÁRMACOS ENDOCRINOS Y METABÓLICOS

CORTICOSTEROIDES

budesonide delayed release particles cap 3 mg (Entocort ec)	5		
budesonide tab er 24hr 9 mg (Uceris)	5		
deflazacort tab 6 mg (Emflaza)	6	SP	PA, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	6	SP	PA, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	6	SP	PA
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	5		
dexamethasone elixir 0.5 mg/5ml	3		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg	5		
dexamethasone tab 1.5 mg, 4 mg, 6 mg	3		
fludrocortisone acetate tab 0.1 mg	3		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	3		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	3		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	3		
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	3		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	3		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	5		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	5		
prednisolone soln 15 mg/5ml	5		
prednisolone tab 5 mg	5		
PREDNISONONE - prednisone oral soln 5 mg/5ml	5		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	3		

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
TARPEYO - budesonide delayed release cap 4 mg	6	SP	PA, LD, QL (120 capsules/30 days)
ANDRÓGENOS-ANABÓLICOS			
danazol cap 50 mg, 100 mg, 200 mg	5		PA
methyltestosterone cap 10 mg	5		PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	3		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	3		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	5		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (AndroGel)	5		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	5		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (AndroGel pump)	5		PA, QL (2 pumps/30 days)
testosterone td gel 10mg/act (2%) (Fortesta)	5		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	5		PA, QL (2 pumps/30 days)
ESTRÓGENOS			
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	5		QL (4 patches/28 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	5		
estradiol & norethindrone acetate tab 0.5-0.1 mg	5		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	5		
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	3		
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)	5		QL (30 packets/30 days)
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)	5		QL (8 patches/28 days)
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)	5		QL (4 patches/28 days)
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	5		QL (1 pump/30 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	5		
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	5		PA, QL (30 tablets/30 days)

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
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	5		
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	5		
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	5		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	5		
PREMPHASE - conj est 0.625(14)/conj est-medroxyprog ac tab 0.625-5mg(14)	5		
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	5		
ANTICONCEPTIVOS			
desogest-eth estradiol & eth estradiol tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estradiol-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	1		
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 est tab 0.05-30/0.075-40/0.125-30mg-mcg	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/Limites
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)	5		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
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	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	5		
PROGESTINAS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	3		
norethindrone acetate tab 5 mg (Aygestin)	3		
progesterone cap 100 mg, 200 mg (Prometrium)	3		
ANTIDIABÉTICOS			
ANTIDIABÉTICOS			

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
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	2		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4		
diazoxide susp 50 mg/ml (Proglycem)	5		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	4		ST, QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	2		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	2		
glipizide tab 5 mg, 10 mg	2		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2		
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	6		PA
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	2		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	4		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	2		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	2		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	2		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	4		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	4		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	4		
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	4		ST, QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	4		ST, QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	4		ST, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	4		ST, QL (30 tablets/30 days)

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
JARDIANCE - empagliflozin tab 10 mg, 25 mg	4		ST, QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	2		
metformin hcl tab 500 mg, 850 mg, 1000 mg	2		
mifepristone tab 300 mg (Korlym)	6	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	4		
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	4		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	2		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/ dose (2 mg/3ml), 2 mg/dose (8 mg/3ml)	4		PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	4		PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	2		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	2		
repaglinide tab 0.5 mg, 1 mg, 2 mg	2		
RYBELSUS - semaglutide tab 3 mg	4		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	4		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	2		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	2		QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	2		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen- inj 100-33 unit-mcg/ml	4		ST, QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	4		
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	4		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	4		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	4		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	4		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	4		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	4		ST, QL (30 tablets/30 days)

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
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	4		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	4		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	4		ST, QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	4		ST, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	4		ST, QL (5 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	4		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	4		
Insulinas de acción rápida			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	2		
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
Insulinas de acción corta			
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		

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
NOVOLIN R FLEXPEN RELION - insulín regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulín regular (human) inj 100 unit/ml	2		
RELION R - insulín regular (human) inj 100 unit/ml	2		
Insulinas de acción intermedia			
INSULIN ASPART PROTAMINE/ - insulín aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
INSULIN ASPART PROTAMINE/ - insulín aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulín nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN N FLEXPEN - insulín nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulín nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulín nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN 70/30 - insulín nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN - insulín nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN REL - insulín nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 RELION - insulín nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 - insulín aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 PREFILL - insulín aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 RELION - insulín aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
Insulinas basales			
INSULIN DEGLUDEC - insulín degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC FLEXTUOC - insulín degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
LANTUS - insulín glargine inj 100 unit/ml	2		
LANTUS SOLOSTAR - insulín glargine soln pen-injector 100 unit/ml	2		
LEVEMIR - insulín detemir inj 100 unit/ml	2		
LEVEMIR FLEXPEN - insulín detemir soln pen-injector 100 unit/ml	2		

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
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
AGENTES TIROIDEOS			
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	5		
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)	5		
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)	3		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	3		
methimazole tab 5 mg, 10 mg (Tapazole)	3		
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)	5		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	5		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	5		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	5		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	5		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	5		
propylthiouracil tab 50 mg	3		
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	5		
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)	5		
OXITÓCICOS			
methylergonovine maleate tab 0.2 mg	5		QL (28 tablets/270 days)
AGENTES ENDOCRINOS Y METABÓLICOS, MISC.			
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	5		
alendronate sodium oral soln 70 mg/75ml	5		

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
alendronate sodium tab 10 mg, 35 mg	3		
alendronate sodium tab 70 mg (Fosamax)	3		
betaine powder for oral solution (Cystadane)	6	SP	PA
cabergoline tab 0.5 mg	3		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	5		
calcitonin (salmon) nasal soln 200 unit/act	3		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	3		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	5		
carglumic acid soluble tab 200 mg (Carbaglu)	6	SP	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	5		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	5		
desmopressin acetate inj 4 mcg/ml (Ddavp)	5		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	5		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	5		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	5		
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	5		
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	6	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	6	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	6	SP	PA
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	3		
INCRELEX - mecasemin inj 40 mg/4ml (10 mg/ml)	6	SP	PA, LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	6	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	6	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	6	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	6	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	5		PA, QL (30 tablets/30 days)
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	5		
levocarnitine tab 330 mg (Carnitor)	5		
MIFEPREX - mifepristone tab 200 mg	5		QL (1 tablet/30 days)
mifepristone tab 200 mg (Mifeprex)	5		QL (1 tablet/30 days)

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
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	6	SP	PA, LD, QL (30 vials/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	6	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	6	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	6	SP	PA, LD
NORDITROPIN FLEXPPO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	6	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	6	SP	PA, LD
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)	6	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	6	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	6	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	6	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	6	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	5		PA, QL (60 tablets/30 days)
OSPHENA - ospemifene tab 60 mg	6		PA
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	5		
paricalcitol cap 4 mcg	5		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	6	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	6	SP	PA, LD, QL (525 mls/30 days)
risedronate sodium tab delayed release 35 mg (Atelvia)	5		
risedronate sodium tab 5 mg, 30 mg	5		
risedronate sodium tab 35 mg, 150 mg (Actonel)	3		
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	6	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	6	SP	PA, LD
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	6	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	6	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)	6	SP	LD

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
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	6	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	6	SP	
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	6	SP	PA
tolvaptan tab 15 mg (Samsca)	6	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	6	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	6	SP	PA, LD
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	6	SP	PA, LD, QL (30 vials/30 days)
AGENTES CARDIOVASCULARES			
CARDIOTÓNICOS			
digoxin oral soln 0.05 mg/ml (Digoxin)	5		
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	5		
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	3		
AGENTES ANTIANGINOSOS			
isosorbide dinitrate tab 5 mg (Isordil titradose)	3		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	3		
isosorbide dinitrate tab 40 mg (Isordil titradose)	5		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	5		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	3		
NITRO-BID - nitroglycerin oint 2%	5		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	3		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	3		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	5		
ranolazine tab er 12hr 500 mg (Ranexa)	3		
ranolazine tab er 12hr 1000 mg (Ranexa)	5		
BETABLOQUEANTES			
acebutolol hcl cap 200 mg, 400 mg	2		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	2		
betaxolol hcl tab 10 mg, 20 mg	2		
bisoprolol fumarate tab 5 mg, 10 mg	2		

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
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	2		
labetalol hcl tab 100 mg, 200 mg, 300 mg	2		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	2		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	2		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	2		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	2		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	2		
pindolol tab 5 mg, 10 mg	2		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	2		
propranolol hcl oral soln 20 mg/5ml	2		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2		
sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg (Betapace af)	3		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	3		
sotalol hcl tab 240 mg	3		
timolol maleate tab 5 mg, 10 mg, 20 mg	2		
BLOQUEADORES DE LOS CANALES DE CALCIO			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	2		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	2		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	2		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	2		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	2		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	2		
diltiazem hcl tab 90 mg	2		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2		
isradipine cap 2.5 mg, 5 mg	2		
nicardipine hcl cap 20 mg, 30 mg	2		
nifedipine cap 10 mg, 20 mg	2		

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
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	2		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	2		
nimodipine cap 30 mg	5		QL (252 capsules/180 days)
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	4		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	2		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2		
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg, 300 mg	4		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	2		
verapamil hcl tab 40 mg, 80 mg, 120 mg	2		
ANTIARRÍTMICOS			
amiodarone hcl tab 100 mg, 400 mg	5		
amiodarone hcl tab 200 mg	3		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	5		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	5		
flecainide acetate tab 50 mg, 100 mg	3		
flecainide acetate tab 150 mg	5		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	5		
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	6		PA
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	5		
propafenone hcl tab 150 mg, 225 mg	3		
propafenone hcl tab 300 mg	5		
quinidine gluconate tab er 324 mg	5		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	5		
ANTIHIPERTENSIVOS			
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	2		QL (30 tablets/30 days)
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	2		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	2		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	2		QL (30 tablets/30 days)

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
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	2		QL (30 tablets/30 days)
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 (Exforge hct)	2		QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	2		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2		
benazepril & hydrochlorothiazide tab 5-6.25 mg	2		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	2		
benazepril hcl tab 5 mg	2		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	2		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	2		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	2		QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	2		QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	2		QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	2		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	2		
enalapril maleate oral soln 1 mg/ml (Epaned)	2		QL (300 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	2		
epplerenone tab 25 mg, 50 mg (Inspra)	2		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	2		
guanfacine hcl tab 1 mg, 2 mg	2		

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
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	2		QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	2		QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	2		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)	2		
lisinopril tab 20 mg (Prinivil)	2		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	2		QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg (Cozaar)	2		QL (60 tablets/30 days)
losartan potassium tab 100 mg (Cozaar)	2		QL (30 tablets/30 days)
METHYLDOPA - methyl dopa tab 250 mg, 500 mg	4		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2		
minoxidil tab 2.5 mg, 10 mg	2		
moexipril hcl tab 7.5 mg, 15 mg	2		
olmesartan medoxomil tab 5 mg (Benicar)	2		QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg (Benicar)	2		QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	2		QL (30 tablets/30 days)
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)	2		QL (30 tablets/30 days)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg	2		
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	4		
perindopril erbumine tab 4 mg	2		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	2		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	2		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	2		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	2		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	2		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	2		QL (30 tablets/30 days)

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
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	2		QL (60 tablets/30 days)
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	4		ST, QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	2		
trandolapril tab 1 mg, 2 mg, 4 mg	2		
valsartan tab 40 mg, 80 mg, 160 mg (Diovan)	2		QL (60 tablets/30 days)
valsartan tab 320 mg (Diovan)	2		QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	2		QL (30 tablets/30 days)
VECAMYL - mecamylamine hcl tab 2.5 mg	6		PA, LD
DIURÉTICOS			
acetazolamide cap er 12hr 500 mg	5		
acetazolamide tab 125 mg, 250 mg	3		
amiloride hcl tab 5 mg	2		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	4		
bumetanide tab 0.5 mg (Bumex)	2		
bumetanide tab 1 mg, 2 mg	2		
chlorthalidone tab 25 mg, 50 mg	2		
dichlorphenamide tab 50 mg (Keveyis)	6	SP	PA, QL (120 tablets/30 days)
ethacrynic acid tab 25 mg (Edecrin)	5		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	6	SP	PA, LD, QL (8 kits/30 days)
furosemide oral soln 10 mg/ml	2		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	2		
hydrochlorothiazide cap 12.5 mg	2		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	2		
indapamide tab 1.25 mg, 2.5 mg	2		
methazolamide tab 25 mg, 50 mg	5		
metolazone tab 2.5 mg, 5 mg, 10 mg	2		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	2		
toremide tab 5 mg, 10 mg, 20 mg, 100 mg	2		
triamterene & hydrochlorothiazide cap 37.5-25 mg	2		

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
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	2		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	2		
triamterene cap 50 mg, 100 mg (Dyrenium)	2		
VASOPRESORES			
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)	5		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	5		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	5		
midodrine hcl tab 2.5 mg, 5 mg	3		
midodrine hcl tab 10 mg	5		
ANTIHIPERLIPIDÉMICOS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	2		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	2		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	2		
cholestyramine light powder 4 gm/dose (Questran light)	2		
cholestyramine powder packets 4 gm (Questran)	2		
cholestyramine powder 4 gm/dose (Questran)	2		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	2		
colesevelam hcl packet for susp 3.75 gm (Welchol)	2		
colesevelam hcl tab 625 mg (Welchol)	2		
colestipol hcl granule packets 5 gm (Colestid flavored)	2		
colestipol hcl granules 5 gm (Colestid flavored)	2		
colestipol hcl tab 1 gm (Colestid)	2		
ezetimibe tab 10 mg (Zetia)	2		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	2		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	2		
fenofibrate tab 48 mg, 145 mg (Tricor)	2		
fenofibrate tab 54 mg, 160 mg	2		

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
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	2		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	2		
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	6	SP	PA, LD, QL (30 capsules/30 days)
lovastatin tab 10 mg	2		QL (60 tablets/30 days)
lovastatin tab 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	4		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	4		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	2		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	2		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	2		QL (45 tablets/30 days)
pitavastatin calcium tab 4 mg (Livalo)	2		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5		PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5		PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	2		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	2		QL (30 tablets/30 days)
simvastatin tab 5 mg	2		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	2		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	2		QL (60 tablets/30 days)
simvastatin tab 80 mg (Zocor)	2		QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	4		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	4		PA, QL (120 capsules/30 days)
AGENTES CARDIOVASCULARES, MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	6	SP	PA, LD, QL (90 tablets/30 days)
ambisentan tab 5 mg, 10 mg (Letairis)	6	SP	PA, LD, QL (30 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	6	SP	PA, QL (60 tablets/30 days)

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
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	6	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	5		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	5		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	5		QL (60 tablets/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	2		
OPSUMIT - macitentan tab 10 mg	6	SP	PA, LD, QL (30 tablets/30 days)
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)	6	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	6	SP	PA, LD, QL (1 kit/180 days)
sildenafil citrate tab 20 mg (Revatio)	3		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	6	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	6	SP	PA, LD, QL (120 tablets/30 days)
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)	6	SP	PA
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	6	SP	PA, LD, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	6	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	6	SP	PA, LD, QL (68 ampules/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	5		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	6	SP	PA, QL (30 capsules/30 days)
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	6	SP	PA, QL (120 capsules/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	3		QL (30 tablets/30 days)
AGENTES RESPIRATORIOS			
ANTIISTAMÍNICOS			
carbinoxamine maleate tab 4 mg	3		
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	5		
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	5		

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
cyproheptadine hcl syrup 2 mg/5ml	3		
cyproheptadine hcl tab 4 mg	3		
desloratadine tab 5 mg (Clarinet)	3		
levocetirizine dihydrochloride tab 5 mg	3		
loratadine oral soln 5 mg/5ml	3		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	3		
loratadine syrup 5 mg/5ml	3		
loratadine tab 10 mg	3		
promethazine hcl suppos 12.5 mg, 25 mg	5		
promethazine hcl syrup 6.25 mg/5ml	3		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	3		
AGENTES NASALES-SISTÉMICOS Y TÓPICOS			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3		QL (2 bottles/30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	3		QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	3		QL (1 bottle/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	3		QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	3		QL (3 bottles/30 days)
olopatadine hcl nasal soln 0.6% (Patanase)	5		QL (1 bottle/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	5		PA, QL (2 bottles/30 days)
TOS/RESFRÍO/ALERGIA			
acetylcysteine inhal soln 10%, 20%	2		
benzonatate cap 100 mg (Tessalon perles)	3		
benzonatate cap 200 mg	3		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	3		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	3		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	5		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	3		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	3		
PROMETHAZINE VC - promethazine & phenylephrine syrup 6.25-5 mg/5ml	5		
PROMETHAZINE VC/CODEINE - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	5		
promethazine w/ codeine syrup 6.25-10 mg/5ml	3		
promethazine-dm syrup 6.25-15 mg/5ml	3		

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
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3		
sodium chloride soln nebu 3%, 10%	3		
sodium chloride soln nebu 7% (Hypersal)	3		
AGENTES ANTIASMÁTICOS Y BRONCODILATADORES			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	4		QL (1 canister/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2		QL (2 inhalers/30 days)
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)	2		
albuterol sulfate syrup 2 mg/5ml	2		
albuterol sulfate tab 2 mg, 4 mg	2		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	4		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	2		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	4		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4		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	4		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act	4		QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	2		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	2		PA, QL (3 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	4		QL (3 canisters/30 days)

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
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	6	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	4		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	4		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	4		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	4		QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	4		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	2		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	4		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	2		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	2		
montelukast sodium tab 10 mg (base equiv) (Singulair)	2		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	6	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	6	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	6	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	4		QL (1 canister/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	4		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	2		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	4		QL (60 blisters/30 days)

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
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	4		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	4		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	4		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	4		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	6	SP	PA, LD, QL (1 pen/28 days)
theophylline elixir 80 mg/15ml	2		
theophylline soln 80 mg/15ml	2		
theophylline tab er 12hr 300 mg, 450 mg	2		
theophylline tab er 24hr 400 mg, 600 mg	2		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	2		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	4		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	4		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	6	SP	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	6	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	2		
zileuton tab er 12hr 600 mg	5		PA, QL (120 tablets/30 days)
AGENTES RESPIRATORIOS, MISC.			
KALYDECO - ivacaftor tab 150 mg	6	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	6	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	6	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	6	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	6	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	6	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	6	SP	PA, QL (180 capsules/30 days)

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
pirfenidone tab 267 mg (Esbriet)	6	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	6	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	6	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	6	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	6	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	6	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	6	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	6	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	6	SP	PA, LD, QL (90 tablets/30 days)
AGENTES GASTROINTESTINALES			
LAXANTES			
lactulose solution 10 gm/15ml	3		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	5		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	5		
SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	5		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	5		
ANTIDIARREICOS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	3		
MYTESI - crofelemer tab delayed release 125 mg	6		PA, LD
FÁRMACOS PARA LA ÚLCERA			
dicyclomine hcl cap 10 mg	3		
dicyclomine hcl oral soln 10 mg/5ml	5		
dicyclomine hcl tab 20 mg	3		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	3		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	5		QL (30 packets/30 days)

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
famotidine for susp 40 mg/5ml	5		
famotidine tab 20 mg, 40 mg (Pepcid)	3		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	5		
glycopyrrolate tab 1 mg, 2 mg	3		
lansoprazole cap delayed release 30 mg (Prevacid)	3		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	5		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	3		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	5		QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	5		QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 300 mg	6		PA
omeprazole cap delayed release 10 mg, 40 mg	3		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	3		QL (120 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	3		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	5		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	3		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	3		
ANTIEMÉTICOS			
ANZEMET - dolasetron mesylate tab 50 mg	6		PA, QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	5		QL (2 packs/30 days)
aprepitant capsule 40 mg	5		
aprepitant capsule 80 mg (Emend)	5		QL (4 capsules/30 days)
aprepitant capsule 125 mg	5		QL (2 capsules/30 days)
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	5		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	5		
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	5		QL (6 packages/30 days)
granisetron hcl tab 1 mg	5		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	3		
ondansetron hcl oral soln 4 mg/5ml	3		
ondansetron hcl tab 4 mg (Zofran)	3		
ondansetron hcl tab 8 mg	3		
ondansetron orally disintegrating tab 4 mg, 8 mg	3		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	5		
trimethobenzamide hcl cap 300 mg	3		

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
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	6	SP	LD, QL (4 tablets/30 days)
AYUDA DIGESTIVA			
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	5		
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	5		
AGENTES GASTROINTESTINALES - MISC.			
alose tron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	5		PA, QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	5		
BYLVAY - ode vixibat cap 400 mcg	6	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - ode vixibat cap 1200 mcg	6	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - ode vixibat pellets cap sprinkle 200 mcg	6	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - ode vixibat pellets cap sprinkle 600 mcg	6	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	5		
calcium acetate (phosphate binder) tab 667 mg	5		
CHENODAL - chenodiol tab 250 mg	6	SP	LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	6	SP	PA, LD
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	6	SP	PA, QL (2 kits/28 days)
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	6	SP	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	6	SP	PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	5		
GATTEX - teduglutide (rdna) for inj kit 5 mg	6	SP	PA, LD, QL (30 vials/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	3		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	5		ST
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	6	SP	PA, LD, QL (90 mls/30 days)

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
lubiprostone cap 8 mcg (Amitiza)	5		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	5		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	5		
mesalamine cap er 24hr 0.375 gm (Apriso)	5		
MESALAMINE DR - mesalamine tab delayed release 800 mg	5		
mesalamine enema 4 gm	5		
mesalamine suppos 1000 mg (Canasa)	5		
mesalamine tab delayed release 1.2 gm (Lialda)	5		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	3		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	3		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	5		
sevelamer carbonate tab 800 mg (Renvela)	5		
sevelamer hcl tab 400 mg	5		
sevelamer hcl tab 800 mg (Renagel)	5		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	6	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	3		
sulfasalazine tab 500 mg (Azulfidine)	3		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	5		PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	5		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	5		
ursodiol tab 250 mg (Urso 250)	5		
ursodiol tab 500 mg (Urso forte)	5		
VELPHORO - sucroferriic oxyhydroxide chew tab 500 mg	6		ST
VIBERZI - eluxadolone tab 75 mg, 100 mg	5		PA, QL (60 tablets/30 days)
AGENTES GENITOURINARIOS			
ANTIESPASMÓDICOS URINARIOS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg	3		
bethanechol chloride tab 50 mg	5		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	5		QL (30 tablets/30 days)

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
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	5		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	5		
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	6		PA, QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	3		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	3		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	3		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	3		QL (120 tablets/30 days)
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	3		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	5		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	5		QL (60 tablets/30 days)
tropium chloride cap er 24hr 60 mg	5		QL (30 capsules/30 days)
tropium chloride tab 20 mg	3		QL (60 tablets/30 days)
PRODUCTOS VAGINALES			
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	5		
clindamycin phosphate vaginal cream 2% (Cleocin)	5		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	1		
estradiol vaginal cream 0.1 mg/gm (Estrace)	3		QL (255 grams/365 days)
estradiol vaginal tab 10 mcg (Vagifem)	5		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	5		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	6		PA
INTRAROSA - prasterone vaginal insert 6.5 mg	6		PA
metronidazole vaginal gel 0.75%	5		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	1		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	1		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	5		
terconazole vaginal cream 0.4%, 0.8%	3		
terconazole vaginal suppos 80 mg	5		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	1		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	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/Limites
AGENTES GENITOURINARIOS, MISC.			
acetic acid irrigation soln 0.25%	3		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	3		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	5		LD
dutasteride cap 0.5 mg (Avodart)	3		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	5		
ELMIRON - pentosan polysulfate sodium caps 100 mg	6		PA
FILSPARI - sparsentan tab 200 mg, 400 mg	6	SP	PA, LD, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	3		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	5		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	5		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	3		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	5		
silodosin cap 4 mg, 8 mg (Rapaflo)	3		
sodium chloride irrigation soln 0.9%	3		
sodium citrate & citric acid soln 500-334 mg/5ml	3		
tamsulosin hcl cap 0.4 mg (Flomax)	3		
THIOLA EC - tiopronin tab delayed release 100 mg	6	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	6	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	6	SP	PA, QL (600 tablets/30 days)
FÁRMACOS PARA EL SISTEMA NERVIOSO CENTRAL			
AGENTES ANSIOLÍTICOS			
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg	3		
alprazolam orally disintegrating tab 1 mg, 2 mg	5		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	3		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	3		
bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	3		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	3		
clorazepate dipotassium tab 3.75 mg, 15 mg	5		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	5		
diazepam conc 5 mg/ml	3		
diazepam oral soln 1 mg/ml	3		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	3		
hydroxyzine hcl syrup 10 mg/5ml	3		

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
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	3		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	3		
lorazepam conc 2 mg/ml	3		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	3		
meprobamate tab 200 mg	5		QL (120 tablets/30 days)
meprobamate tab 400 mg	5		QL (180 tablets/30 days)
oxazepam cap 10 mg, 15 mg	3		
oxazepam cap 30 mg	5		
ANTIDEPRESIVOS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	2		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	5		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	2		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	2		
bupropion hcl tab 75 mg, 100 mg	2		
citalopram hydrobromide oral soln 10 mg/5ml	2		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	2		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	5		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	2		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	2		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	2		QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	2		
doxepin hcl conc 10 mg/ml	2		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	2		
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	6		PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	2		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	2		
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	6		ST, QL (30 capsules/30 days)

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
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	6		ST, QL (1 pack/180 days)
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	2		
fluoxetine hcl solution 20 mg/5ml	2		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	2		
fluvoxamine maleate tab 25 mg, 50 mg	3		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	3		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	2		
MARPLAN - isocarboxazid tab 10 mg	6		PA
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	2		QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	2		QL (30 tablets/30 days)
mirtazapine tab 15 mg, 30 mg (Remeron)	2		QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	2		
nortriptyline hcl soln 10 mg/5ml	2		
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	2		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	2		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	4		
protriptyline hcl tab 5 mg, 10 mg	2		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	2		
tranylcypromine sulfate tab 10 mg (Parnate)	2		
trazodone hcl tab 50 mg, 100 mg, 150 mg	2		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	2		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	6		ST, QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	2		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	2		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	2		QL (30 tablets/30 days)
ANTIPSICÓTICOS			
aripiprazole oral solution 1 mg/ml	2		QL (750 mls/30 days)

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
aripiprazole orally disintegrating tab 10 mg, 15 mg	2		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	2		QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	5		QL (60 tablets/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	5		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	5		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	5		
clozapine tab 25 mg, 50 mg (Clozaril)	3		
clozapine tab 100 mg, 200 mg (Clozaril)	5		
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	6		ST, QL (1 pack/180 days)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	5		
haloperidol lactate oral conc 2 mg/ml	3		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	3		
haloperidol tab 20 mg	5		
LITHIUM CARBONATE - lithium carbonate cap 600 mg	5		
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	3		
lithium carbonate cap 300 mg	3		
lithium carbonate tab er 300 mg (Lithobid)	3		
lithium carbonate tab er 450 mg	3		
lithium carbonate tab 300 mg	3		
loxapine succinate cap 5 mg, 10 mg, 25 mg	3		
loxapine succinate cap 50 mg	5		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	5		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	5		QL (60 tablets/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg (Zyprexa zydis)	3		QL (30 tablets/30 days)
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	5		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	3		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	5		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	5		QL (60 tablets/30 days)

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
perphenazine tab 2 mg, 4 mg	3		
perphenazine tab 8 mg, 16 mg	5		
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	3		
prochlorperazine suppos 25 mg	5		
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	3		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	3		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	3		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	3		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5		QL (30 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	5		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	5		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	3		QL (480 mls/30 days)
risperidone tab 0.25 mg	3		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	3		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	3		QL (120 tablets/30 days)
thioridazine hcl tab 10 mg	5		
thioridazine hcl tab 25 mg, 50 mg, 100 mg	3		
thiothixene cap 1 mg	3		
thiothixene cap 2 mg, 5 mg, 10 mg	5		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent)	3		
trifluoperazine hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	5		
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	3		QL (60 capsules/30 days)
HIPNÓTICOS			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	5		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	5		
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	3		QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg	6		PA
phenobarbital elixir 20 mg/5ml	3		
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	3		

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
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	5		ST, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	5		QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	6	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 22.5 mg (Restoril)	5		
temazepam cap 15 mg, 30 mg (Restoril)	3		
zaleplon cap 5 mg, 10 mg	3		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	3		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	3		QL (30 tablets/30 days)
TRASTORNO POR DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD (ADHD)/ANTINARCOLÉPTICOS/AG			
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	5		QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	5		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	5		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	5		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	3		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	3		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	3		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	3		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	3		QL (30 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	5		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	5		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	5		PA, QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	5		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	5		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	5		QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	5		QL (60 tablets/30 days)

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
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	5		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	3		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	5		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	5		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	5		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	3		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	5		QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	3		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	6	SP	PA, LD, QL (10 vials/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	5		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	5		PA, QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg (Desoxyn)	5		QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	5		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	5		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	5		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	5		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	5		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	5		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	5		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	5		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	5		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	3		QL (90 tablets/30 days)
modafinil tab 100 mg (Provigil)	3		QL (30 tablets/30 days)
modafinil tab 200 mg (Provigil)	5		QL (30 tablets/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	5		PA, QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	6		QL (30 capsules/30 days)

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
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	6		PA, QL (30 tablets/30 days)
AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS, MISC.			
acamprosate calcium tab delayed release 333 mg	5		
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	6	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide- amitriptyline tab 5-12.5 mg, 10-25 mg	6		PA
dalfampridine tab er 12hr 10 mg (Ampyra)	5		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	6	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	6	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	6	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	5		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	3		
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	3		
donepezil hydrochloride tab 23 mg (Aricept)	5		
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	6		PA
 fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	6	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	5		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	5		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	6	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	6	SP	QL (12 syringes/28 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	6	SP	PA, QL (1 pen/28 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	5		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	6	SP	PA, LD, QL (30 packets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	6	SP	PA, LD, QL (8 tablets/301 days)

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
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	6	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	6	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	6	SP	PA, LD, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	6	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	6	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	6	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	6	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	6	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	6	SP	PA, LD, QL (12 tablets/180 days)
memantine hcl oral solution 2 mg/ml	5		
memantine hcl tab 5 mg, 10 mg (Namenda)	3		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	5		
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	1		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	1		
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	5		
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	6		PA
PIMOZIDE - pimozide tab 1 mg, 2 mg	5		
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	6	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	6	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	6	SP	PA, LD, QL (2 syringes/28 days)

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
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	6	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	6	SP	PA, LD, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	6	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	6	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	6	SP	PA, QL (1 kit/28 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent)	5		
rivastigmine tartrate cap 4.5 mg (base equivalent), 6 mg (base equivalent)	3		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	5		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	6		ST, QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	6		ST, QL (1 pack/180 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	6	SP	PA, LD, QL (540 ml/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	6	SP	PA, LD, QL (30 tablets/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	6	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	6	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	6	SP	PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	6	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	6	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	6	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	6	SP	PA, QL (7 capsules/180 days)

ANALGÉSICOS Y ANESTÉSICOS**ANALGÉSICOS–NO NARCÓTICOS**

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
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	5		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	3		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	3		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	3		QL (180 capsules/30 days)
diflunisal tab 500 mg	5		
TENCON - butalbital-acetaminophen tab 50-325 mg	5		QL (180 tablets/30 days)
ANALGÉSICOS–NARCÓTICOS			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	3		PA, QL (2700 mls/30 days)
APADAZ - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	6		PA, QL (360 tablets/30 days)
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)	5		PA, QL (60 films/30 days)
BENZHYDROCODONE/ACETAMINO - benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	6		PA, QL (360 tablets/30 days)
buprenorphine hcl sl tab 2 mg (base equiv)	3		QL (90 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	5		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	5		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	5		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	5		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	5		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	5		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	5		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3		PA, QL (180 capsules/30 days)

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
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	5		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	5		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	3		PA, QL (180 tablets/30 days)
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	5		PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr, 50 mcg/hr, 75 mcg/ hr, 100 mcg/hr (Duragesic)	5		PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	3		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	6		PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	3		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	3		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	5		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	5		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	3		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	5		PA, QL (120 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	3		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	3		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	5		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	5		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	3		PA, QL (90 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	3		PA, QL (2700 mls/30 day)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg (Ms contin)	3		PA, QL (120 tablets/30 days)
morphine sulfate tab er 60 mg (Ms contin)	5		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	5		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	3		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	3		PA, QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	6		PA, QL (60 tablets/30 days)
oxycodone hcl cap 5 mg	3		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	5		PA, QL (270 mls/30 days)

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
oxycodone hcl soln 5 mg/5ml	3		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	3		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	3		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	3		PA, QL (120 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	3		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	3		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	3		PA, QL (180 tablets/30 days)
tramadol hcl tab er 24hr 100 mg	3		PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg, 300 mg	5		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	3		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	3		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	5		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)	5		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	5		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	5		QL (60 tablets/30 days)
ANALGÉSICOS–ANTIINFLAMATORIOS			
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	6	SP	PA, LD, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	6	SP	PA, QL (4 pens/28 days)
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.8ml	6	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	6	SP	PA, QL (2 syringes/28 days)
ARCALYST - riloncept for inj 220 mg	6	SP	PA, LD, QL (4 vials/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	3		
diclofenac potassium tab 50 mg	3		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	3		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	5		

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
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	5		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	6	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	6	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	6	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	6	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	6	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	3		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	5		
etodolac tab 400 mg (Lodine)	3		
etodolac tab 500 mg	3		
fenoprofen calcium tab 600 mg (Nalfon)	5		
flurbiprofen tab 100 mg	3		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	6	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSH TOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	6	SP	PA, QL (2 pens/28 days)
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	6	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	6	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	6	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	6	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	6	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	6	SP	PA, QL (1 kit/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	3		
indomethacin cap er 75 mg	3		
indomethacin cap 25 mg, 50 mg	3		
ketorolac tromethamine tab 10 mg	3		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	6	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	6	SP	PA, QL (2 syringes/28 days)

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
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	6	SP	PA, LD, QL (30 syringes/30 days)
leflunomide tab 10 mg (Arava)	5		
leflunomide tab 20 mg (Arava)	3		
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	6		PA
meloxicam tab 7.5 mg, 15 mg (Mobic)	3		
nabumetone tab 500 mg, 750 mg	3		
naproxen sodium tab 275 mg, 550 mg	3		
naproxen tab 250 mg, 375 mg	3		
naproxen tab 500 mg (Naprosyn)	3		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	6	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	6	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	6	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	6	SP	PA, QL (55 tablets/180 days)
OTEZLA - apremilast tab 30 mg	6	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, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	5		ST
oxaprozin tab 600 mg (Daypro)	5		
piroxicam cap 10 mg, 20 mg (Feldene)	3		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	6	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	6	SP	PA, LD, QL (84 tablets/365 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	6	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	6	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	3		
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	6	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	6	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	6	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	6	SP	PA, QL (30 tablets/30 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	6	SP	PA, QL (120 tablets/365 days)

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
PRODUCTOS PARA LA MIGRAÑA			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	5		PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	5		PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	5		PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	5		PA, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	5		PA, QL (24 ampules/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	5		PA, QL (8 vials/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	5		QL (12 tablets/30 days)
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	5		QL (6 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	5		PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	5		PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	5		PA, QL (1 syringe/28 days)
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	5		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	5		PA, QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	3		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	5		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	5		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	5		PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	3		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	3		QL (12 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	3		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	3		QL (12 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	5		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	5		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	5		QL (8 vials/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml	5		PA, QL (12 doses/30 days)

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
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 6 mg/0.5ml	5		PA, QL (8 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	5		QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	5		QL (8 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	3		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg (Imitrex)	3		QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg (Imitrex)	3		QL (9 tablets/30 days)
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	5		PA, QL (12 mls/28 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	5		PA, QL (16 tablets/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	5		QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)	5		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	3		QL (12 tablets/30 days)
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit	6		PA, QL (12 units/30 days)
AGENTES PARA LA GOTA			
allopurinol tab 100 mg, 300 mg (Zyloprim)	3		
colchicine tab 0.6 mg (Colcrys)	3		
colchicine w/ probenecid tab 0.5-500 mg	3		
febuxostat tab 40 mg, 80 mg (Uloric)	5		QL (30 tablets/30 days)
probenecid tab 500 mg	5		
FÁRMACOS NEUROMUSCULARES			
ANTICONVULSIVOS			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5		
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	6		PA
BRIVIACT - brivaracetam oral soln 10 mg/ml	6		PA
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	5		
carbamazepine chew tab 100 mg	3		
carbamazepine susp 100 mg/5ml (Tegretol)	5		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	5		
carbamazepine tab 200 mg (Tegretol)	3		
CELONTIN - methsuximide cap 300 mg	6		PA
clobazam suspension 2.5 mg/ml (Onfi)	5		
clobazam tab 10 mg (Onfi)	3		

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
clobazam tab 20 mg (Onfi)	5		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	3		
DIACOMIT - stiripentol cap 250 mg, 500 mg	6	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	6	SP	
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	5		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	5		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	5		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	3		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	3		
EPIDIOLEX - cannabidiol soln 100 mg/ml	6	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	5		QL (473 mls/29 days)
ethosuximide cap 250 mg (Zarontin)	5		
ethosuximide soln 250 mg/5ml (Zarontin)	5		
felbamate susp 600 mg/5ml (Felbatol)	5		
felbamate tab 400 mg, 600 mg (Felbatol)	5		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	6	SP	PA, LD
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	6		PA
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	3		
gabapentin oral soln 250 mg/5ml (Neurontin)	5		
gabapentin tab 600 mg, 800 mg (Neurontin)	3		
lacosamide oral solution 10 mg/ml (Vimpat)	5		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	5		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	5		
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	3		
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	5		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	5		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	5		

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
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	5		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	5		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	3		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	5		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	5		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	5		
levetiracetam oral soln 100 mg/ml (Keppra)	3		
levetiracetam tab er 24hr 500 mg (Keppra xr)	3		
levetiracetam tab er 24hr 750 mg (Keppra xr)	5		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	3		
methsuximide cap 300 mg (Celontin)	5		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	5		QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	5		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	3		
phenytoin chew tab 50 mg (Dilantin infatabs)	3		
phenytoin sodium extended cap 100 mg (Dilantin)	3		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	5		
phenytoin susp 125 mg/5ml (Dilantin-125)	3		
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	3		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	3		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	5		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	3		
rufinamide susp 40 mg/ml (Banzel)	5		
rufinamide tab 200 mg, 400 mg (Banzel)	5		
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	5		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	5		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	5		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	5		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	5		PA, QL (30 capsules/30 days)

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
topiramate cap er 24hr 200 mg (Trokendi xr)	5		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg (Topamax sprinkle)	3		
topiramate sprinkle cap 25 mg (Topamax sprinkle)	5		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	3		
valproate sodium oral soln 250 mg/5ml (base equiv)	3		
valproic acid cap 250 mg	3		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	5		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	5		QL (10 bottles/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	5		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	6	SP	LD
vigabatrin tab 500 mg (Sabril)	6	SP	LD
zonisamide cap 25 mg, 100 mg (Zonegran)	3		
zonisamide cap 50 mg	3		
ZTALMY - ganaxolone susp 50 mg/ml	6	SP	PA, LD, QL (1100 mls/30 days)
AGENTES ANTIPARKINSONIANOS			
amantadine hcl cap 100 mg	3		
amantadine hcl soln 50 mg/5ml	3		
amantadine hcl tab 100 mg	5		
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	6	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	3		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	5		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	5		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	3		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	3		
carbidopa & levodopa tab 25-250 mg	3		
carbidopa tab 25 mg (Lodosyn)	5		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	5		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	5		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	5		

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
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	5		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	5		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	5		
entacapone tab 200 mg (Comtan)	5		
INBRIJA - levodopa inhal powder cap 42 mg	6	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)	5		
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	3		
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	3		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	5		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	3		
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	5		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	3		
selegiline hcl cap 5 mg	5		
selegiline hcl tab 5 mg	5		
tolcapone tab 100 mg (Tasmar)	5		
TRIHENYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	5		
trihexyphenidyl hcl tab 2 mg, 5 mg	3		
AGENTES NEUROMUSCULARES			
DAYBUE - trofinetide oral soln 200 mg/ml	6	SP	PA, LD, QL (3600 mls/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	6	SP	PA, LD, QL (80 mls/12 days)
EXSERVAN - riluzole oral film 50 mg	6	SP	PA, LD, QL (60 films/30 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	6	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	6	SP	PA, LD, QL (70 mls/180 days)
riluzole tab 50 mg (Rilutek)	5		
SKYCLARYS - omaveloxolone cap 50 mg	6	SP	PA, QL (90 capsules/30 days)
AGENTES PARA LA TERAPIA MUSCULOESQUELÉTICA			
baclofen susp 25 mg/5ml (Fleqsuvy)	5		
baclofen tab 10 mg, 20 mg	3		

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
carisoprodol tab 350 mg (Soma)	3		
chlorzoxazone tab 500 mg	3		
cyclobenzaprine hcl tab 5 mg, 10 mg	3		
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	5		
dantrolene sodium cap 100 mg	5		
metaxalone tab 400 mg	5		
metaxalone tab 800 mg (Skelaxin)	5		
methocarbamol tab 500 mg, 750 mg	3		
orphenadrine citrate tab er 12hr 100 mg	3		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	6	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	6	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	6	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	6	SP	PA, LD, QL (56 capsules/28 days)
tizanidine hcl tab 2 mg (base equivalent)	3		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	3		
AGENTES ANTIMIASTÉNICOS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	6	SP	PA, LD, QL (240 tablets/30 days)
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	5		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	5		
pyridostigmine bromide tab 60 mg (Mestinon)	3		
PRODUCTOS NUTRICIONALES			
VITAMINAS			
cholecalciferol cap 1.25 mg (50000 unit)	3		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	3		
phytonadione tab 5 mg (Mephyton)	5		QL (2 tablets/30 days)
MULTIVITAMINAS			
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	5		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	5		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		

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
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	5		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	5		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	5		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg, 29-1 mg	5		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	5		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	5		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	5		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	5		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	5		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	5		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	5		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	5		
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	5		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		

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
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	5		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	5		
MINERALES Y ELECTROLITOS			
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	3		
potassium chloride cap er 8 meq, 10 meq	3		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	3		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	5		
potassium chloride tab er 8 meq (600 mg)	3		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	3		
potassium phosphate monobasic tab 500 mg (K- phos)	3		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	5		
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		
AGENTES HEMATOLÓGICOS			
AGENTES HEMATOPOYÉTICOS			
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	6	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	6	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	6	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	3		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	6	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	5		
ENDARI - glutamine (sickle cell) powd pack 5 gm	6	SP	PA, LD

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
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg	1		
folic acid tab 1 mg	3		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
FYLNETHRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
miglustat cap 100 mg (Zavesca)	6	SP	PA, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	6	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	6	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	6	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	6	SP	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	6	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	6	SP	PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	6	SP	PA, QL (2 pens/28 days)
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	6	SP	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	6	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTES			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	5		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	5		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	5		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	5		QL (74 tablets/30 days)

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
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	5		QL (1 pack/180 days)
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)	5		QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml (Lovenox)	5		QL (10 vials/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	5		QL (30 syringes/90 days)
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	5		
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	3		
XARELTO - rivaroxaban for susp 1 mg/ml	5		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	5		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	5		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	5		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	5		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	5		
tranexamic acid tab 650 mg (Lysteda)	5		
AGENTES HEMATOLÓGICOS, MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	6	SP	PA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	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	6	SP	PA, LD
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	6	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	6	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	6	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	6	SP	PA
anagrelide hcl cap 0.5 mg (Agrylin)	5		

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
anagrelide hcl cap 1 mg	5		
aspirin-dipyridamole cap er 12hr 25-200 mg	5		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
BRILINTA - ticagrelor tab 60 mg, 90 mg	5		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	6	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	3		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	6	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	3		
clopidogrel bisulfate tab 300 mg (base equiv)	5		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	6	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	6	SP	PA, LD
dipyridamole tab 25 mg	3		
dipyridamole tab 50 mg, 75 mg	5		
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	6	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	6	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	6	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	6	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	6	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	6	SP	PA, LD, QL (16 vials/30 days)
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)	6	SP	PA, LD
HEMOPIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	6	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	6	SP	PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	6	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	6	SP	PA

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
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	6	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	6	SP	PA
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	6	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	6	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	6	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)	6	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	6	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	6	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	6	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	6	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	6	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	6	SP	PA, LD, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	3		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	3		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	6	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	6	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	6	SP	PA, LD, QL (1 pack/365 days)

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
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	6	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	6	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	6	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	6	SP	PA
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	6	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	6	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	6	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	6	SP	PA, LD, QL (2 vials/28 days)
TAVNEOS - avacopan cap 10 mg	6	SP	PA, LD, QL (180 capsules/30 days)
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	6	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	6	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	6	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	6	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	6	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	6	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	6	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	6	SP	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	6		PA

PRODUCTOS TÓPICOS**AGENTES OFTÁLMICOS**

ALOCRIIL - nedocromil sodium ophth soln 2%	6		PA
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	6		PA
ALREX - loteprednol etabonate ophth susp 0.2%	6		PA

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
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	5		
atropine sulfate ophth soln 1% (Atropine sulfate)	3		
azelastine hcl ophth soln 0.05%	3		
BACITRACIN - bacitracin ophth oint 500 unit/gm	5		
bacitracin-polymyxin b ophth oint	3		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3		
bepotastine besilate ophth soln 1.5% (Bepreve)	5		
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	6		PA
BETADINE OPHTHALMIC PREP - povidone-iodine ophth soln 5%	6		PA
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	5		
bimatoprost ophth soln 0.03%	5		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	5		
brimonidine tartrate ophth soln 0.2%	3		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	5		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	5		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	5		
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	3		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	5		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	5		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	3		
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	6		PA
diclofenac sodium ophth soln 0.1%	3		
difluprednate ophth emulsion 0.05% (Durezol)	5		
dorzolamide hcl ophth soln 2% (Trusopt)	3		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	3		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	5		
epinastine hcl ophth soln 0.05%	5		
erythromycin ophth oint 5 mg/gm	3		
fluorometholone ophth susp 0.1% (Fml liquifilm)	5		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	5		

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
gatifloxacin ophth soln 0.5% (Zymaxid)	5		
gentamicin sulfate ophth soln 0.3%	3		
ILEVRO - nepafenac ophth susp 0.3%	6		PA
ketorolac tromethamine ophth soln 0.4% (Acular Is)	3		
ketorolac tromethamine ophth soln 0.5% (Acular)	3		
latanoprost ophth soln 0.005% (Xalatan)	3		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	5		
LOTEMAX - loteprednol etabonate ophth gel 0.5%	5		
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	5		
loteprednol etabonate ophth susp 0.2% (Alrex)	5		
loteprednol etabonate ophth susp 0.5% (Lotemax)	5		
LUMIGAN - bimatoprost ophth soln 0.01%	5		QL (2.5 mls/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	3		
NATACYN - natamycin ophth susp 5%	5		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	3		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	3		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymygramicid op sol 1.75-10000-0.025mg-unt-mg/ml	5		
ofloxacin ophth soln 0.3% (Ocuflox)	3		
phenylephrine hcl ophth soln 2.5%, 10%	3		
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	6		PA, LD
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	3		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	3		
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	5		
proparacaine hcl ophth soln 0.5% (Alcaine)	3		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	5		PA, QL (60 vials/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	6		PA, QL (2.5 mls/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	5		
sulfacetamide sodium ophth soln 10% (Bleph-10)	3		

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
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	5		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	5		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	3		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	5		
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	3		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	5		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	5		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	5		
tobramycin ophth soln 0.3% (Tobrex)	3		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	5		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	5		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	5		
tropicamide ophth soln 0.5%	3		
tropicamide ophth soln 1% (Mydracyl)	3		
XIIDRA - lifitegrast ophth soln 5%	6		PA, QL (60 vials/30 days)
ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)	6		PA, QL (60 vials/30 days)
ZIRGAN - ganciclovir ophth gel 0.15%	6		PA
AGENTES ÓTICOS			
acetic acid otic soln 2%	3		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	6		PA
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	5		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	6		PA
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	3		
hydrocortisone w/ acetic acid otic soln 1-2%	5		
neomycin-polymyxin-hc otic soln 1%	5		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	5		
ofloxacin otic soln 0.3%	3		
AGENTES BUCALES/DENTALES/DE LA GARGANTA			
cevimeline hcl cap 30 mg (Evoxac)	5		

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
chlorhexidine gluconate soln 0.12% (Peridex)	3		
clotrimazole troche 10 mg	3		
lidocaine hcl viscous soln 2%	3		
nystatin susp 100000 unit/ml	3		
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	6		PA
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	5		
PREVIDENT RINSE - sodium fluoride rinse 0.2%	5		
sodium fluoride cream 1.1% (Prevident 5000 plus)	1		
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1		
sodium fluoride paste 1.1% (Prevident 5000 boost)	1		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	3		
AGENTES ANORRECTALES			
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	5		
hydrocortisone enema 100 mg/60ml (Cortenema)	5		
hydrocortisone perianal cream 1% (Proctocort)	3		
hydrocortisone perianal cream 2.5% (Anusol-hc)	3		
nitroglycerin oint 0.4% (Rectiv)	5		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	5		
RECTIV - nitroglycerin oint 0.4%	6		PA
DERMATOLÓGICOS			
acitretin cap 10 mg, 25 mg (Soriatane)	5		
acitretin cap 17.5 mg	5		
acyclovir oint 5% (Zovirax)	3		
adapalene gel 0.1%	5		
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	6	SP	PA, LD, QL (4 syringes/28 days)
alclometasone dipropionate cream 0.05%	5		QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	3		QL (120 grams/30 days)
ALTABAX - retapamulin oint 1%	6		PA
azelaic acid gel 15% (Finacea)	5		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	5		
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	3		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	5		QL (210 mls/30 days)

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
betamethasone dipropionate augmented oint 0.05% (Diprolene)	5		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	3		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	3		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	5		QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3		QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3		QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	6	SP	PA
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	5		
calcipotriene cream 0.005% (Dovonex)	5		QL (120 grams/30 days)
calcipotriene oint 0.005%	5		QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	5		QL (120 mls/30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	5		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	5		QL (120 grams/30 days)
CALCITRIOL - calcitriol oint 3 mcg/gm	6		PA, QL (200 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	6	SP	PA, QL (30 tablets/30 days)
ciclopirox gel 0.77%	5		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	3		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	5		
ciclopirox shampoo 1% (Loprox shampoo)	3		
ciclopirox solution 8% (Penlac Nail Lacquer)	3		QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3		
clindamycin phosphate gel 1%	5		
clindamycin phosphate lotion 1% (Cleocin-t)	5		
clindamycin phosphate soln 1%	3		QL (120 grams/30 days)
clindamycin phosphate swab 1%	3		
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	5		
clobetasol propionate cream 0.05% (Temovate)	3		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	5		QL (210 grams/28 days)
clobetasol propionate gel 0.05%	5		QL (210 grams/28 days)
clobetasol propionate oint 0.05% (Temovate)	3		QL (210 grams/28 days)

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
clobetasol propionate soln 0.05%	3		QL (200 mls/28 days)
clocortolone pivalate cream 0.1% (Cloderm)	5		QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	6		ST, QL (1 box/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	6	SP	PA, LD, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	6	SP	PA, LD, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	6	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	6	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	6	SP	PA, LD, QL (1 pen/28 days)
CROTAN - crotamiton lotion 10%	6		PA
desonide cream 0.05% (Desowen)	5		QL (120 grams/30 days)
desonide oint 0.05%	5		QL (120 grams/30 days)
desoximetasone cream 0.05% (Topicort)	5		QL (120 grams/30 days)
desoximetasone cream 0.25% (Topicort)	3		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	5		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	5		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	5		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	3		QL (150 mls/30 days)
doxepin hcl cream 5% (Prudoxin)	5		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	6	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	6	SP	PA, QL (2 syringes/28 days)
econazole nitrate cream 1%	3		QL (120 grams/30 days)
ERTACZO - sertaconazole nitrate cream 2%	6		PA
erythromycin gel 2% (Erygel)	3		
erythromycin soln 2%	3		
EXELDERM - sulconazole nitrate cream 1%	6		PA
finasteride tab 1 mg (Propecia)	3		
FLUOCINOLONE ACETONIDE - fluocinolone acetonide cream 0.01%	5		ST, QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	5		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	3		QL (118.28 mls/30 days)

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
fluocinolone acetone oil 0.01% (scalp oil) (Dermasmothe/fs sca)	5		QL (118.28 mls/30 days)
fluocinolone acetone oint 0.025% (Synalar)	3		QL (120 grams/30 days)
fluocinolone acetone soln 0.01% (Synalar)	5		QL (120 mls/30 days)
fluocinonide cream 0.05%	5		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	5		QL (120 grams/30 days)
fluocinonide gel 0.05%	5		QL (120 grams/30 days)
fluocinonide oint 0.05%	3		QL (120 grams/30 days)
fluocinonide soln 0.05%	3		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	5		
fluorouracil cream 5% (Efudex)	5		PA, QL (240 grams/84 days)
fluticasone propionate cream 0.05%	3		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	3		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	3		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	3		
halcinonide cream 0.1% (Halog)	5		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	5		QL (200 grams/28 days)
HALOG - halcinonide oint 0.1%	6		ST, QL (120 grams/30 days)
hydrocortisone butyrate oint 0.1%	5		QL (135 grams/30 days)
hydrocortisone cream 2.5%	3		QL (454 grams/30 days)
hydrocortisone lotion 2.5%	3		QL (118 mls/30 days)
hydrocortisone oint 2.5%	3		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	5		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	5		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	5		PA, LD, QL (70 grams/84 days)
imiquimod cream 5% (Aldara)	3		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	5		
ivermectin cream 1% (Soolantra)	5		PA
ketoconazole cream 2%	3		QL (120 grams/30 days)
ketoconazole shampoo 2%	3		
lidocaine hcl soln 4%	3		QL (150 mls/30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	3		
lidocaine patch 5% (Lidoderm)	5		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	6	SP	PA, LD, QL (28 capsules/28 days)
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	3		

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
malathion lotion 0.5% (Ovide)	5		
METHOXSALLEN - methoxsalen rapid cap 10 mg	5		
metronidazole cream 0.75% (Metrocream)	5		
metronidazole gel 0.75%	5		
metronidazole gel 1% (Metrogel)	5		
metronidazole lotion 0.75% (Metrolotion)	5		
mometasone furoate cream 0.1%	3		QL (135 grams/30 days)
mometasone furoate oint 0.1%	3		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3		QL (120 mls/30 days)
mupirocin oint 2%	3		
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	6		PA
nystatin cream 100000 unit/gm	3		
nystatin oint 100000 unit/gm	3		
nystatin topical powder 100000 unit/gm	3		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3		
oxiconazole nitrate cream 1% (Oxistat)	5		PA
PANRETIN - alitretinoin gel 0.1%	6		PA
penciclovir cream 1% (Denavir)	5		
permethrin cream 5% (Elimite)	3		
pimecrolimus cream 1% (Elidel)	5		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	5		
podofilox gel 0.5% (Condylox)	5		
REGANEX - becaplermin gel 0.01%	6		PA
SANTYL - collagenase oint 250 unit/gm	6		PA, QL (90 grams/30 days)
selenium sulfide lotion 2.5%	3		
silver sulfadiazine cream 1% (Silvadene)	3		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	6	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	6	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	5		
SPINOSAD - spinosad susp 0.9%	6		PA
STELARA - ustekinumab inj 45 mg/0.5ml	6	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	6	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	6	SP	PA, QL (1 syringe/56 days)
sulfacetamide sodium lotion 10% (acne) (Klaron)	5		

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
SULFAMYLON - mafenide acetate cream 85 mg/gm	5		
tacrolimus oint 0.03%, 0.1% (Protopic)	5		ST, QL (100 grams/30 days)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	6	SP	PA, LD, QL (1 pen/28 days)
TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	6	SP	PA, LD, QL (1 syringe/28 days)
tazarotene cream 0.1% (Tazorac)	5		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	5		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	5		QL (120 grams/30 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	6	SP	PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	6	SP	PA, QL (1 syringe/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	5		
tretinoin gel 0.01%, 0.025% (Retin-a)	5		
triamcinolone acetone aerosol soln 0.147 mg/gm (Kenalog)	5		QL (126 grams/30 days)
triamcinolone acetone cream 0.025%, 0.1%, 0.5%	3		QL (454 grams/30 days)
triamcinolone acetone lotion 0.025%, 0.1%	3		QL (120 mls/30 days)
triamcinolone acetone oint 0.025%, 0.1%	3		QL (454 grams/30 days)
triamcinolone acetone oint 0.5%	3		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	6	SP	LD
PRODUCTOS MISCELÁNEOS			
ANTÍDOTOS			
CHEMET - succimer cap 100 mg	6	SP	PA
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	6	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	6	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	6	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	6	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	5		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	3		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	5		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	5		QL (4 bottles/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	5		QL (4 vials/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	5		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	3		

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
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	5		QL (4 bottles/30 days)
SUMINISTROS PARA LA DIABETES			
CHEMSTRIP-K - acetone (urine) test strip	4		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	4		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	4		QL (204 strips/30 days)
GLUCAGEN DIAGNOSTIC - glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	6		PA
KETOCARE - acetone (urine) test strip	4		
KETONE - acetone (urine) test strip	4		
KETONE TEST STRIPS - acetone (urine) test strip	4		
KETOSTIX - acetone (urine) test strip	4		
ONETOUCH ULTRA - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	4		QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	4		
DISPOSITIVOS MÉDICOS			
ACCU-CHEK FASTCLIX LANCET - lancets	4		
ACCU-CHEK FASTCLIX LANCET - lancets kit	4		
ACCU-CHEK SAFE-T-PRO LANC - lancets	4		
ACCU-CHEK SOFTCLIX LANCET - lancets	4		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	4		
ACTI-LANCE LANCETS 28G - lancets	4		
ACTI-LANCE LITE SAFETY LA - lancets	4		
ACTI-LANCE SPECIAL SAFETY - lancets	4		
ACTI-LANCE UNIVERSAL SAFE - lancets	4		
ADJUSTABLE LANCING DEVICE - lancet devices	4		
ADVANCED MOBILE LANCET 30 - lancets	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
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")	4		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		

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
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"	4		
ADVOCATE LANCETS - lancets	4		
ADVOCATE LANCETS 30G - lancets	4		
ADVOCATE LANCING DEVICE - lancet devices	4		
ADVOCATE RAPID-SAFE LANCI - lancet devices	4		
ADVOCATE SAFETY LANCETS 2 - lancets	4		
AF LANCETS SUPER THIN - lancets	4		
AGAMATRIX ULTRA-THIN LANC - lancets	4		
AIMSCO LUBRICATED - condoms latex lubricated	1		
AIMSCO TWIST LANCETS 32G - lancets	4		
AIMSCO TWIST LANCETS 33G - lancets	4		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	4		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	4		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
ASSURE COMFORT LANCETS UL - lancets	4		
ASSURE HAEMOLANCE PLUS HI - lancets	4		
ASSURE HAEMOLANCE PLUS LO - lancets	4		
ASSURE HAEMOLANCE PLUS MI - lancets	4		
ASSURE HAEMOLANCE PLUS NO - lancets	4		
ASSURE HAEMOLANCE PLUS PE - lancets	4		
ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	4		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
ASSURE LANCE LANCETS - lancets	4		
ASSURE LANCE LANCETS 21G - lancets	4		

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
ASSURE LANCE PLUS SAFETY - lancets	4		
ASSURE LANCE SAFETY LANCE - lancets	4		
AT LAST LANCETS - lancets	4		
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")	4		
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")	4		
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")	4		
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	4		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	4		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
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")	4		
AURORA LANCET SUPER THIN - lancets	4		
AURORA LANCET THIN 23G - lancets	4		
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
AUTO-LANCET - lancet devices	4		
AUTO-LANCET MINI - lancet devices	4		
AUTOLET IMPRESSION LANCIN - lancet devices	4		
AUTOLET LANCING DEVICE - lancet devices	4		
AUTOLET MINI - lancet devices	4		
AUTOLET PLUS - lancet devices	4		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	4		

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-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"	4		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	4		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	5		
BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	5		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	5		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	5		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	5		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	5		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	5		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1-1/2"	5		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	5		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	4		
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"	4		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	4		
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"	4		
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"	4		
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"	4		

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

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
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"	4		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	5		
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"	4		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	5		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	5		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
CARDIOCOM LANCING DEVICE - lancet devices	4		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
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")	4		
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")	4		
CAREONE ADVANCED LANCING - lancet devices	4		
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"	4		
CAREONE LANCET SUPER THIN - lancets	4		
CAREONE LANCET THIN - lancets	4		
CAREONE LANCET ULTRA THIN - lancets	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		

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
CARESENS LANCETS - lancets	4		
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"	4		
CARETOUCH LANCING DEVICE - lancet devices	4		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
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")	4		
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")	4		
CARETOUCH SAFETY LANCETS/ - lancets	4		
CARETOUCH TWIST LANCETS M - lancets	4		
CARETOUCH TWIST LANCETS 2 - lancets	4		
CARETOUCH TWIST LANCETS 3 - lancets	4		
CAYA - diaphragm arc-spring	1		
CLEANLET LANCETS 28G - lancets	4		
CLEVER CHEK LANCETS ULTRA - lancets	4		
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"	4		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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")	4		
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")	4		

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

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
COMFORT TOUCH PLUS SAFETY - lancets	4		
CONDOMS - condoms - male	1		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	4		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	4		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	4		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	4		
CVS LANCETS MICRO THIN 33 - lancets	4		
CVS LANCETS MICRO-THIN 33 - lancets	4		
CVS LANCETS ORIGINAL - lancets	4		
CVS LANCETS THIN 26G - lancets	4		
CVS LANCETS ULTRA THIN 30 - lancets	4		
CVS LANCETS ULTRA-THIN 30 - lancets	4		
CVS LANCETS 21G - lancets	4		
CVS LANCING DEVICE - lancet devices	4		
CVS ULTRA THIN LANCETS - lancets	4		
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	5		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous blood glucose system sensor	5		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	5		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	5		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous blood glucose system sensor	5		ST, QL (3 sensors/30 days)
DIATHRIVE LANCETS - lancets	4		
DIATHRIVE LANCETS ULTRA T - lancets	4		

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
DIATHRIVE LANCING DEVICE - lancet devices	4		
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")	4		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DROPLET GENTEEL LANCING D - lancet devices	4		
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"	4		
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"	4		
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
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"	4		
DROPLET LANCETS ULTRA THI - lancets	4		
DROPLET LANCING DEVICE - lancet devices	4		
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	4		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	4		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
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")	4		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		

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
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")	4		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	4		
DROPLET PERSONAL LANCETS - lancets	4		
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"	4		
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")	4		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
DRUG MART LANCETS THIN - lancets	4		
DRUG MART LANCETS ULTRA T - lancets	4		
DRUG MART ON-THE-GO LANCE - lancets	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
DRUG MART UNILET LANCETS - lancets	4		
DRUG MART UNILET MICRO TH - lancets	4		
DUANE READE LANCET ALTERN - lancets	4		
DUANE READE LANCET SUPER - lancets	4		
DUANE READE LANCET ULTRA - lancets	4		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	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/Limites
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	1		
E-Z JECT LANCETS - lancets	4		
E-Z JECT LANCETS COLOR - lancets	4		
E-Z JECT LANCETS SUPER TH - lancets	4		
E-Z JECT LANCETS THIN 26G - lancets	4		
E-Z JECT LANCETS 21G - lancets	4		
E-ZJECT LANCETS MICRO-THI - lancets	4		
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"	4		
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")	4		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
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")	4		
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")	4		
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
EASY MINI EJECT LANCING D - lancet devices	4		
EASY MINI LANCING DEVICE - lancet devices	4		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	5		
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"	4		
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 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"	4		

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

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
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"	5		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	4		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
EMBRACE LANCETS ULTRA THI - lancets	4		
EMBRACE LANCING DEVICE WI - lancet devices	4		
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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")	4		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
EMBRACE PRESSURE ACTIVATE - lancets	4		
EQL COLOR LANCETS MICRO T - lancets	4		
EQL COLOR LANCETS 21G - lancets	4		
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"	4		
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"	4		
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	4		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
EQL SUPER THIN LANCETS 30 - lancets	4		
EQL THIN LANCETS 26G - lancets	4		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
EZ-LETS LANCETS 21G - lancets	4		
EZ-LETS LANCETS 26G SUPER - lancets	4		
EZ-LETS LANCETS 28G ULTRA - lancets	4		
EZ-LETS LANCETS 30G - lancets	4		
FANTASY LUBRICATED - condoms latex lubricated	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/Limites
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	1		
FC2 FEMALE CONDOM - condoms - female	1		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	1		
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")	4		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
FIFTY50 SAFETY SEAL LANCE - lancets	4		
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"	4		
FIFTY50 UNILET LANCETS 33 - lancets	4		
FINGERSTIX LANCETS - lancets	4		
FORA LANCETS - lancets	4		
FORA LANCING DEVICE - lancet devices	4		
FORA LANCING DEVICE/CLEAR - lancet devices	4		
FREESTYLE LANCETS - lancets	4		
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous blood glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 3/READER/ - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous blood glucose system sensor	5		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous blood glucose system receiver	5		ST, QL (1 reader/365 days)
FREESTYLE UNISTICK II LAN - lancets	4		
GENTEEL BUTTERFLY TOUCH L - lancets	4		
GENTEEL PLUS LANCING DEVI - lancet devices	4		

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

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

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

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

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
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	4		
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	4		
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	4		
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"	4		
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"	4		
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	4		
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	4		
KAMELEON LUBRICATED - condoms latex lubricated	1		
KIMONO COLORS - condoms latex lubricated	1		
KIMONO LUBRICATED - condoms latex lubricated	1		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	1		
KIMONO MICRO THIN - condoms latex non-lubricated	1		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	1		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	1		
KIMONO PS LUBRICATED - condoms latex lubricated	1		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	1		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	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/Limites
KIMONO SENSATION PLUS SPE - condoms latex lubricated	1		
KIMONO SPECIAL - condoms latex lubricated	1		
KINNEY LANCETS - lancets	4		
KINNEY THIN LANCETS - lancets	4		
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"	4		
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	4		
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml, u-100 1/2 ml, u-100 1 ml	4		
KROGER AUTOLET LANCING DE - lancet devices	4		
KROGER HEALTHPRO TWIST LA - lancets	4		
KROGER INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	4		
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"	4		
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"	4		
KROGER LANCETS - lancets	4		
KROGER LANCETS MICRO THIN - lancets	4		
KROGER LANCETS SUPER THIN - lancets	4		
KROGER LANCETS THIN - lancets	4		
KROGER LANCETS THIN 26G - lancets	4		
KROGER LANCETS ULTRATHIN - lancets	4		
KROGER LANCETS 21G - lancets	4		
KROGER LANCING DEVICE - lancet devices	4		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	4		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	4		
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")	4		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
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"	4		
TRUE COMFORT SAFETY LANCE - lancets	4		
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")	4		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUE COMFORT TWIST TOP LA - lancets	4		
TRUEDRAW LANCING DEVICE - lancet devices	4		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	4		
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"	4		
TRUEPLUS LANCETS 26G - lancets	4		
TRUEPLUS LANCETS 28G - lancets	4		
TRUEPLUS LANCETS 28G SUPE - lancets	4		
TRUEPLUS LANCETS 30G - lancets	4		
TRUEPLUS LANCETS 30G ULTR - lancets	4		
TRUEPLUS LANCETS 33G - lancets	4		
TRUEPLUS LANCETS 33G MICR - lancets	4		
TRUEPLUS PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
TRUEPLUS PEN NEEDLES 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
TRUEPLUS SAFETY LANCETS 2 - lancets	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	4		
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")	4		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		

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

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
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	4		
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	4		
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	5		
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)	4		
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"	4		
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"	4		
ULTIGUARD SAFEPAK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	4		
ULTIGUARD SAFEPAK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	4		
ULTIGUARD SAFEPAK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	4		
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")	4		
ULTIGUARD SAFEPAK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	4		
ULTIGUARD SAFEPAK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	4		
ULTIGUARD SAFEPAK/SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16"	4		
ULTILET CLASSIC LANCETS - lancets	4		
ULTILET LANCETS - lancets	4		

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

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

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

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
UNIVERSAL 1 LANCETS THIN - lancets	4		
UNIVERSAL 1 LANCETS ULTRA - lancets	4		
UNIVERSAL 1 LANCETS/33G/M - lancets	4		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	5		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	5		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	5		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"	4		
VALUE PLUS LANCETS STANDA - lancets	4		
VALUE PLUS LANCETS SUPER - lancets	4		
VALUE PLUS LANCETS THIN 2 - lancets	4		
VALUE PLUS LANCING DEVICE - lancet devices	4		
VALUMARK LANCET SUPER THI - lancets	4		
VALUMARK LANCET ULTRA THI - lancets	4		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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"	4		
VANISHPOINT TUBERCULIN SY - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2"	5		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	4		
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")	4		
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")	4		
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"	4		
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"	4		

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

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

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
REVLIMID - lenalidomide caps 2.5 mg	5	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	5	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	6	SP	PA, LD, QL (30 tablets/30 days)
ringer's solution for irrigation	5		
sirolimus oral soln 1 mg/ml (Rapamune)	5		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	5		
sodium polystyrene sulfonate powder	5		
tacrolimus cap 0.5 mg (Prograf)	3		
tacrolimus cap 1 mg, 5 mg (Prograf)	5		
THALOMID - thalidomide cap 50 mg, 100 mg	5	SP	PA, LD, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	5	SP	PA, LD, QL (60 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	6	SP	PA
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	5		
water for irrigation, sterile irrigation soln	3		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	6	SP	PA, LD

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

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

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg.....	4	ADVOCATE INSULIN SYRINGE/.....	91
abacavir sulfate soln 20 mg/ml (base equiv).....	4	ADVOCATE LANCETS.....	91
abacavir sulfate tab 300 mg (base equiv).....	4	ADVOCATE LANCETS 30G.....	91
abiraterone acetate tab 250 mg.....	14	ADVOCATE LANCING DEVICE.....	91
abiraterone acetate tab 500 mg.....	14	ADVOCATE RAPID-SAFE LANCI.....	91
ABRYSVO.....	10	ADVOCATE SAFETY LANCETS 2.....	91
acamprosate calcium tab delayed release 333 mg.....	59	ADYNOVATE.....	77
acarbose tab 25 mg, 50 mg, 100 mg.....	27	AF LANCETS SUPER THIN.....	91
ACCU-CHEK FASTCLIX LANCET.....	90	AFLURIA QUADRIVALENT 2023.....	11
ACCU-CHEK SAFE-T-PRO LANC.....	90	AFSTYLA.....	77
ACCU-CHEK SOFTCLIX LANCET.....	90	AGAMATRIX ULTRA-THIN LANC.....	91
acebutolol hcl cap 200 mg, 400 mg.....	34	AIMOVIG.....	67
ACETAMINOPHEN/CODEINE.....	62	AIMSCO LUBRICATED.....	91
acetaminophen w/ codeine tab 300-15 mg.....	62	AIMSCO TWIST LANCETS 32G.....	91
acetaminophen w/ codeine tab 300-30 mg.....	62	AIMSCO TWIST LANCETS 33G.....	91
acetaminophen w/ codeine tab 300-60 mg.....	62	AJOVY.....	67
acetazolamide cap er 12hr 500 mg.....	39	AKEEGA.....	14
acetazolamide tab 125 mg, 250 mg.....	39	albendazole tab 200 mg.....	9
acetic acid irrigation soln 0.25%.....	52	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	44
acetic acid otic soln 2%.....	83	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).....	44
acetylcysteine inhal soln 10%, 20%.....	43	albuterol sulfate syrup 2 mg/5ml.....	44
acitretin cap 17.5 mg.....	84	albuterol sulfate tab 2 mg, 4 mg.....	44
acitretin cap 10 mg, 25 mg.....	84	alclometasone dipropionate cream 0.05%.....	84
ACTEMRA.....	64	alclometasone dipropionate oint 0.05%.....	84
ACTEMRA ACTPEN.....	64	ALECENSA.....	15
ACTHIB.....	10	ALENDRONATE SODIUM.....	31
ACTI-LANCE LANCETS 28G.....	90	alendronate sodium oral soln 70 mg/75ml.....	31
ACTI-LANCE LITE SAFETY LA.....	90	alendronate sodium tab 70 mg.....	32
ACTI-LANCE SPECIAL SAFETY.....	90	alendronate sodium tab 10 mg, 35 mg.....	32
ACTI-LANCE UNIVERSAL SAFE.....	90	alfuzosin hcl tab er 24hr 10 mg.....	52
ACTIMMUNE.....	14	ALINIA.....	9
acyclovir cap 200 mg.....	4	aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent).....	36
acyclovir oint 5%.....	84	allopurinol tab 100 mg, 300 mg.....	68
acyclovir susp 200 mg/5ml.....	4	almotriptan malate tab 6.25 mg, 12.5 mg.....	67
acyclovir tab 400 mg, 800 mg.....	4	ALOCRIL.....	80
ADACEL.....	13	ALOMIDE.....	80
adapalene gel 0.1%.....	84	alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv).....	49
ADBRY.....	84	ALPHANATE.....	77
ADDERALL.....	57	ALPHANINE SD.....	77
ADDERALL XR.....	57	alprazolam orally disintegrating tab 0.25 mg, 0.5 mg.....	52
adefovir dipivoxil tab 10 mg.....	4	alprazolam orally disintegrating tab 1 mg, 2 mg.....	52
ADEMPAS.....	41	alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg.....	52
ADJUSTABLE LANCING DEVICE.....	90	alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	52
ADTHYZA.....	31	ALPROLIX.....	77
ADVAIR HFA.....	44	ALREX.....	80
ADVANCED MOBILE LANCET 30.....	90	ALTABAX.....	84
ADVATE.....	77	ALTUVIIIO.....	77
ADVOCATE INSULIN PEN NEED.....	90		

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

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

ALUNBRIG.....	15	ANORO ELLIPTA.....	44
amantadine hcl cap 100 mg.....	71	ANZEMET.....	48
amantadine hcl soln 50 mg/5ml.....	71	APADAZ.....	62
amantadine hcl tab 100 mg.....	71	apomorphine hcl soln cartridge 30 mg/3ml.....	71
ambrisentan tab 5 mg, 10 mg.....	41	APRACLONIDINE.....	81
AMILORIDE/HYDROCHLOROTHIA.....	39	aprepitant capsule 40 mg.....	48
amiloride hcl tab 5 mg.....	39	aprepitant capsule 80 mg.....	48
aminocaproic acid oral soln 0.25 gm/ml.....	77	aprepitant capsule 125 mg.....	48
aminocaproic acid tab 500 mg, 1000 mg.....	77	aprepitant capsule therapy pack 80 & 125 mg.....	48
amiodarone hcl tab 200 mg.....	36	APTIOM.....	68
amiodarone hcl tab 100 mg, 400 mg.....	36	APTIVUS.....	4
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	53	AQINJECT PEN NEEDLE/31G X.....	91
AMJEVITA.....	64	AQINJECT PEN NEEDLE/32G X.....	91
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....	36	AQ INSULIN SYRINGE/0.5ML/.....	91
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg.....	36	AQ INSULIN SYRINGE/1ML/29.....	91
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg.....	36	AQ INSULIN SYRINGE/1ML/31.....	91
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	35	ARANESP ALBUMIN FREE.....	75
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg.....	37	ARCALYST.....	64
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.....	37	AREXVY.....	11
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg.....	53	arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	44
AMOXICILLIN.....	1	aripiprazole orally disintegrating tab 10 mg, 15 mg.....	55
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	1	aripiprazole oral solution 1 mg/ml.....	54
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	1	aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg.....	55
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml.....	1	armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg.....	57
amoxicillin & k clavulanate tab 250-125 mg.....	1	ARMOUR THYROID.....	31
amoxicillin & k clavulanate tab 500-125 mg.....	1	ARNUIITY ELLIPTA.....	44
amoxicillin & k clavulanate tab 875-125 mg.....	1	asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv).....	55
amoxicillin (trihydrate) cap 250 mg, 500 mg.....	1	ASMANEX HFA.....	44
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	1	ASMANEX TWISTHALER 120 ME.....	44
amoxicillin (trihydrate) tab 500 mg, 875 mg.....	1	ASMANEX TWISTHALER 30 MET.....	44
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg.....	57	ASMANEX TWISTHALER 60 MET.....	44
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg.....	57	aspirin chew tab 81 mg.....	62
amphetamine-dextroamphetamine tab 20 mg.....	57	aspirin-dipyridamole cap er 12hr 25-200 mg.....	78
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	57	aspirin tab delayed release 81 mg.....	62
ampicillin cap 500 mg.....	1	ASSURE COMFORT LANCETS UL.....	91
anagrelide hcl cap 0.5 mg.....	77	ASSURE HAEMOLANCE PLUS HI.....	91
anagrelide hcl cap 1 mg.....	78	ASSURE HAEMOLANCE PLUS LO.....	91
anastrozole tab 1 mg.....	15	ASSURE HAEMOLANCE PLUS MI.....	91
		ASSURE HAEMOLANCE PLUS NO.....	91
		ASSURE HAEMOLANCE PLUS PE.....	91
		ASSURE ID DUO PRO SAFETY.....	91
		ASSURE ID INSULIN SAFETY.....	91
		ASSURE ID PRO SAFETY PEN.....	91
		ASSURE ID SAFETY PEN NEED.....	91
		ASSURE LANCE LANCETS.....	91
		ASSURE LANCE LANCETS 21G.....	91
		ASSURE LANCE PLUS SAFETY.....	92
		ASSURE LANCE SAFETY LANCE.....	92
		atazanavir sulfate cap 200 mg (base equiv).....	4

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

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

atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv).....	4	B	BACITRACIN.....	81
atenolol & chlorthalidone tab 50-25 mg.....	37		bacitracin-polymyxin b ophth oint.....	81
atenolol & chlorthalidone tab 100-25 mg.....	37		bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	81
atenolol tab 25 mg, 50 mg, 100 mg.....	34		baclofen susp 25 mg/5ml.....	72
AT LAST LANCETS.....	92		baclofen tab 10 mg, 20 mg.....	72
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv).....	57		balsalazide disodium cap 750 mg.....	49
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv).....	57		BALVERSA.....	15
atorvastatin calcium tab 80 mg (base equivalent).....	40		BAQSIMI ONE PACK.....	27
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent).....	40		BAQSIMI TWO PACK.....	27
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg.....	9		BARACLUE.....	4
atovaquone susp 750 mg/5ml.....	9		BAXDELA.....	2
atropine sulfate ophth soln 1%.....	81		BD AUTOSHIELD DUO 30G X 5.....	93
ATROVENT HFA.....	44		BD DISPOSABLE NEEDLE 23GX.....	93
AUGMENTIN.....	1		BD ECLIPSE 18G X 1-1/2".....	93
AUGTYRO.....	15		BD ECLIPSE NEEDLE/25G X.....	93
AUM INSULIN SAFETY PEN NE.....	92		BD ECLIPSE NEEDLE 25G X 1.....	93
AUM MINI INSULIN PEN NEED.....	92		BD ECLIPSE NEEDLE 25GX1".....	93
AUM PEN NEEDLE/32GX4MM.....	92		BD HYPODERMIC NEEDLE REGU.....	93
AUM PEN NEEDLE/32GX5MM.....	92		BD HYPODERMIC NEEDLES 18G.....	93
AUM PEN NEEDLE/32GX6MM.....	92		BD HYPODERMIC NEEDLES 21G.....	93
AUM PEN NEEDLE/33GX4MM.....	92		BD HYPODERMIC NEEDLES 22G.....	93
AUM PEN NEEDLE/33GX5MM.....	92		BD HYPODERMIC NEEDLES 26G.....	93
AUM PEN NEEDLE/33GX6MM.....	92		BD INSULIN SYRINGE/0.3ML/.....	94
AUM READYGARD DUO SAFETY.....	92		BD INSULIN SYRINGE/0.5ML/.....	94
AUM SAFETY PEN NEEDLE/31.....	92		BD INSULIN SYRINGE/1ML/27.....	94
AURORA LANCET SUPER THIN.....	92		BD INSULIN SYRINGE/1ML/29.....	94
AURORA LANCET THIN 23G.....	92		BD INSULIN SYRINGE/U-100/.....	93
AURORA PEN NEEDLES 29GX12.....	92		BD INSULIN SYRINGE/U-500/.....	94
AURORA PEN NEEDLES 31G X.....	92		BD INSULIN SYRINGE LUER-L.....	93
AUTO-LANCET.....	92		B-D INSULIN SYRINGE MICRO.....	92
AUTO-LANCET MINI.....	92		BD INSULIN SYRINGE MICROF.....	93
AUTOLET IMPRESSION LANCIN.....	92		BD INSULIN SYRINGE SAFETY.....	93
AUTOLET LANCING DEVICE.....	92		B-D INSULIN SYRINGE ULTRA.....	93
AUTOLET MINI.....	92		BD INSULIN SYRINGE ULTRA.....	93
AUTOLET PLUS.....	92		BD INSULIN SYRINGE ULTRA.....	93
AUVI-Q.....	40		BD INSULIN SYRINGE ULTRAF.....	93
AVONEX.....	59		BD LO-DOSE INSULIN SYRIN.....	93
AVONEX PEN.....	59		BD MICROTAINER LANCETS.....	94
AYVAKIT.....	15		BD 1ML ALLERGY SYRINGE SA.....	95
azathioprine tab 50 mg.....	134		BD 1ML SLIP TIP SYRINGE 2.....	95
azelaic acid gel 15%.....	84		BD 1ML TUBERCULIN SYRINGE.....	95
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	43		BD NEEDLE/18G 1-1/2".....	94
azelastine hcl ophth soln 0.05%.....	81		BD NEEDLE/21G 1-1/2".....	94
azithromycin for susp 100 mg/5ml, 200 mg/5ml.....	2		BD NEEDLE/22G X 1-1/2".....	94
azithromycin tab 600 mg.....	2		BD NEEDLE/25G X 5/8".....	94
azithromycin tab 250 mg, 500 mg.....	2		BD NEEDLE/25G X 7/8".....	94
AZSTARYS.....	57		BD NEEDLE/27G X 1/2".....	94
			BD NEEDLE/30G X 1/2".....	94
			BD NEEDLE/20G X 1".....	94
			BD NEEDLE SAFETYGLIDE/27G.....	94
			BD PEN NEEDLE/MICRO/ULTRA.....	94

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

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

BD PEN NEEDLE/MINI/ULTRA-.....	94	BEXSERO.....	11
BD PEN NEEDLE/NANO/ULTRA.....	94	bicalutamide tab 50 mg.....	15
BD PEN NEEDLE/NANO 2ND GE.....	94	BIKTARVY.....	4
BD PEN NEEDLE/ORIGINAL/UL.....	94	bimatoprost ophth soln 0.03%.....	81
BD PEN NEEDLE/SHORT/ULTRA.....	94	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,	
BD PLASTIPAK SYRINGES ALL.....	94	5-6.25 mg, 10-6.25 mg.....	37
BD PRECISIONGLIDE 23GX1-1.....	94	bisoprolol fumarate tab 5 mg, 10 mg.....	34
BD SAFETYGLIDE 21G X 1".....	95	BOOSTRIX.....	13
BD SAFETYGLIDE HYPODERMIC.....	94	bosentan tab 62.5 mg, 125 mg.....	41
BD SAFETY-GLIDE INSULIN S.....	94	BOSULIF.....	15
BD SAFETYGLIDE INSULIN SY.....	95	BRAFTOVI.....	15
BD VEO INSULIN SYRINGE UL.....	95	BREO ELLIPTA.....	44
BELBUCA.....	62	BREZTRI AEROSPHERE.....	44
benazepril & hydrochlorothiazide tab 5-6.25 mg.....	37	BRILINTA.....	78
benazepril & hydrochlorothiazide tab 10-12.5 mg,		brimonidine tartrate gel 0.33% (base equivalent).....	85
20-12.5 mg, 20-25 mg.....	37	brimonidine tartrate ophth soln 0.15%.....	81
benazepril hcl tab 5 mg.....	37	brimonidine tartrate ophth soln 0.2%.....	81
benazepril hcl tab 10 mg, 20 mg, 40 mg.....	37	brimonidine tartrate-timolol maleate ophth soln	
BENEFIX.....	78	0.2-0.5%.....	81
BENLYSTA.....	134	BRIVIACT.....	68
BENZHYDROCODONE/ACETAMINO.....	62	bromfenac sodium ophth soln 0.09% (base equiv)	
BENZNIDAZOLE.....	9	(once-daily).....	81
benzonatate cap 100 mg.....	43	bromocriptine mesylate cap 5 mg (base	
benzonatate cap 200 mg.....	43	equivalent).....	71
benzoyl peroxide-erythromycin gel 5-3%.....	84	bromocriptine mesylate tab 2.5 mg (base	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	71	equivalent).....	71
bepotastine besilate ophth soln 1.5%.....	81	BRUKINSA.....	15
BESIVANCE.....	81	budesonide delayed release particles cap 3 mg.....	23
BESREMI.....	15	budesonide-formoterol fumarate dihyd aerosol 80-4.5	
BETADINE OPHTHALMIC PREP.....	81	mcg/act, 160-4.5 mcg/act.....	44
betaine powder for oral solution.....	32	budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1	
betamethasone dipropionate augmented cream		mg/2ml.....	44
0.05%.....	84	budesonide tab er 24hr 9 mg.....	23
betamethasone dipropionate augmented lotion		bumetanide tab 0.5 mg.....	39
0.05%.....	84	bumetanide tab 1 mg, 2 mg.....	39
betamethasone dipropionate augmented oint		buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base	
0.05%.....	85	equiv).....	62
betamethasone dipropionate cream 0.05%.....	85	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base	
betamethasone dipropionate lotion 0.05%.....	85	equiv).....	62
betamethasone dipropionate oint 0.05%.....	85	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base	
betamethasone valerate cream 0.1% (base		equiv), 12-3 mg (base equiv).....	62
equivalent).....	85	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base	
betamethasone valerate lotion 0.1% (base		equiv).....	62
equivalent).....	85	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base	
betamethasone valerate oint 0.1% (base		equiv).....	62
equivalent).....	85	buprenorphine hcl sl tab 2 mg (base equiv).....	62
BETASERON.....	59	buprenorphine hcl sl tab 8 mg (base equiv).....	62
BETAXOLOL HCL.....	81	buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr,	
betaxolol hcl tab 10 mg, 20 mg.....	34	10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	62
bethanechol chloride tab 50 mg.....	50	bupropion hcl (smoking deterrent) tab er 12hr 150	
bethanechol chloride tab 5 mg, 10 mg, 25 mg.....	50	mg.....	59
bexarotene cap 75 mg.....	15	bupropion hcl tab er 24hr 150 mg, 300 mg.....	53
bexarotene gel 1%.....	85	bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg.....	53

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

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

bupropion hcl tab 75 mg, 100 mg.....	53	carbidopa & levodopa tab er 25-100 mg, 50-200 mg....	71
bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	52	carbidopa & levodopa tab 25-250 mg.....	71
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	62	carbidopa & levodopa tab 10-100 mg, 25-100 mg.....	71
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	62	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	71
butalbital-acetaminophen cap 50-300 mg.....	62	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	71
butalbital-acetaminophen tab 50-325 mg.....	62	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	72
butalbital-aspirin-caffeine cap 50-325-40 mg.....	62	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	72
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	63	carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	71
butorphanol tartrate nasal soln 10 mg/ml.....	63	carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	72
BYLVAY.....	49	carbidopa tab 25 mg.....	71
BYLVAY (PELLETS).....	49	carbinoxamine maleate tab 4 mg.....	42
C		carbonyl iron susp 15 mg/1.25ml (elemental iron).....	75
cabergoline tab 0.5 mg.....	32	CARDIOCOM LANCING DEVICE.....	95
CABLIVI.....	78	CAREFINE PEN NEEDLE 32GX4.....	95
CABOMETYX.....	15	CAREFINE PEN NEEDLES 29GX.....	95
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	57	CAREFINE PEN NEEDLES 30GX.....	95
calcipotriene-betamethasone dipropionate oint 0.005-0.064%.....	85	CAREFINE PEN NEEDLES 31GX.....	95
calcipotriene-betamethasone dipropionate susp 0.005-0.064%.....	85	CAREFINE PEN NEEDLES 32GX.....	95
calcipotriene cream 0.005%.....	85	CAREONE ADVANCED LANCING.....	95
calcipotriene oint 0.005%.....	85	CAREONE INSULIN SYRINGES/.....	95
calcipotriene soln 0.005% (50 mcg/ml).....	85	CAREONE LANCET SUPER THIN.....	95
calcitonin (salmon) inj 200 unit/ml.....	32	CAREONE LANCET THIN.....	95
calcitonin (salmon) nasal soln 200 unit/act.....	32	CAREONE LANCET ULTRA THIN.....	95
CALCITRIOL.....	85	CAREONE UNIFINE PENTIPS P.....	95
calcitriol cap 0.25 mcg, 0.5 mcg.....	32	CARESENS LANCETS.....	96
calcitriol oral soln 1 mcg/ml.....	32	CARETOUCH INSULIN SYRINGE.....	96
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	49	CARETOUCH LANCING DEVICE.....	96
calcium acetate (phosphate binder) tab 667 mg.....	49	CARETOUCH PEN NEEDLE 29GX.....	96
CALQUENCE.....	15	CARETOUCH PEN NEEDLE 33GX.....	96
CAMZYOS.....	42	CARETOUCH PEN NEEDLES 31.....	96
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg.....	37	CARETOUCH PEN NEEDLES 31G.....	96
candesartan cilexetil tab 32 mg.....	37	CARETOUCH PEN NEEDLES 32G.....	96
candesartan cilexetil tab 4 mg, 8 mg, 16 mg.....	37	CARETOUCH SAFETY LANCETS/.....	96
capecitabine tab 150 mg, 500 mg.....	15	CARETOUCH TWIST LANCETS 2.....	96
CAPRELSA.....	15	CARETOUCH TWIST LANCETS 3.....	96
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	37	CARETOUCH TWIST LANCETS M.....	96
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.....	73
carbamazepine susp 100 mg/5ml.....	68	CARTEOLOL HCL.....	81
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	68	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	35
carbamazepine tab 200 mg.....	68	CAYA.....	96
		CAYSTON.....	9
		CEFACTOR.....	1
		cefadroxil cap 500 mg.....	1
		cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
		cefdinir cap 300 mg.....	1
		cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	1

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

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

cefixime cap 400 mg.....	1	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....	2
cefixime for susp 100 mg/5ml, 200 mg/5ml.....	1	CIPRO HC.....	83
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	1	citalopram hydrobromide oral soln 10 mg/5ml.....	53
cefpodoxime proxetil tab 100 mg, 200 mg.....	1	citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....	53
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1	CLARITHROMYCIN.....	2
cefprozil tab 250 mg, 500 mg.....	1	clarithromycin tab er 24hr 500 mg.....	2
cefuroxime axetil tab 250 mg, 500 mg.....	1	clarithromycin tab 250 mg, 500 mg.....	2
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg.....	64	CLEANLET LANCETS 28G.....	96
CELONTIN.....	68	CLEMASTINE FUMARATE.....	42
cephalexin cap 750 mg.....	1	clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....	42
cephalexin cap 250 mg, 500 mg.....	1	CLEOCIN.....	51
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	2	CLEVER CHEK LANCETS ULTRA.....	96
CERDELGA.....	75	CLEVER CHOICE COMFORT EZ.....	96
cevimeline hcl cap 30 mg.....	83	CLICKFINE PEN NEEDLE 32GX.....	97
CHEMET.....	89	CLICKFINE PEN NEEDLES 31G.....	97
CHEMSTRIP-K.....	90	CLICKFINE PEN NEEDLES 32G.....	97
CHENODAL.....	49	CLICKFINE PEN NEEDLE UNIV.....	97
CHLORDIAZEPOXIDE/AMITRIPT.....	59	CLICKFINE UNIVERSAL PEN N.....	97
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	52	CLIMARA PRO.....	24
chlorhexidine gluconate soln 0.12%.....	84	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.....	55	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	85
chlorthalidone tab 25 mg, 50 mg.....	39	clindamycin phosphate gel 1%.....	85
chlorzoxazone tab 500 mg.....	73	clindamycin phosphate lotion 1%.....	85
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%.....	85
cholestyramine powder 4 gm/dose.....	40	clobazam suspension 2.5 mg/ml.....	68
cholestyramine powder packets 4 gm.....	40	clobazam tab 10 mg.....	68
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv).....	40	clobazam tab 20 mg.....	69
CIBINQO.....	85	clobetasol propionate cream 0.05%.....	85
ciclopirox gel 0.77%.....	85	clobetasol propionate emollient base cream 0.05%.....	85
ciclopirox olamine cream 0.77% (base equiv).....	85	clobetasol propionate gel 0.05%.....	85
ciclopirox olamine susp 0.77% (base equiv).....	85	clobetasol propionate oint 0.05%.....	85
ciclopirox shampoo 1%.....	85	clobetasol propionate soln 0.05%.....	86
ciclopirox solution 8%.....	85	clocortolone pivalate cream 0.1%.....	86
cilostazol tab 50 mg, 100 mg.....	78	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	53
CIMDUO.....	4	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	69
CIMZIA.....	49	clonazepam tab 0.5 mg, 1 mg, 2 mg.....	69
CIMZIA STARTER KIT.....	49	clonidine hcl tab er 12hr 0.1 mg.....	57
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv).....	32	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	37
CINRYZE.....	78	clonidine td patch weekly 0.1 mg/24hr.....	37
CIPRO.....	2	clonidine td patch weekly 0.2 mg/24hr.....	37
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	83	clonidine td patch weekly 0.3 mg/24hr.....	37
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	81	clodidogrel bisulfate tab 75 mg (base equiv).....	78
ciprofloxacin hcl tab 750 mg (base equiv).....	2	clodidogrel bisulfate tab 300 mg (base equiv).....	78

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

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

clorazepate dipotassium tab 7.5 mg.....	52	COPIKTRA.....	16
clorazepate dipotassium tab 3.75 mg, 15 mg.....	52	CORDRAN.....	86
clotrimazole troche 10 mg.....	84	CORIFACT.....	78
clotrimazole w/ betamethasone cream 1-0.05%.....	86	CORLANOR.....	42
CLOZAPINE ODT.....	55	CORTISPORIN-TC.....	83
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg.....	55	COSENTYX.....	86
clozapine tab 25 mg, 50 mg.....	55	COSENTYX SENSOREADY PEN.....	86
clozapine tab 100 mg, 200 mg.....	55	COSENTYX UNOREADY.....	86
COAGADEX.....	78	COTELLIC.....	16
COAGUCHEK LANCETS.....	97	CREON.....	49
COARTEM.....	9	CRESEMBA.....	3
codeine sulfate tab 30 mg.....	63	CROMOLYN SODIUM.....	81
colchicine tab 0.6 mg.....	68	cromolyn sodium oral conc 100 mg/5ml.....	49
colchicine w/ probenecid tab 0.5-500 mg.....	68	cromolyn sodium soln nebu 20 mg/2ml.....	44
colesevelam hcl packet for susp 3.75 gm.....	40	CROTAN.....	86
colesevelam hcl tab 625 mg.....	40	CVS LANCETS 21G.....	98
colestipol hcl granule packets 5 gm.....	40	CVS LANCETS MICRO-THIN 33.....	98
colestipol hcl granules 5 gm.....	40	CVS LANCETS MICRO THIN 33.....	98
colestipol hcl tab 1 gm.....	40	CVS LANCETS ORIGINAL.....	98
colistimethate sod for inj 150 mg (colistin base activity).....	9	CVS LANCETS THIN 26G.....	98
COMETRIQ.....	15	CVS LANCETS ULTRA-THIN 30.....	98
COMFORT ASSIST INSULIN SY.....	97	CVS LANCETS ULTRA THIN 30.....	98
COMFORT ASSURED LANCETS M.....	97	CVS LANCING DEVICE.....	98
COMFORT ASSURED LANCETS S.....	97	CVS ULTRA THIN LANCETS.....	98
COMFORT EZ/31G X 5MM.....	97	cyanocobalamin inj 1000 mcg/ml.....	75
COMFORT EZ/31G X 6MM.....	97	cyclobenzaprine hcl tab 5 mg, 10 mg.....	73
COMFORT EZ INSULIN SYRING.....	97	CYCLOGYL.....	81
COMFORT EZ MICRO/32G X 4M.....	97	cyclopentolate hcl ophth soln 1%.....	81
COMFORT EZ PRO SAFETY PEN.....	97	CYCLOPHOSPHAMIDE.....	16
COMFORT EZ SHORT/31G X 8M.....	97	cyclophosphamide cap 25 mg, 50 mg.....	16
COMFORT LANCETS.....	97	cycloserine cap 250 mg.....	3
COMFORT TOUCH LANCETS ULT.....	97	cyclosporine cap 25 mg, 100 mg.....	134
COMFORT TOUCH PEN NEEDLES.....	97	cyclosporine modified cap 50 mg.....	134
COMFORT TOUCH PLUS SAFETY.....	98	cyclosporine modified cap 25 mg, 100 mg.....	134
COMIRNATY 2023-24.....	11	cyclosporine modified oral soln 100 mg/ml.....	134
COMPLERA.....	4	cyproheptadine hcl syrup 2 mg/5ml.....	43
COMPLETE NATAL DHA.....	73	cyproheptadine hcl tab 4 mg.....	43
COMPLETENATE.....	73	CYSTAGON.....	52
CO-NATAL FA.....	73		
CONCEPT DHA.....	74	D	
CONCEPT OB.....	74	dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	76
CONCERTA.....	57	dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq).....	76
CONDOMS.....	98	dalfampridine tab er 12hr 10 mg.....	59
CONTOUR BLOOD GLUCOSE MON.....	98	danazol cap 50 mg, 100 mg, 200 mg.....	24
CONTOUR BLOOD GLUCOSE TES.....	90	dantrolene sodium cap 100 mg.....	73
CONTOUR NEXT BLOOD GLUCOS.....	90	dantrolene sodium cap 25 mg, 50 mg.....	73
CONTOUR NEXT EZ BLOOD GLU.....	98	dapsone tab 25 mg.....	9
CONTOUR NEXT GEN BLOOD GL.....	98	dapsone tab 100 mg.....	9
CONTOUR NEXT LINK BLOOD G.....	98	DAPTACEL.....	13
CONTOUR NEXT LINK WIRELES.....	98	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	50
CONTOUR NEXT ONE BLOOD GL.....	98		

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

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

darunavir tab 600 mg.....	4	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	58
darunavir tab 800 mg.....	4	dextroamphetamine sulfate oral solution 5 mg/5ml.....	58
DAURISMO.....	16	dextroamphetamine sulfate tab 5 mg.....	58
DAYBUE.....	72	dextroamphetamine sulfate tab 10 mg.....	58
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	89	DIACOMIT.....	69
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	89	DIATHRIVE LANCETS.....	98
deferasirox tab 90 mg, 180 mg, 360 mg.....	89	DIATHRIVE LANCETS ULTRA T.....	98
deferiprone tab 500 mg, 1000 mg.....	89	DIATHRIVE LANCING DEVICE.....	99
deflazacort tab 6 mg.....	23	DIATHRIVE PEN NEEDLE/31G.....	99
deflazacort tab 18 mg.....	23	DIATHRIVE PEN NEEDLE/32G.....	99
deflazacort tab 30 mg, 36 mg.....	23	DIATHRIVE PEN NEEDLE/31 G.....	99
DELSTRIGO.....	4	diazepam conc 5 mg/ml.....	52
demeclocycline hcl tab 150 mg, 300 mg.....	2	diazepam oral soln 1 mg/ml.....	52
DESCOVY.....	4	diazepam rectal gel delivery system 10 mg, 20 mg.....	69
desipramine hcl tab 10 mg, 25 mg.....	53	diazepam tab 2 mg, 5 mg, 10 mg.....	52
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	53	diazoxide susp 50 mg/ml.....	27
desloratadine tab 5 mg.....	43	dichlorphenamide tab 50 mg.....	39
DESMOPRESSIN ACETATE.....	32	diclofenac potassium tab 50 mg.....	64
desmopressin acetate inj 4 mcg/ml.....	32	diclofenac sodium ophth soln 0.1%.....	81
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	32	diclofenac sodium soln 1.5%.....	86
desmopressin acetate preservative free (pf) inj 4 mcg/ml.....	32	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	64
desmopressin acetate tab 0.1 mg, 0.2 mg.....	32	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	64
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	25	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	65
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	25	dicloxacillin sodium cap 250 mg, 500 mg.....	1
desonide cream 0.05%.....	86	dicyclomine hcl cap 10 mg.....	47
desonide oint 0.05%.....	86	dicyclomine hcl oral soln 10 mg/5ml.....	47
desoximetasone cream 0.05%.....	86	dicyclomine hcl tab 20 mg.....	47
desoximetasone cream 0.25%.....	86	DIFICID.....	2
desoximetasone gel 0.05%.....	86	diflunisal tab 500 mg.....	62
desoximetasone oint 0.05%, 0.25%.....	86	difluprednate ophth emulsion 0.05%.....	81
desoximetasone spray 0.25%.....	86	digoxin oral soln 0.05 mg/ml.....	34
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv).....	53	digoxin tab 62.5 mcg (0.0625 mg).....	34
DEXAMETHASONE.....	23	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	34
dexamethasone elixir 0.5 mg/5ml.....	23	dihydroergotamine mesylate inj 1 mg/ml.....	67
DEXAMETHASONE SODIUM PHOS.....	81	dihydroergotamine mesylate nasal spray 4 mg/ml.....	67
dexamethasone tab 1.5 mg, 4 mg, 6 mg.....	23	DILANTIN.....	69
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg.....	23	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	35
DEXCOM G6 RECEIVER.....	98	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	35
DEXCOM G7 RECEIVER.....	98	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	35
DEXCOM G6 SENSOR.....	98	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	35
DEXCOM G7 SENSOR.....	98	diltiazem hcl tab er 24hr 420 mg.....	35
DEXCOM G6 TRANSMITTER.....	98	diltiazem hcl tab 90 mg.....	35
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....	58	diltiazem hcl tab 30 mg, 60 mg, 120 mg.....	35
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	58	dimethyl fumarate capsule delayed release 120 mg.....	59
dextroamphetamine sulfate cap er 24hr 5 mg.....	58	dimethyl fumarate capsule delayed release 240 mg.....	59
		dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	59

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

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

diphenoxylate w/ atropine tab 2.5-0.025 mg.....	47	DROPLET PEN NEEDLES 32GX4.....	100
dipyridamole tab 25 mg.....	78	DROPLET PEN NEEDLES 32GX5.....	100
dipyridamole tab 50 mg, 75 mg.....	78	DROPLET PEN NEEDLES 32GX6.....	100
disopyramide phosphate cap 100 mg, 150 mg.....	36	DROPLET PEN NEEDLES 32GX8.....	100
disulfiram tab 250 mg, 500 mg.....	59	DROPLET PEN NEEDLES 29G X.....	99
divalproex sodium cap delayed release sprinkle 125 mg.....	69	DROPLET PEN NEEDLES 30G X.....	99
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	69	DROPLET PEN NEEDLES 31G X.....	99
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	69	DROPLET PEN NEEDLES 32G X.....	100
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	36	DROPLET PERSONAL LANCETS.....	100
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	59	DROPSAFE INSULIN SAFETY S.....	100
donepezil hydrochloride tab 23 mg.....	59	DROPSAFE SAFETY PEN NEEDL.....	100
donepezil hydrochloride tab 5 mg, 10 mg.....	59	DROPSAFE SAFTEY PEN NEEDL.....	100
DOPTLET.....	75	drospirenone-ethinyl estradiol tab 3-0.02 mg.....	25
dorzolamide hcl ophth soln 2%.....	81	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	25
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	81	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	25
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....	81	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	25
DOVATO.....	4	DROXIA.....	75
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	37	DRUG MART LANCETS THIN.....	100
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	53	DRUG MART LANCETS ULTRA T.....	100
doxepin hcl conc 10 mg/ml.....	53	DRUG MART ON-THE-GO LANCE.....	100
doxepin hcl cream 5%.....	86	DRUG MART UNIFINE PENTIPS.....	100
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv).....	56	DRUG MART UNILET LANCETS.....	100
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg.....	32	DRUG MART UNILET MICRO TH.....	100
doxycycline hyclate cap 50 mg.....	2	DUANE READE LANCET ALTERN.....	100
doxycycline hyclate cap 100 mg.....	2	DUANE READE LANCET SUPER.....	100
doxycycline hyclate tab 50 mg.....	2	DUANE READE LANCET ULTRA.....	100
doxycycline hyclate tab 20 mg, 100 mg.....	2	DUANE READE UNIFINE PENTI.....	100
doxycycline monohydrate cap 50 mg, 100 mg.....	2	DUAVEE.....	24
doxycycline monohydrate for susp 25 mg/5ml.....	2	DULERA.....	44
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	2	duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq).....	53
doxylamine-pyridoxine tab delayed release 10-10 mg.....	48	DUPIXENT.....	86
dronabinol cap 2.5 mg, 5 mg, 10 mg.....	48	DUREX EXTRA SENSITIVE THI.....	100
DROPLET GENTEEL LANCING D.....	99	DUREX REALFEEL NON-LATEX.....	101
DROPLET INSULIN SYRINGE 0.....	99	dutasteride cap 0.5 mg.....	52
DROPLET INSULIN SYRINGE 1.....	99	dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	52
DROPLET INSULIN SYRINGE/U.....	99	E	
DROPLET INSULIN SYRINGE U.....	99	EASY COMFORT INSULIN SYRI.....	101
DROPLET LANCETS ULTRA THI.....	99	EASY COMFORT PEN NEEDLES.....	101
DROPLET LANCING DEVICE.....	99	EASY COMFORT SAFETY PEN N.....	101
DROPLET MICRON 34G X 9/64.....	99	EASY GLIDE PEN NEEDLES 33.....	101
DROPLET PEN NEEDLES 29GX1.....	99	EASY MINI EJECT LANCING D.....	101
DROPLET PEN NEEDLES 31GX5.....	99	EASY MINI LANCING DEVICE.....	101
DROPLET PEN NEEDLES 31GX6.....	99	EASY TOUCH ALLERGY TRAY S.....	101
DROPLET PEN NEEDLES 31GX8.....	99	EASY TOUCH FLIPLOCK SAFET.....	101
		EASY TOUCH 32GX5MM.....	103
		EASY TOUCH 32GX6MM.....	103
		EASY TOUCH INSULIN SYRING.....	101
		EASY TOUCH LANCETS 30G/BU.....	102
		EASY TOUCH LANCETS 21G/PR.....	102

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

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

EASY TOUCH LANCETS 23G/PR.....	102	EMGALITY.....	67
EASY TOUCH LANCETS 26G/PR.....	102	EMPAVELI.....	78
EASY TOUCH LANCETS 28G/PR.....	102	EMSAM.....	53
EASY TOUCH LANCETS 30G/PR.....	102	emtricitabine caps 200 mg.....	5
EASY TOUCH LANCETS 32G/PR.....	102	emtricitabine-tenofovir disoproxil fumarate tab	
EASY TOUCH LANCETS 26G/PU.....	102	200-300 mg.....	5
EASY TOUCH LANCETS 28G/PU.....	102	emtricitabine-tenofovir disoproxil fumarate tab	
EASY TOUCH LANCETS 30G/PU.....	102	100-150 mg, 133-200 mg, 167-250 mg.....	5
EASY TOUCH LANCETS 32G/PU.....	102	EMTRIVA.....	5
EASY TOUCH LANCETS 28G/TW.....	102	enalapril maleate & hydrochlorothiazide tab 5-12.5	
EASY TOUCH LANCETS 30G/TW.....	102	mg.....	37
EASY TOUCH LANCETS 32G/TW.....	102	enalapril maleate & hydrochlorothiazide tab 10-25	
EASY TOUCH LANCETS 33G/TW.....	102	mg.....	37
EASY TOUCH LANCING DEVICE.....	102	enalapril maleate oral soln 1 mg/ml.....	37
EASY TOUCH PEN NEEDLE 30.....	102	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	37
EASY TOUCH PEN NEEDLE/30.....	102	ENBREL.....	65
EASY TOUCH PEN NEEDLES 29.....	102	ENBREL MINI.....	65
EASY TOUCH PEN NEEDLES 31.....	102	ENBREL SURECLICK.....	65
EASY TOUCH PEN NEEDLES 32.....	102	ENCARE.....	51
EASY TOUCH PEN NEEDLES/31.....	102	ENDARI.....	75
EASY TOUCH SAFETY LANCETS.....	102	ENGERIX-B.....	11
EASY TOUCH SAFETY PEN NEE.....	102	enoxaparin sodium inj 300 mg/3ml.....	77
EASY TOUCH SHEATHLOCK SAF.....	102	enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40	
EASY TOUCH TUBERCULIN FLI.....	102	mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120	
EASY TOUCH TUBERCULIN SHE.....	103	mg/0.8ml, 150 mg/ml.....	77
econazole nitrate cream 1%.....	86	ENSPRYNG.....	134
EDURANT.....	5	entacapone tab 200 mg.....	72
efavirenz-emtricitabine-tenofovir df tab 600-200-300		entecavir tab 0.5 mg, 1 mg.....	5
mg.....	5	ENTRESTO.....	42
efavirenz-lamivudine-tenofovir df tab 400-300-300		EPCLUSA.....	5
mg.....	5	EPIDIOLEX.....	69
efavirenz-lamivudine-tenofovir df tab 600-300-300		epinastine hcl ophth soln 0.05%.....	81
mg.....	5	epinephrine solution auto-injector 0.15 mg/0.3ml	
efavirenz tab 600 mg.....	5	(1:2000).....	40
EGATEN.....	9	epinephrine solution auto-injector 0.3 mg/0.3ml	
eletriptan hydrobromide tab 20 mg (base		(1:1000).....	40
equivalent).....	67	EPIVIR.....	5
eletriptan hydrobromide tab 40 mg (base		eplerenone tab 25 mg, 50 mg.....	37
equivalent).....	67	EPRONTIA.....	69
ELIQUIS.....	76	EQL COLOR LANCETS 21G.....	103
ELIQUIS STARTER PACK.....	77	EQL COLOR LANCETS MICRO T.....	103
ELLA.....	25	EQL INSULIN SYRINGE/0.3ML.....	103
ELMIRON.....	52	EQL INSULIN SYRINGE/0.5ML.....	103
ELOCTATE.....	78	EQL INSULIN SYRINGE/1ML/2.....	103
EMBRACE LANCETS ULTRA THI.....	103	EQL INSULIN SYRINGE/1ML/3.....	103
EMBRACE LANCING DEVICE WI.....	103	EQL SHORT PEN NEEDLES 31G.....	103
EMBRACE PEN NEEDLES/29G X.....	103	EQL SUPER THIN LANCETS 30.....	103
EMBRACE PEN NEEDLES/30G X.....	103	EQL THIN LANCETS 26G.....	103
EMBRACE PEN NEEDLES/31G X.....	103	EQL ULTRA SHORT PEN NEEDL.....	103
EMBRACE PEN NEEDLES/32G X.....	103	ergocalciferol cap 1.25 mg (50000 unit).....	73
EMBRACE PRESSURE ACTIVATE.....	103	ERGOLOID MESYLATES.....	59
EMCYT.....	16	ergotamine w/ caffeine tab 1-100 mg.....	67
EMEND.....	48	ERIVEDGE.....	16

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

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

ERLEADA.....	16	etravirine tab 100 mg, 200 mg.....	5
erlotinib hcl tab 25 mg (base equivalent).....	16	everolimus tab for oral susp 3 mg.....	16
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	16	everolimus tab for oral susp 2 mg, 5 mg.....	16
ERTACZO.....	86	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	16
erythromycin ethylsuccinate for susp 200 mg/5ml.....	2	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	134
erythromycin ethylsuccinate for susp 400 mg/5ml.....	2	EVOTAZ.....	5
erythromycin gel 2%.....	86	EVRYSDI.....	72
erythromycin ophth oint 5 mg/gm.....	81	EXELDERM.....	86
erythromycin soln 2%.....	86	exemestane tab 25 mg.....	16
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2	EXKIVITY.....	16
erythromycin tab 250 mg, 500 mg.....	2	EXSERVAN.....	72
escitalopram oxalate soln 5 mg/5ml (base equiv).....	53	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	40
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv).....	53	ezetimibe tab 10 mg.....	40
esomeprazole magnesium cap delayed release 40 mg (base eq).....	47	E-Z JECT LANCETS.....	101
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg.....	47	E-Z JECT LANCETS COLOR.....	101
ESPEROCT.....	78	E-Z JECT LANCETS 21G.....	101
estazolam tab 1 mg, 2 mg.....	56	E-ZJECT LANCETS MICRO-THI.....	101
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	24	E-Z JECT LANCETS SUPER TH.....	101
estradiol & norethindrone acetate tab 1-0.5 mg.....	24	E-Z JECT LANCETS THIN 26G.....	101
estradiol tab 0.5 mg, 1 mg, 2 mg.....	24	EZ-LETS LANCETS 21G.....	103
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 30G.....	103
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 26G SUPER.....	103
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.....	24	EZ-LETS LANCETS 28G ULTRA.....	103
estradiol vaginal cream 0.1 mg/gm.....	51	F	
estradiol vaginal tab 10 mcg.....	51	famciclovir tab 125 mg, 250 mg, 500 mg.....	5
ESTRING.....	51	famotidine for susp 40 mg/5ml.....	48
ESTROGEL.....	24	famotidine tab 20 mg, 40 mg.....	48
eszopiclone tab 1 mg, 2 mg, 3 mg.....	56	FANAPT.....	55
ethacrynic acid tab 25 mg.....	39	FANAPT TITRATION PACK.....	55
ethambutol hcl tab 100 mg.....	3	FANTASY LUBRICATED.....	103
ethambutol hcl tab 400 mg.....	3	FANTASY LUBRICATED/SPERMI.....	104
ethosuximide cap 250 mg.....	69	FARXIGA.....	27
ethosuximide soln 250 mg/5ml.....	69	FASENRA PEN.....	45
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	25	FC2 FEMALE CONDOM.....	104
etodolac cap 200 mg, 300 mg.....	65	febuxostat tab 40 mg, 80 mg.....	68
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	65	FEIBA.....	78
etodolac tab 400 mg.....	65	felbamate susp 600 mg/5ml.....	69
etodolac tab 500 mg.....	65	felbamate tab 400 mg, 600 mg.....	69
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	25	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	35
ETOPOSIDE.....	16	FEMCAP.....	104
		fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg.....	40
		fenofibrate tab 48 mg, 145 mg.....	40
		fenofibrate tab 54 mg, 160 mg.....	40
		fenoprofen calcium tab 600 mg.....	65
		fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	63
		fantanyl td patch 72hr 25 mcg/hr.....	63
		fantanyl td patch 72hr 12 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	63

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

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

ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe).....	76	fluoxetine hcl cap 10 mg, 20 mg, 40 mg.....	54
fesoterodine fumarate tab er 24hr 4 mg, 8 mg.....	51	fluoxetine hcl solution 20 mg/5ml.....	54
FETZIMA.....	53	fluoxetine hcl tab 60 mg.....	54
FETZIMA TITRATION PACK.....	54	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	55
FIASP.....	29	FLURAZEPAM HYDROCHLORIDE.....	56
FIASP FLEXTOUCH.....	29	FLURBIPROFEN SODIUM.....	81
FIASP PENFILL.....	29	flurbiprofen tab 100 mg.....	65
FIBRYGA.....	78	FLUTICASONE PROPIONATE/SA.....	45
FIFTY50 PEN NEEDLES/31GX8.....	104	fluticasone propionate cream 0.05%.....	87
FIFTY50 PEN NEEDLES/32GX4.....	104	FLUTICASONE PROPIONATE DI.....	45
FIFTY50 PEN NEEDLES/32GX6.....	104	FLUTICASONE PROPIONATE HF.....	45
FIFTY50 PEN NEEDLES 31GX5.....	104	fluticasone propionate nasal susp 50 mcg/act.....	43
FIFTY50 PEN NEEDLES 31G X.....	104	fluticasone propionate oint 0.005%.....	87
FIFTY50 SAFETY SEAL LANCE.....	104	fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	45
FIFTY50 SUPERIOR COMFORT.....	104	fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	41
FIFTY50 UNILET LANCETS 33.....	104	fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	41
FILSPARI.....	52	fluvoxamine maleate tab 100 mg.....	54
finasteride tab 1 mg.....	86	fluvoxamine maleate tab 25 mg, 50 mg.....	54
finasteride tab 5 mg.....	52	FLUZONE HIGH-DOSE PF 2023.....	11
FINGERSTIX LANCETS.....	104	FLUZONE QUADRIVALENT 2023.....	11
fingolimod hcl cap 0.5 mg (base equiv).....	59	folic acid tab 400 mcg, 800 mcg.....	76
FINTEPLA.....	69	folic acid tab 1 mg.....	76
FIRDAPSE.....	73	FOLIVANE-OB.....	74
flavoxate hcl tab 100 mg.....	51	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	77
flecainide acetate tab 150 mg.....	36	FORA LANCETS.....	104
flecainide acetate tab 50 mg, 100 mg.....	36	FORA LANCING DEVICE.....	104
FLUAD QUADRIVALENT 2023-2.....	11	FORA LANCING DEVICE/CLEAR.....	104
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.....	104
fludrocortisone acetate tab 0.1 mg.....	23	FREESTYLE LIBRE 2/READER/.....	104
FLULAVAL QUADRIVALENT 202.....	11	FREESTYLE LIBRE 3/READER/.....	104
FLUMIST QUADRIVALENT.....	11	FREESTYLE LIBRE/READER/FL.....	104
flunisolide nasal soln 25 mcg/act (0.025%).....	43	FREESTYLE LIBRE 2/SENSOR/.....	104
FLUOCINOLONE ACETONIDE.....	86	FREESTYLE LIBRE 3/SENSOR/.....	104
fluocinolone acetonide cream 0.025%.....	86	FREESTYLE LIBRE 14 DAY/RE.....	104
fluocinolone acetonide oil 0.01% (body oil).....	86	FREESTYLE LIBRE 14 DAY/SE.....	104
fluocinolone acetonide oil 0.01% (scalp oil).....	87	FREESTYLE UNISTICK II LAN.....	104
fluocinolone acetonide oint 0.025%.....	87	frovatriptan succinate tab 2.5 mg (base equivalent).....	67
fluocinolone acetonide (otic) oil 0.01%.....	83	FRUZAQLA.....	16
fluocinolone acetonide soln 0.01%.....	87	FULPHILA.....	76
fluocinonide cream 0.05%.....	87	FUROSCIX.....	39
fluocinonide emulsified base cream 0.05%.....	87	furosemide oral soln 10 mg/ml.....	39
fluocinonide gel 0.05%.....	87		
fluocinonide oint 0.05%.....	87		
fluocinonide soln 0.05%.....	87		
fluorometholone ophth susp 0.1%.....	81		
FLUOROURACIL.....	87		
fluorouracil cream 5%.....	87		

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

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

furosemide tab 20 mg, 40 mg, 80 mg.....	39	GLUCOCOM LANCETS 28G.....	105
FUZEON.....	5	GLUCOCOM LANCETS 30G.....	105
FYCOMPA.....	69	GLUCOCOM LANCETS 33G.....	105
FYLNETRA.....	76	GLUCOPRO INSULIN SYRINGE/.....	105
G		glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg.....	27
gabapentin cap 100 mg, 300 mg, 400 mg.....	69	GLYBURIDE MICRONIZED.....	27
gabapentin oral soln 250 mg/5ml.....	69	glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	27
gabapentin tab 600 mg, 800 mg.....	69	glycopyrrolate oral soln 1 mg/5ml.....	48
GALAFOLD.....	32	glycopyrrolate tab 1 mg, 2 mg.....	48
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg.....	59	GLYXAMBI.....	27
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg.....	59	GNP CLICKFINE UNIVERSAL P.....	105
GAMMAGARD LIQUID.....	14	GNP INSULIN SYRINGE/0.3ML.....	105
GAMMAKED.....	14	GNP INSULIN SYRINGE/0.5ML.....	106
GAMUNEX-C.....	14	GNP INSULIN SYRINGE/1ML/2.....	106
GARDASIL 9.....	11	GNP INSULIN SYRINGE/1ML/3.....	106
gatifloxacin ophth soln 0.5%.....	82	GNP INSULIN SYRINGES/1/2M.....	106
GATTEX.....	49	GNP INSULIN SYRINGES/0.3M.....	106
GAVRETO.....	16	GNP INSULIN SYRINGES/1ML/.....	106
gefitinib tab 250 mg.....	16	GNP INSULIN SYRINGES/3ML/.....	106
gemfibrozil tab 600 mg.....	41	GNP LANCETS 21G.....	106
GENOTROPIN.....	32	GNP LANCETS THIN 26G.....	106
GENOTROPIN MINIQUICK.....	32	GNP STERILE LANCETS 28G.....	106
gentamicin sulfate cream 0.1%.....	87	GNP STERILE LANCETS 30G.....	106
gentamicin sulfate oint 0.1%.....	87	GNP STERILE LANCETS 33G.....	106
gentamicin sulfate ophth soln 0.3%.....	82	GNP ULTICARE PEN NEEDLES.....	106
GENTEEL BUTTERFLY TOUCH L.....	104	GNP ULTICARE PEN NEEDLES/.....	106
GENTEEL PLUS LANCING DEVI.....	104	GNP ULTIGUARD SAFEPACK/MI.....	106
GENTLE-LET GP LANCETS.....	105	GNP ULTIGUARD SAFEPACK/SH.....	106
GENTLE-LET LANCETS GENERA.....	105	GNP ULTRA COMFORT INSULIN.....	106
GENTLE-LET LANCETS SAFETY.....	105	GOJJI LANCING DEVICE/CLEA.....	106
GENVOYA.....	5	GOJJI STERILE LANCETS 30G.....	106
GILOTRIF.....	16	GOODSENSE CLICKFINE SAFET.....	106
glatiramer acetate soln prefilled syringe 20 mg/ml.....	59	GOODSENSE COLOR LANCETS M.....	106
glatiramer acetate soln prefilled syringe 40 mg/ml.....	59	GOODSENSE LANCETS MICRO-T.....	106
GLEOSTINE.....	16	GOODSENSE LANCETS ULTRA-T.....	106
glimepiride tab 1 mg, 2 mg, 4 mg.....	27	GOODSENSE LANCING DEVICE.....	106
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	27	GOODSENSE PEN NEEDLE/PENF.....	107
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg.....	27	granisetron hcl tab 1 mg.....	48
glipizide tab 5 mg, 10 mg.....	27	griseofulvin microsize susp 125 mg/5ml.....	3
GLOBAL EASE INJECT PEN NE.....	105	griseofulvin microsize tab 500 mg.....	3
GLOBAL EASY GLIDE INSULIN.....	105	griseofulvin ultramicrosize tab 125 mg, 250 mg.....	3
GLOBAL EASY GLIDE PEN NEE.....	105	guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv).....	58
GLOBAL INJECT EASE INSULI.....	105	guanfacine hcl tab 1 mg, 2 mg.....	37
GLOBAL INJECT EASE LANCET.....	105	GVOKE HYOPEN 1-PACK.....	27
GLOBAL INSULIN SYRINGE/U.....	105	GVOKE HYOPEN 2-PACK.....	27
GLOBAL INSULIN SYRINGES/U.....	105	GVOKE KIT.....	27
GLOBAL LANCING DEVICE.....	105	GVOKE PFS.....	27
GLUCAGEN DIAGNOSTIC.....	90	GYNAZOLE-1.....	51
GLUCAGEN HYPOKIT.....	27		
GLUCAGON EMERGENCY KIT FO.....	27		

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

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

H

HADLIMA.....	65	HYCANTIN.....	16
HADLIMA PUSH TOUCH.....	65	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	38
HAEGARDA.....	78	hydrochlorothiazide cap 12.5 mg.....	39
HAEMOLANCE.....	107	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	39
HAEMOLANCE LOW FLOW LANCE.....	107	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	63
HAEMOLANCE PLUS.....	107	hydrocodone-acetaminophen tab 5-325 mg.....	63
HAEMOLANCE PLUS HIGH FLOW.....	107	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....	63
HAEMOLANCE PLUS LOW FLOW.....	107	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	43
HAEMOLANCE PLUS MAX FLOW.....	107	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	43
HAEMOLANCE PLUS PEDIATRIC.....	107	HYDROCODONE BITARTRATE ER.....	63
halcinonide cream 0.1%.....	87	hydrocodone-ibuprofen tab 7.5-200 mg.....	63
halobetasol propionate cream 0.05%.....	87	HYDROCODONE POLISTIREX/CH.....	43
HALOG.....	87	HYDROCORTISONE ACETATE/PR.....	84
haloperidol lactate oral conc 2 mg/ml.....	55	hydrocortisone butyrate oint 0.1%.....	87
haloperidol tab 20 mg.....	55	hydrocortisone cream 2.5%.....	87
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg.....	55	hydrocortisone enema 100 mg/60ml.....	84
HARVONI.....	5	hydrocortisone lotion 2.5%.....	87
HAVRIX.....	11	hydrocortisone oint 2.5%.....	87
HEALTH CARE LANCING DEVIC.....	107	hydrocortisone perianal cream 1%.....	84
HEALTHWISE INSULIN SYRING.....	107	hydrocortisone perianal cream 2.5%.....	84
HEALTHWISE MICRON PEN NEE.....	107	hydrocortisone tab 5 mg, 10 mg, 20 mg.....	23
HEALTHWISE MINI PEN NEEDL.....	107	hydrocortisone valerate cream 0.2%.....	87
HEALTHWISE PEN NEEDLES 29.....	107	hydrocortisone valerate oint 0.2%.....	87
HEALTHWISE SHORT PEN NEED.....	107	hydrocortisone w/ acetic acid otic soln 1-2%.....	83
H-E-B INCONTROL ADVANCED.....	107	hydromorphone hcl liqd 1 mg/ml.....	63
H-E-B INCONTROL LANCETS M.....	107	hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	63
H-E-B INCONTROL LANCETS S.....	107	hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....	63
H-E-B INCONTROL LANCETS U.....	107	hydroxychloroquine sulfate tab 200 mg.....	9
H-E-B INCONTROL PEN NEED.....	107	hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg.....	9
H-E-B INCONTROL PEN NEEDL.....	107	hydroxyurea cap 500 mg.....	17
H-E-B INCONTROL UNIFINE.....	107	hydroxyzine hcl syrup 10 mg/5ml.....	52
HEMLIBRA.....	78	hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	53
HEMOFIL M.....	78	hydroxyzine pamoate cap 25 mg, 50 mg.....	53
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml.....	77	HYFTOR.....	87
HEPLISAV-B.....	12	HYQVIA.....	14
HIBERIX.....	12	HY-VEE LANCETS.....	108
HIZENTRA.....	14	HY-VEE THIN LANCETS.....	108
HM ULTICARE INSULIN SYRIN.....	108	I	
HM ULTICARE MINI PEN NEED.....	108	ibandronate sodium tab 150 mg (base equivalent).....	32
HM ULTICARE SHORT PEN NEE.....	108	IBRANCE.....	17
HUMATE-P.....	78	ibuprofen tab 400 mg, 600 mg, 800 mg.....	65
HUMATIN.....	3	icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	78
HUMIRA.....	65	ICLUSIG.....	17
HUMIRA PEDIATRIC CROHNS D.....	65	IDELVION.....	78
HUMIRA PEN.....	65	IDHIFA.....	17
HUMIRA PEN-CD/UC/HS START.....	65		
HUMIRA PEN-PEDIATRIC UC S.....	65		
HUMIRA PEN-PS/UV STARTER.....	65		
HUMULIN R U-500 (CONCENTR.....	29		
HUMULIN R U-500 KWIKPEN.....	29		

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

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

ILEVRO.....	82	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	45
imatinib mesylate tab 100 mg (base equivalent).....	17	ipratropium bromide inhal soln 0.02%.....	45
imatinib mesylate tab 400 mg (base equivalent).....	17	ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....	43
IMBRUVICA.....	17	ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....	43
IMCIVREE.....	58	irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg.....	38
imipramine hcl tab 10 mg, 25 mg, 50 mg.....	54	irbesartan tab 75 mg, 150 mg, 300 mg.....	38
imiquimod cream 5%.....	87	irrigation solution, physiological.....	134
IMPAVIDO.....	9	ISENTRESS.....	6
INBRIJA.....	72	ISENTRESS HD.....	6
INCONTROL ULTICARE MINI P.....	108	isoniazid syrup 50 mg/5ml.....	3
INCRELEX.....	32	isoniazid tab 300 mg.....	3
INCRUSE ELLIPTA.....	45	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg....	42
indapamide tab 1.25 mg, 2.5 mg.....	39	isosorbide dinitrate tab 5 mg.....	34
indomethacin cap er 75 mg.....	65	isosorbide dinitrate tab 40 mg.....	34
indomethacin cap 25 mg, 50 mg.....	65	isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	34
INFANRIX.....	13	ISOSORBIDE MONONITRATE.....	34
INLYTA.....	17	isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....	34
INQOVI.....	17	isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	87
INREBIC.....	17	isradipine cap 2.5 mg, 5 mg.....	35
INSULIN ASPART.....	29	itraconazole cap 100 mg.....	3
INSULIN ASPART FLEXPEN.....	29	itraconazole oral soln 10 mg/ml.....	4
INSULIN ASPART PENFILL.....	29	ivermectin cream 1%.....	87
INSULIN ASPART PROTAMINE/.....	30	ivermectin tab 3 mg.....	9
INSULIN DEGLUDEC.....	30	IWILFIN.....	17
INSULIN DEGLUDEC FLEXTUOC.....	30	IXINITY.....	79
INSULIN SYRINGE/0.3ML/30G.....	108	J	
INSULIN SYRINGE/0.3ML/31G.....	108	JAKAFI.....	17
INSULIN SYRINGE/0.5ML/28G.....	108	JANUMET.....	27
INSULIN SYRINGE/0.5ML/30G.....	108	JANUMET XR.....	27
INSULIN SYRINGE/0.5ML/31G.....	108	JANUVIA.....	27
INSULIN SYRINGE/1ML/29G X.....	109	JARDIANCE.....	28
INSULIN SYRINGE/1ML/30G X.....	109	JAYPIRCA.....	17
INSULIN SYRINGE/NEEDLE 0.....	108	JIVI.....	79
INSULIN SYRINGE/NEEDLE 1M.....	108	JOENJA.....	134
INSULIN SYRINGE/U-100/0.3.....	108	JULUCA.....	6
INSULIN SYRINGE/U-100/0.5.....	108	JUXTAPID.....	41
INSULIN SYRINGE/U-100/1ML.....	108	JYLAMVO.....	17
INSULIN SYRINGE 1ML/31G X.....	108	JYNARQUE.....	32
INSULIN SYRINGES/U-100/0.....	109	JYNNEOS.....	12
INSULIN SYRINGES/U-100/1M.....	109	K	
INSULIN SYRINGES 0.3ML/31.....	109	KALETRA.....	6
INSULIN SYRINGES 0.5ML/31.....	109	KALYDECO.....	46
INSUPEN 33GX4MM.....	109	KAMELEON LUBRICATED.....	109
INSUPEN 29G X 12MM.....	109	KERENDIA.....	32
INSUPEN 31G X 5MM.....	109	KESIMPTA.....	59
INSUPEN 31G X 8MM.....	109	KETOCARE.....	90
INSUPEN 32G X 4MM.....	109	ketoconazole cream 2%.....	87
INTELENCE.....	5		
IN TOUCH DIABETES MANAGEM.....	108		
IN TOUCH LANCING DEVICE.....	108		
IN TOUCH STERILE LANCETS.....	108		
INTRAROSA.....	51		
IPOL INACTIVATED IPV.....	12		

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

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

ketoconazole shampoo 2%	87	KROGER PEN NEEDLES/31G X.....	110
ketoconazole tab 200 mg	4	KROGER PEN NEEDLES/32G X.....	110
KETONE.....	90	KROGER PEN NEEDLES/33G X.....	111
KETONE TEST STRIPS.....	90	KROGER PEN NEEDLES 29G X.....	110
ketorolac tromethamine ophth soln 0.4%	82	KROGER PEN NEEDLES 31G X.....	110
ketorolac tromethamine ophth soln 0.5%	82	KROGER PEN NEEDLES 31GX1/.....	110
ketorolac tromethamine tab 10 mg	65	L	
KETOSTIX.....	90	labetalol hcl tab 100 mg, 200 mg, 300 mg	35
KEVZARA.....	65	lacosamide oral solution 10 mg/ml	69
KIMONO COLORS.....	109	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	69
KIMONO LUBRICATED.....	109	lactated ringer's for irrigation	134
KIMONO MAXX/LARGE FLARE.....	109	lactulose (encephalopathy) solution 10 gm/15ml	49
KIMONO MICRO THIN.....	109	lactulose solution 10 gm/15ml	47
KIMONO MICRO THIN PLUS SP.....	109	LAGEVRIO.....	6
KIMONO PLUS SPERMICIDE/LU.....	109	lamivudine oral soln 10 mg/ml	6
KIMONO PLUS SPERMICIDE LU.....	109	lamivudine tab 150 mg	6
KIMONO PS LUBRICATED.....	109	lamivudine tab 300 mg	6
KIMONO PS PLUS SPERMICIDE.....	109	lamivudine tab 100 mg (hbv)	6
KIMONO SENSATION LUBRICAT.....	109	lamivudine-zidovudine tab 150-300 mg	6
KIMONO SENSATION PLUS SPE.....	110	lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	69
KIMONO SPECIAL.....	110	lamotrigine tab chewable dispersible 5 mg	69
KINERET.....	66	lamotrigine tab chewable dispersible 25 mg	69
KINNEY LANCETS.....	110	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	70
KINNEY THIN LANCETS.....	110	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	69
KINRAY INSULIN SYRINGE/0.....	110	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	69
KINRAY INSULIN SYRINGE PR.....	110	lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	70
KINRIX.....	13	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	70
KISQALI.....	17	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	70
KISQALI FEMARA 200 DOSE.....	17	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	70
KISQALI FEMARA 400 DOSE.....	17	lamotrigine tab 35 x 25 mg starter kit	70
KISQALI FEMARA 600 DOSE.....	17	LAMPIT.....	9
KLOXXADO.....	89	LANCET DEVICE ADJUSTABLE.....	111
KMART VALU PLUS INSULIN S.....	110	LANCET DEVICE WITH EJECTO.....	111
KOATE.....	79	LANCETS.....	111
KOATE-DVI.....	79	LANCETS - BAYER ASCENCIA.....	111
KOGENATE FS.....	79	LANCETS 28G.....	111
KOSELUGO.....	18	LANCETS 30G.....	111
KOVALTRY.....	79	LANCETS 30G/TWIST TOP.....	111
K-PHOS NO 2.....	52	LANCETS 33G EXTRA FINE.....	111
KRAZATI.....	18	LANCETS 30G TWIST TOP.....	111
KROGER AUTOLET LANCING DE.....	110	LANCETS 33G UNIVERSAL DES.....	111
KROGER HEALTHPRO TWIST LA.....	110	LANCETS MICRO THIN 33G.....	111
KROGER INSULIN SYRINGE/0.....	110	LANCETS SUPER THIN 28G.....	111
KROGER INSULIN SYRINGE/1M.....	110	LANCETS THIN.....	111
KROGER INSULIN SYRINGE/U-.....	110	LANCETS ULTRA THIN 30G.....	111
KROGER LANCETS.....	110	LANCING DEVICE.....	111
KROGER LANCETS 21G.....	110		
KROGER LANCETS MICRO THIN.....	110		
KROGER LANCETS SUPER THIN.....	110		
KROGER LANCETS THIN.....	110		
KROGER LANCETS THIN 26G.....	110		
KROGER LANCETS ULTRATHIN.....	110		
KROGER LANCING DEVICE.....	110		

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

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

lansoprazole cap delayed release 30 mg.....	48	LEVOFLOXACIN.....	3
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental).....	49	levofloxacin tab 250 mg, 500 mg, 750 mg.....	3
LANTUS.....	30	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg.....	25
LANTUS SOLOSTAR.....	30	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	25
LANZO.....	111	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	25
lapatinib ditosylate tab 250 mg (base equiv).....	18	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	25
latanoprost ophth soln 0.005%.....	82	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	26
LEADER ADVANCED LANCING D.....	111	levonorgestrel tab 1.5 mg.....	25
LEADER INSULIN SYRINGE/0.....	111	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	25
LEADER INSULIN SYRINGE/1M.....	111	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....	25
LEADER LANCETS COLORED.....	111	levorphanol tartrate tab 2 mg.....	63
LEADER SUPER THIN LANCET.....	111	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
LEADER THIN LANCETS.....	111	LIBERTY MEDICAL LANCETS 3.....	111
LEADER UNIFINE PENTIPS/MI.....	111	LIBERTY MINI LANCING DEVI.....	111
LEADER UNIFINE PENTIPS/NA.....	111	lidocaine hcl soln 4%.....	87
LEADER UNIFINE PENTIPS/PL.....	111	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	87
LEADER UNIFINE PENTIPS PL.....	111	lidocaine hcl viscous soln 2%.....	84
LEDIPASVIR/SOFOSBUVIR.....	6	lidocaine patch 5%.....	87
leflunomide tab 10 mg.....	66	lidocaine-prilocaine cream 2.5-2.5%.....	87
leflunomide tab 20 mg.....	66	LIFESCAN UNISTIK 2 DEEP P.....	111
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg.....	134	linezolid for susp 100 mg/5ml.....	10
lenalidomide caps 2.5 mg.....	134	linezolid tab 600 mg.....	10
LENVIMA 4 MG DAILY DOSE.....	18	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	31
LENVIMA 8 MG DAILY DOSE.....	18	lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg.....	58
LENVIMA 10 MG DAILY DOSE.....	18	lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....	58
LENVIMA 12MG DAILY DOSE.....	18	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	38
LENVIMA 14 MG DAILY DOSE.....	18	lisinopril tab 20 mg.....	38
LENVIMA 18 MG DAILY DOSE.....	18	lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg.....	38
LENVIMA 20 MG DAILY DOSE.....	18	LITETOUCH INSULIN PEN NEE.....	112
LENVIMA 24 MG DAILY DOSE.....	18	LITETOUCH INSULIN SYRINGE.....	112
letrozole tab 2.5 mg.....	18	LITE TOUCH LANCETS.....	112
leucovorin calcium tab 5 mg.....	18	LITETOUCH LANCETS MICRO T.....	112
leucovorin calcium tab 10 mg, 15 mg, 25 mg.....	18	LITE TOUCH LANCING PEN.....	112
LEUKERAN.....	18	LITETOUCH PEN NEEDLES/31.....	112
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	18	LITETOUCH PEN NEEDLES/31G.....	112
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	45	LITETOUCH PEN NEEDLES 29G.....	112
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	45	LITETOUCH PEN NEEDLES 31G.....	112
LEVEMIR.....	30	LITFULO.....	87
LEVEMIR FLEXPEN.....	30	LITHIUM CARBONATE.....	55
levetiracetam oral soln 100 mg/ml.....	70	lithium carbonate cap 300 mg.....	55
levetiracetam tab er 24hr 500 mg.....	70		
levetiracetam tab er 24hr 750 mg.....	70		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	70		
LEVOBUNOLOL HCL.....	82		
levocarnitine oral soln 1 gm/10ml (10%).....	32		
levocarnitine tab 330 mg.....	32		
levocetirizine dihydrochloride tab 5 mg.....	43		

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

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

lithium carbonate cap 150 mg, 600 mg.....	55	LYNPARZA.....	18
lithium carbonate tab er 300 mg.....	55	LYSODREN.....	18
lithium carbonate tab er 450 mg.....	55	LYTGOBI.....	18
lithium carbonate tab 300 mg.....	55	M	
LIVE BETTER ADVANCED LANC.....	112	mafenide acetate packet for topical soln 5% (50 gm).....	87
LIVE BETTER LANCET SUPER.....	112	MAGELLAN INSULIN SAFETY S.....	112
LIVE BETTER LANCET ULTRA.....	112	MAGELLAN TUBERCULIN SAFET.....	112
LIVE BETTER PEN NEEDLES 2.....	112	malathion lotion 0.5%.....	88
LIVE BETTER PEN NEEDLES 3.....	112	MARATHON MEDICAL PENTIPS.....	112
LIVMARLI.....	49	maraviroc tab 150 mg.....	6
LIVTENCITY.....	6	maraviroc tab 300 mg.....	6
LOKELMA.....	134	MARPLAN.....	54
LO LOESTRIN FE.....	26	MATULANE.....	19
LONGS INSULIN SYRINGE/0.5.....	112	MAVENCLAD.....	59
LONGS LANCETS STANDARD.....	112	MAVYRET.....	6
LONGS LANCETS THIN.....	112	MAXICOMFORT II PEN NEEDLE.....	113
LONGS LANCETS ULTRA THIN.....	112	MAXI-COMFORT INSULIN SYRI.....	113
LONSURF.....	18	MAXICOMFORT INSULIN SYRIN.....	113
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	6	MAXI-COMFORT SAFETY PEN N.....	113
lopinavir-ritonavir tab 100-25 mg.....	6	MAXX LUBRICATED.....	113
lopinavir-ritonavir tab 200-50 mg.....	6	MAXX PLUS SPERMICIDE LUBR.....	113
loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	43	MAYZENT.....	60
loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	43	MAYZENT STARTER PACK.....	60
loratadine oral soln 5 mg/5ml.....	43	meclizine hcl tab 12.5 mg, 25 mg.....	48
loratadine rapidly-disintegrating tab 10 mg.....	43	MECLOFENAMATE SODIUM.....	66
loratadine syrup 5 mg/5ml.....	43	MEDICHOICE PRE-SET SAFETY.....	113
loratadine tab 10 mg.....	43	MEDICHOICE SAFETY LANCET.....	113
lorazepam conc 2 mg/ml.....	53	MEDICINE SHOPPE LANCETS.....	113
lorazepam tab 0.5 mg, 1 mg, 2 mg.....	53	MEDICINE SHOPPE LANCETS T.....	113
LORBRENA.....	18	MEDICINE SHOPPE PEN NEEDL.....	113
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	38	MEDIC INSULIN SYRINGE/0.3.....	113
losartan potassium tab 100 mg.....	38	MEDIC INSULIN SYRINGE/0.5.....	113
losartan potassium tab 25 mg, 50 mg.....	38	MEDLANCE PLUS/LITE 25G.....	113
LOTEMAX.....	82	MEDLANCE PLUS EXTRA LANCE.....	113
LOTEPREDNOL ETABONATE.....	82	MEDLANCE PLUS LANCETS LIT.....	113
loteprednol etabonate ophth susp 0.2%.....	82	MEDLANCE PLUS LITE LANCET.....	113
loteprednol etabonate ophth susp 0.5%.....	82	MEDLANCE PLUS SPECIAL LAN.....	113
lovastatin tab 10 mg.....	41	MEDLANCE PLUS SUPERLITE 3.....	113
lovastatin tab 20 mg, 40 mg.....	41	MEDLANCE PLUS UNIVERSAL L.....	113
loxapine succinate cap 50 mg.....	55	medroxyprogesterone acetate im susp 150 mg/ml.....	26
loxapine succinate cap 5 mg, 10 mg, 25 mg.....	55	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....	26
lubiprostone cap 8 mcg.....	50	medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....	26
lubiprostone cap 24 mcg.....	50	mefloquine hcl tab 250 mg.....	9
LUCEMYRA.....	59	megestrol acetate susp 40 mg/ml.....	19
LUMAKRAS.....	18	megestrol acetate tab 20 mg, 40 mg.....	19
LUMIGAN.....	82	MEIJER COLOR LANCETS UNIV.....	113
LUMRYZ.....	59	MEIJER LANCETS.....	113
lurasidone hcl tab 80 mg.....	55	MEIJER LANCETS THIN.....	113
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	55	MEIJER LANCETS UNIVERSAL.....	113

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

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

MEIJER PEN NEEDLES 29G X.....	113	methylphenidate hcl chew tab 2.5 mg, 5 mg.....	58
MEIJER PEN NEEDLES 31G X.....	113	methylphenidate hcl soln 5 mg/5ml.....	58
MEIJER SUPER THIN LANCETS.....	113	methylphenidate hcl soln 10 mg/5ml.....	58
MEKINIST.....	19	methylphenidate hcl tab er 10 mg, 20 mg.....	58
MEKTOVI.....	19	methylphenidate hcl tab er osmotic release (osm) 36 mg.....	58
meloxicam tab 7.5 mg, 15 mg.....	66	methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg.....	58
MELPHALAN.....	19	methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	58
memantine hcl oral solution 2 mg/ml.....	60	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	23
memantine hcl tab 5 mg, 10 mg.....	60	methylprednisolone tab therapy pack 4 mg (21).....	23
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	60	methyltestosterone cap 10 mg.....	24
MENEST.....	24	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	50
MENQUADFI.....	12	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	50
MENVEO.....	12	metolazone tab 2.5 mg, 5 mg, 10 mg.....	39
meprobamate tab 200 mg.....	53	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	38
meprobamate tab 400 mg.....	53	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	35
mercaptapurine tab 50 mg.....	19	metoprolol tartrate tab 50 mg, 100 mg.....	35
mesalamine cap dr 400 mg.....	50	metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	35
mesalamine cap er 24hr 0.375 gm.....	50	metronidazole cap 375 mg.....	10
MESALAMINE DR.....	50	metronidazole cream 0.75%.....	88
mesalamine enema 4 gm.....	50	metronidazole gel 0.75%.....	88
mesalamine suppos 1000 mg.....	50	metronidazole gel 1%.....	88
mesalamine tab delayed release 1.2 gm.....	50	metronidazole lotion 0.75%.....	88
MESNEX.....	19	metronidazole tab 250 mg.....	10
metaxalone tab 400 mg.....	73	metronidazole tab 500 mg.....	10
metaxalone tab 800 mg.....	73	metronidazole vaginal gel 0.75%.....	51
metformin hcl tab er 24hr 500 mg, 750 mg.....	28	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	36
metformin hcl tab 500 mg, 850 mg, 1000 mg.....	28	MICRODOT PEN NEEDLE/31G X.....	114
methadone hcl conc 10 mg/ml.....	63	MICRODOT PEN NEEDLE/32G X.....	114
methadone hcl soln 5 mg/5ml.....	63	MICRODOT PEN NEEDLE/33G X.....	114
methadone hcl soln 10 mg/5ml.....	63	MICROLET LANCETS.....	114
methadone hcl tab for oral susp 40 mg.....	63	MICROLET NEXT.....	114
methadone hcl tab 5 mg, 10 mg.....	63	midodrine hcl tab 10 mg.....	40
methamphetamine hcl tab 5 mg.....	58	midodrine hcl tab 2.5 mg, 5 mg.....	40
methazolamide tab 25 mg, 50 mg.....	39	MIFEPREX.....	32
methenamine hippurate tab 1 gm.....	10	mifepristone tab 200 mg.....	32
methimazole tab 5 mg, 10 mg.....	31	mifepristone tab 300 mg.....	28
methocarbamol tab 500 mg, 750 mg.....	73	MIGLITOL.....	28
methotrexate sodium for inj 1 gm.....	19	miglustat cap 100 mg.....	76
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	19	MINI LANCING DEVICE.....	114
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	19	minocycline hcl cap 50 mg, 75 mg, 100 mg.....	2
methotrexate sodium tab 2.5 mg (base equiv).....	19	minoxidil tab 2.5 mg, 10 mg.....	38
METHOXSALEN.....	88	mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....	54
methscopolamine bromide tab 2.5 mg, 5 mg.....	48	mirtazapine tab 7.5 mg, 45 mg.....	54
methsuximide cap 300 mg.....	70	mirtazapine tab 15 mg, 30 mg.....	54
METHYLDOPA.....	38	misoprostol tab 100 mcg, 200 mcg.....	48
methylergonovine maleate tab 0.2 mg.....	31		
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....	58		
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	58		
methylphenidate hcl chew tab 10 mg.....	58		

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

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

1ML VANISHPOINT TUBERCULI.....	133	mycophenolate mofetil cap 250 mg.....	134
MM INSULIN SYRINGE/U-100/.....	114	mycophenolate mofetil for oral susp 200 mg/ml.....	134
MM LANCING DEVICE.....	114	mycophenolate mofetil tab 500 mg.....	134
MM PEN NEEDLES 31G X 3/16.....	114	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	134
MM PEN NEEDLES 31G X 5/16.....	114	MYFEMBREE.....	24
MM PEN NEEDLES 32G X 5/32.....	114	MYGLUCOHEALTH MGH SOFTLAN.....	115
MM PEN NEEDLES 31G X 1/4".....	114	MYLERAN.....	19
M-M-R II.....	12	MYRBETRIQ.....	51
MM TWIST LANCETS.....	114	MYTESI.....	47
M-NATAL PLUS.....	74	N	
modafinil tab 100 mg.....	58	nabumetone tab 500 mg, 750 mg.....	66
modafinil tab 200 mg.....	58	nadolol tab 20 mg, 40 mg, 80 mg.....	35
MODERNA COVID-19 VACCINE.....	12	naloxone hcl inj 0.4 mg/ml.....	89
moexipril hcl tab 7.5 mg, 15 mg.....	38	naloxone hcl inj 4 mg/10ml.....	89
mometasone furoate cream 0.1%.....	88	naloxone hcl nasal spray 4 mg/0.1ml.....	89
mometasone furoate oint 0.1%.....	88	naloxone hcl soln prefilled syringe 2 mg/2ml.....	89
mometasone furoate solution 0.1% (lotion).....	88	NALOXONE HYDROCHLORIDE.....	89
MONOJECT HYPO/ALUM HUB/18.....	114	naltrexone hcl tab 50 mg.....	89
MONOJECT HYPO/ALUM HUB/LU.....	114	naproxen sodium tab 275 mg, 550 mg.....	66
MONOJECT INSULIN SYRINGE.....	114	naproxen tab 500 mg.....	66
MONOJECT INSULIN SYRINGE/.....	114	naproxen tab 250 mg, 375 mg.....	66
MONOJECT MAGELLAN SAFETY.....	114	naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv).....	67
MONOJECT TB SYRINGE-NDL 1.....	114	NATACYN.....	82
MONOJECT TUBERCULIN SAFET.....	115	nateglinide tab 60 mg, 120 mg.....	28
MONOJECT TUBERCULIN SYRIN.....	115	NAYZILAM.....	70
MONOJECT ULTRA COMFORT IN.....	115	neбиволol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent).....	35
MONOLET LANCETS.....	115	NEFAZODONE HYDROCHLORIDE.....	54
MONOLET OPD LANCETS.....	115	NEOMYCIN/POLYMYXIN/GRAMIC.....	82
MONOLETTOR SAFETY LANCETS.....	115	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	82
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	45	neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	82
montelukast sodium tab 10 mg (base equiv).....	45	neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	82
MORPHINE SULFATE.....	63	neomycin-polymyxin-hc otic soln 1%.....	83
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	63	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	83
morphine sulfate tab er 60 mg.....	63	neomycin sulfate tab 500 mg.....	3
morphine sulfate tab er 15 mg, 30 mg.....	63	NEONATAL COMPLETE.....	74
morphine sulfate tab er 100 mg, 200 mg.....	63	NEONATAL PLUS.....	74
morphine sulfate tab 15 mg.....	63	NEO-SYNALAR.....	88
morphine sulfate tab 30 mg.....	63	NERLYNX.....	19
MOUNJARO.....	28	NEULASTA.....	76
MOVANTIK.....	50	NEVIRAPINE.....	6
moxifloxacin hcl ophth soln 0.5% (base equiv).....	82	nevirapine tab er 24hr 400 mg.....	6
moxifloxacin hcl tab 400 mg (base equiv).....	3	nevirapine tab 200 mg.....	6
MS INSULIN SYRINGE/0.3ML/.....	115	NEXIUM.....	48
MS INSULIN SYRINGE/0.5ML/.....	115	NEXLETOL.....	41
MS INSULIN SYRINGE/1ML/29.....	115		
MS INSULIN SYRINGE/1ML/30.....	115		
MS INSULIN SYRINGE/1ML/31.....	115		
MULTAQ.....	36		
MULTI-LANCET DEVICE.....	115		
mupirocin oint 2%.....	88		
MYALEPT.....	33		
MYCAPSSA.....	33		

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

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

NEXLIZET.....	41	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	25
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic).....	41	norethindrone acetate tab 5 mg.....	26
nicardipine hcl cap 20 mg, 30 mg.....	35	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	26
nicotine polacrilex gum 2 mg, 4 mg.....	60	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
nicotine polacrilex lozenge 2 mg, 4 mg.....	60	norethindrone tab 0.35 mg.....	26
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	60	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	26
NICOTROL INHALER.....	60	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
NICOTROL NS.....	60	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	26
nifedipine cap 10 mg, 20 mg.....	35	nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....	54
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg.....	36	nortriptyline hcl soln 10 mg/5ml.....	54
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg.....	36	NORVIR.....	6
nilutamide tab 150 mg.....	19	NOVA SAFETY LANCETS 23G.....	115
nimodipine cap 30 mg.....	36	NOVA SAFETY LANCETS 28G.....	115
NINLARO.....	19	NOVA SUREFLEX LANCETS.....	115
NISOLDIPINE ER.....	36	NOVA SUREFLEX LANCING DEV.....	115
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg.....	36	NOVAVAX COVID-19 VACCINE/.....	12
nitazoxanide tab 500 mg.....	10	NOVOEIGHT.....	79
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg.....	33	NOVOFINE AUTOCOVER PEN NE.....	115
NITRO-BID.....	34	NOVOFINE PEN NEEDLE 32G X.....	115
nitrofurantoin macrocrystalline cap 25 mg.....	10	NOVOFINE PLUS PEN NEEDLE.....	115
nitrofurantoin macrocrystalline cap 50 mg, 100 mg.....	10	NOVOLIN 70/30.....	30
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	10	NOVOLIN 70/30 FLEXPEN.....	30
nitrofurantoin susp 25 mg/5ml.....	10	NOVOLIN 70/30 FLEXPEN REL.....	30
nitroglycerin oint 0.4%.....	84	NOVOLIN 70/30 RELION.....	30
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg.....	34	NOVOLIN N.....	30
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	34	NOVOLIN N FLEXPEN.....	30
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	34	NOVOLIN N FLEXPEN RELION.....	30
NITYR.....	33	NOVOLIN N RELION.....	30
NIVA-PLUS.....	74	NOVOLIN R.....	29
NIVA THYROID.....	31	NOVOLIN R FLEXPEN.....	29
NIVESTYM.....	76	NOVOLIN R FLEXPEN RELION.....	30
NIZATIDINE.....	48	NOVOLIN R RELION.....	30
NORDITROPIN FLEXPEN.....	33	NOVOLOG.....	29
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	26	NOVOLOG FLEXPEN.....	29
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	26	NOVOLOG FLEXPEN RELION.....	29
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg.....	26	NOVOLOG MIX 70/30.....	30
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	26	NOVOLOG MIX 70/30 PREFILL.....	30
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg.....	26	NOVOLOG MIX 70/30 RELION.....	30
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	26	NOVOLOG PENFILL.....	29
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	25	NOVOLOG RELION.....	29
		NOVOSEVEN RT.....	79
		NOXAFIL.....	4
		NP THYROID 15.....	31
		NP THYROID 30.....	31
		NP THYROID 60.....	31
		NP THYROID 90.....	31
		NP THYROID 120.....	31
		NUBEQA.....	19

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

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

NUCALA.....	45	OMNIPOD GO 15 UNITS/DAY.....	116
NUCYNTA ER.....	63	OMNIPOD GO 20 UNITS/DAY.....	116
NULIBRY.....	33	OMNIPOD GO 25 UNITS/DAY.....	116
NURTEC.....	67	OMNIPOD GO 30 UNITS/DAY.....	116
NUVARING.....	26	OMNIPOD GO 35 UNITS/DAY.....	116
NUWIQ.....	79	OMNIPOD GO 40 UNITS/DAY.....	116
nystatin cream 100000 unit/gm.....	88	OMNIPOD 5 G6 PODS (GEN 5).....	116
nystatin oint 100000 unit/gm.....	88	OMNITROPE.....	33
nystatin susp 100000 unit/ml.....	84	ondansetron hcl oral soln 4 mg/5ml.....	48
nystatin tab 500000 unit.....	4	ondansetron hcl tab 4 mg.....	48
nystatin topical powder 100000 unit/gm.....	88	ondansetron hcl tab 8 mg.....	48
nystatin-triamcinolone cream 100000-0.1 unit/gm- %.....	88	ondansetron orally disintegrating tab 4 mg, 8 mg.....	48
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	88	ONETOUCH DELICA LANCETS E.....	116
NYVEPRIA.....	76	ONETOUCH DELICA LANCETS F.....	116
O		ONETOUCH DELICA LANCING D.....	116
OBIZUR.....	79	ONETOUCH DELICA PLUS LANC.....	116
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....	33	ONETOUCH DELICA SAFETY LA.....	116
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	ONETOUCH LANCETS.....	116
ODEFSEY.....	6	ONETOUCH ULTRA.....	90
ODOMZO.....	19	ONETOUCH ULTRA 2.....	116
OFEV.....	46	ONETOUCH ULTRASOFT 2 LANC.....	116
ofloxacin ophth soln 0.3%.....	82	ONETOUCH ULTRA TEST STRIP.....	90
ofloxacin otic soln 0.3%.....	83	ONETOUCH VERIO.....	116
ofloxacin tab 400 mg.....	3	ONETOUCH VERIO FLEX BLOOD.....	116
OGSIVEO.....	19	ONETOUCH VERIO IQ BLOOD G.....	116
OJJAARA.....	19	ONETOUCH VERIO REFLECT.....	116
olanzapine orally disintegrating tab 20 mg.....	55	ONETOUCH VERIO TEST STRIP.....	90
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg.....	55	ONE VITE WOMENS PRENATAL.....	74
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg.....	55	ONUREG.....	19
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	OPSUMIT.....	42
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....	38	OPTIONS GYNOL II VAGINAL.....	51
olmesartan medoxomil tab 5 mg.....	38	OPVEE.....	90
olmesartan medoxomil tab 20 mg, 40 mg.....	38	ORAVIG.....	84
olopatadine hcl nasal soln 0.6%.....	43	ORENCIA.....	66
OLUMIANT.....	66	ORENCIA CLICKJECT.....	66
omega-3-acid ethyl esters cap 1 gm.....	41	ORENITRAM.....	42
omeprazole cap delayed release 20 mg.....	48	ORENITRAM TITRATION KIT M.....	42
omeprazole cap delayed release 10 mg, 40 mg.....	48	ORFADIN.....	33
OMNIFLEX DIAPHRAGM.....	115	ORGOVYX.....	19
OMNIPOD CLASSIC PODS (GEN.....	115	ORIAHNN.....	25
OMNIPOD DASH INTRO KIT (G.....	115	ORLISSA.....	33
OMNIPOD DASH PODS (GEN 4).....	116	ORKAMBI.....	46
OMNIPOD 5 G6 INTRO KIT (G.....	116	ORLADEYO.....	79
OMNIPOD GO 10 UNITS/DAY.....	116	orphenadrine citrate tab er 12hr 100 mg.....	73
		ORSERDU.....	19
		oseltamivir phosphate cap 30 mg (base equiv).....	7
		oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv).....	7
		oseltamivir phosphate for susp 6 mg/ml (base equiv).....	7
		OSPHENA.....	33
		OTEZLA.....	66
		OTREXUP.....	66

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

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

oxaprozin tab 600 mg.....	66	PENICILLIN V POTASSIUM.....	1
oxazepam cap 30 mg.....	53	penicillin v potassium tab 250 mg, 500 mg.....	1
oxazepam cap 10 mg, 15 mg.....	53	PEN NEEDLES.....	117
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	70	PEN NEEDLES/29G X 1/2".....	117
oxcarbazepine tab 150 mg, 300 mg, 600 mg.....	70	PEN NEEDLES/31G X 1/4".....	117
oxiconazole nitrate cream 1%.....	88	PEN NEEDLES/31G X 3/16".....	118
oxybutynin chloride solution 5 mg/5ml.....	51	PEN NEEDLES/31G X 5/16".....	118
oxybutynin chloride tab er 24hr 5 mg.....	51	PEN NEEDLES/32G X 5/32".....	118
oxybutynin chloride tab er 24hr 10 mg.....	51	PEN NEEDLES/31G X 6MM.....	118
oxybutynin chloride tab er 24hr 15 mg.....	51	PEN NEEDLES 31GX5/16".....	117
oxybutynin chloride tab 5 mg.....	51	PEN NEEDLES 31G X 3/16".....	117
oxycodone hcl cap 5 mg.....	63	PEN NEEDLES 33G X 5/32".....	117
oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	63	PEN NEEDLES 30GX5MM.....	117
oxycodone hcl soln 5 mg/5ml.....	64	PEN NEEDLES 30GX8MM.....	117
oxycodone hcl tab 5 mg.....	64	PEN NEEDLES 31GX5MM.....	117
oxycodone hcl tab 10 mg.....	64	PEN NEEDLES 31GX8MM.....	117
oxycodone hcl tab 20 mg.....	64	PEN NEEDLES 32GX4MM.....	117
oxycodone hcl tab 15 mg, 30 mg.....	64	PEN NEEDLES 29GX12MM.....	117
oxycodone w/ acetaminophen tab 7.5-325 mg.....	64	PEN NEEDLES 31G X 5MM.....	117
oxycodone w/ acetaminophen tab 10-325 mg.....	64	PEN NEEDLES 31G X 6MM.....	117
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg.....	64	PEN NEEDLES 31G X 8MM.....	117
OZEMPIC.....	28	PEN NEEDLES 32G X 4MM.....	117
P		PEN NEEDLES 32G X 5MM.....	117
paliperidone tab er 24hr 6 mg.....	55	PEN NEEDLES 32G X 6MM.....	117
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg.....	55	PEN NEEDLES 31GX8MM (5/16.....	117
PANRETIN.....	88	PEN NEEDLES 31GX6MM (1/4".....	117
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv).....	48	PENTACEL.....	13
pantoprazole sodium for delayed release susp packet 40 mg.....	48	pentamidine isethionate for nebulization soln 300 mg.....	10
paricalcitol cap 4 mcg.....	33	PENTIPS 31GX5MM.....	118
paricalcitol cap 1 mcg, 2 mcg.....	33	PENTIPS 31GX6MM.....	118
paroxetine hcl oral susp 10 mg/5ml (base equiv).....	54	PENTIPS 31GX8MM.....	118
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg.....	54	PENTIPS 32GX4MM.....	118
paroxetine mesylate cap 7.5 mg (base equiv).....	60	PENTIPS 32GX6MM.....	118
PAXLOVID.....	7	PENTIPS 29GX12MM.....	118
pazopanib hcl tab 200 mg (base equiv).....	20	PENTIPS 29G X 12MM.....	118
PC UNIFINE PENTIPS 29G X.....	116	PENTIPS 31G X 5MM.....	118
PC UNIFINE PENTIPS 31G X.....	117	PENTIPS 31G X 8MM.....	118
PEDIARIX.....	13	PENTIPS 32G X 4MM.....	118
PEDVAX HIB.....	12	pentoxifylline tab er 400 mg.....	79
PEGASYS.....	7	PERFECT LANCETS 30G.....	118
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	47	PERFECT PRESSURE ACTIVATE.....	118
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	47	PERINDOPRIL ERBUMINE.....	38
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	47	perindopril erbumine tab 4 mg.....	38
PEMAZYRE.....	20	permethrin cream 5%.....	88
PENBRAYA.....	12	PERPHENAZINE/AMITRIPTYLIN.....	60
penciclovir cream 1%.....	88	perphenazine tab 2 mg, 4 mg.....	56
penicillamine tab 250 mg.....	134	perphenazine tab 8 mg, 16 mg.....	56
		PFIZER-BIONTECH COVID-19.....	12
		PHARMACIST CHOICE SELECT.....	118
		PHARMACIST CHOICE ULTRA T.....	118
		PHARMACY COUNTER LANCETS.....	118
		PHEBURANE.....	33

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

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

PHENELZINE SULFATE.....	54	potassium chloride tab er 10 meq, 20 meq (1500 mg).....	75
phenobarbital elixir 20 mg/5ml.....	56	potassium chloride tab er 8 meq (600 mg).....	75
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	56	potassium citrate tab er 5 meq (540 mg).....	52
phenoxybenzamine hcl cap 10 mg.....	38	potassium citrate tab er 10 meq (1080 mg).....	52
phenylephrine hcl ophth soln 2.5%, 10%.....	82	potassium citrate tab er 15 meq (1620 mg).....	52
phenytoin chew tab 50 mg.....	70	potassium phosphate monobasic tab 500 mg.....	75
phenytoin sodium extended cap 100 mg.....	70	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....	75
phenytoin sodium extended cap 200 mg, 300 mg.....	70	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.....	72
phenytoin susp 125 mg/5ml.....	70	pramipexole dihydrochloride tab 0.25 mg, 1.5 mg.....	72
PHEXXI.....	51	pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg.....	72
PHOSPHOLINE IODIDE.....	82	prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv).....	79
phytonadione tab 5 mg.....	73	pravastatin sodium tab 80 mg.....	41
PIFELTRO.....	7	pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	41
pilocarpine hcl ophth soln 1%, 2%, 4%.....	82	praziquantel tab 600 mg.....	9
pilocarpine hcl tab 5 mg, 7.5 mg.....	84	prazosin hcl cap 1 mg, 2 mg, 5 mg.....	38
pimecrolimus cream 1%.....	88	PRECISION SURE-DOSE INSUL.....	118
PIMOZIDE.....	60	PRECISION THINS GP LANCET.....	118
pindolol tab 5 mg, 10 mg.....	35	PREDNISOLONE ACETATE.....	82
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....	28	PREDNISOLONE SODIUM PHOSP.....	23
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv).....	28	prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	23
PIP LANCETS/28G.....	118	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	23
PIP LANCETS/30G.....	118	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	23
PIP PEN NEEDLES 31G X 5MM.....	118	prednisolone soln 15 mg/5ml.....	23
PIP PEN NEEDLES 32G X 4MM.....	118	prednisolone tab 5 mg.....	23
PIQRAY 200MG DAILY DOSE.....	20	PREDNISONE.....	23
PIQRAY 250MG DAILY DOSE.....	20	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	23
PIQRAY 300MG DAILY DOSE.....	20	PREFERRED PLUS INSULIN SY.....	119
PIRFENIDONE.....	46	PREFERRED PLUS LANCETS CO.....	119
pirfenidone cap 267 mg.....	46	PREFERRED PLUS LANCETS SU.....	119
pirfenidone tab 267 mg.....	47	PREFERRED PLUS LANCETS TH.....	119
pirfenidone tab 801 mg.....	47	PREFERRED PLUS UNIFINE PE.....	119
piroxicam cap 10 mg, 20 mg.....	66	pregabalin cap 225 mg, 300 mg.....	70
pitavastatin calcium tab 4 mg.....	41	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....	70
pitavastatin calcium tab 1 mg, 2 mg.....	41	pregabalin soln 20 mg/ml.....	70
PLEGRIDY.....	60	PREHEVBRIO.....	12
PLEGRIDY STARTER PACK.....	61	PREMARIN.....	25
PNEUMOVAX 23.....	12	PREMPHASE.....	25
PNEUMOVAX 23/1 DOSE.....	12	PREMPRO.....	25
PODOFILOX.....	88	PRENATAL.....	74
podofilox gel 0.5%.....	88	PRENATAL 19.....	74
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	82	PRENATAL PLUS.....	74
POMALYST.....	20	PRENATAL PLUS VITAMIN AND.....	74
posaconazole susp 40 mg/ml.....	4	PRENATAL-U.....	74
posaconazole tab delayed release 100 mg.....	4		
potassium chloride cap er 8 meq, 10 meq.....	75		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq.....	75		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	75		

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

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

PRETOMANID.....	3	PSS SELECT GP LANCETS.....	119
PREVENT DROPSAFE SAFETY P.....	119	PSS SELECT SAFETY LANCETS.....	119
PREVENT SAFETY PEN NEEDLE.....	119	PULMOZYME.....	47
PREVIDENT RINSE.....	84	PURE COMFORT PEN NEEDLE 3.....	119
PREVNAR 13.....	12	PURE COMFORT PEN NEEDLE/3.....	119
PREVNAR 20.....	12	PURE COMFORT SAFETY PEN N.....	119
PREVYMIS.....	7	PURIXAN.....	20
PREZCOBIX.....	7	PX ADVANCED LANCING DEVIC.....	120
PREZISTA.....	7	PX EXTRA SHORT PEN NEEDLE.....	120
PRIFTIN.....	3	PX INSULIN SYRINGE/U-100/.....	120
primaquine phosphate tab 26.3 mg (15 mg base).....	9	PX LANCETS MICROTHIN 33G.....	120
primidone tab 50 mg, 250 mg.....	70	PX LANCETS ULTRA THIN.....	120
PRIORIX.....	12	PX LANCETS ULTRA THIN 28G.....	120
probenecid tab 500 mg.....	68	PX MINI PEN NEEDLES 31GX5.....	120
prochlorperazine maleate tab 5 mg (base equivalent),		PX PEN NEEDLE 31GX8MM.....	120
10 mg (base equivalent).....	56	PX PEN NEEDLE 29GX12MM.....	120
prochlorperazine suppos 25 mg.....	56	pyrazinamide tab 500 mg.....	3
PRO COMFORT INSULIN SYRIN.....	119	pyridostigmine bromide oral soln 60 mg/5ml.....	73
PRO COMFORT PEN NEEDLES/.....	119	pyridostigmine bromide tab er 180 mg.....	73
PRO COMFORT SAFETY LANCET.....	119	pyridostigmine bromide tab 60 mg.....	73
PROCRIT.....	76	pyrimethamine tab 25 mg.....	9
PROCTOFOAM HC.....	84	PYRUKYND.....	79
PRODIGY INSULIN SYRINGE/U.....	119	PYRUKYND TAPER PACK.....	79
PRODIGY INSULIN SYRINGE/1.....	119		
PRODIGY LANCING DEVICE.....	119	Q	
PRODIGY PRESSURE ACTIVATE.....	119	QC ADVANCED LANCING DEVIC.....	120
PRODIGY SAFETY LANCETS.....	119	QC INSULIN SYRINGE/0.3ML/.....	120
PRODIGY TWIST TOP LANCETS.....	119	QC INSULIN SYRINGE/0.5ML/.....	120
PROFILNINE.....	79	QC INSULIN SYRINGE/1ML/29.....	120
progesterone cap 100 mg, 200 mg.....	26	QC INSULIN SYRINGE/1ML/31.....	120
PROMACTA.....	76	QC LANCETS SUPER THIN.....	120
promethazine-dm syrup 6.25-15 mg/5ml.....	43	QC LANCETS ULTRA THIN.....	120
promethazine hcl suppos 12.5 mg, 25 mg.....	43	QC PEN NEEDLES 29G X 12MM.....	120
promethazine hcl syrup 6.25 mg/5ml.....	43	QC PEN NEEDLES 31G X 6MM.....	120
promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	43	QC PEN NEEDLES 31G X 8MM.....	120
PROMETHAZINE VC.....	43	QC UNIFINE PENTIPS 32GX4M.....	120
PROMETHAZINE VC/CODEINE.....	43	QC UNILET LANCETS 33G/MIC.....	120
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	43	QC UNILET LANCETS 28G/ULT.....	120
propafenone hcl cap er 12hr 225 mg, 325 mg, 425		QINLOCK.....	20
mg.....	36	QUADRACEL.....	14
propafenone hcl tab 300 mg.....	36	quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	56
propafenone hcl tab 150 mg, 225 mg.....	36	quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400	
proparacaine hcl ophth soln 0.5%.....	82	mg.....	56
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160		quetiapine fumarate tab 300 mg, 400 mg.....	56
mg.....	35	quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200	
propranolol hcl oral soln 20 mg/5ml.....	35	mg.....	56
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80		quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg.....	38
mg.....	35	quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5	
propylthiouracil tab 50 mg.....	31	mg, 20-25 mg.....	38
PROQUAD.....	12	quinidine gluconate tab er 324 mg.....	36
protriptyline hcl tab 5 mg, 10 mg.....	54	QUINIDINE SULFATE.....	36
PROVIDA OB.....	74	quinine sulfate cap 324 mg.....	9
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....	44	QULIPTA.....	67

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

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

QUVIVIQ.....	57	RELION MINI PEN NEEDLES 3.....	122
QVAR REDIHALER.....	45	RELION PEN NEEDLES/31G X.....	122
R		RELION PEN NEEDLES 29GX12.....	122
rabeprazole sodium ec tab 20 mg.....	48	RELION PEN NEEDLES 31G X.....	122
RADICAVA ORS.....	72	RELION PEN NEEDLES 32G X.....	122
RADICAVA ORS STARTER KIT.....	72	RELION PEN NEEDLES 31GX5/.....	122
RA E-ZJECT LANCETS 28G.....	120	RELION PEN NEEDLES 31GX6M.....	122
RA E-ZJECT LANCETS THIN 2.....	120	RELION PEN NEEDLES 31GX8M.....	122
RA E-ZJECT LANCETS ULTRA.....	120	RELION PEN NEEDLES 32GX4M.....	122
RA INSULIN SYRINGE/0.5ML/.....	121	RELION R.....	30
RA INSULIN SYRINGE/1ML/29.....	121	RELION SHORT PEN NEEDLES.....	122
RA INSULIN SYRINGE/U-100/.....	121	RELION THIN LANCETS.....	122
raloxifene hcl tab 60 mg.....	33	RELION ULTRA THIN LANCETS.....	122
ramelteon tab 8 mg.....	57	RELION ULTRA THIN PLUS LA.....	122
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg.....	38	repaglinide tab 0.5 mg, 1 mg, 2 mg.....	28
ranolazine tab er 12hr 500 mg.....	34	REPATHA.....	41
ranolazine tab er 12hr 1000 mg.....	34	REPATHA PUSHTRONEX SYSTEM.....	41
RA PEN NEEDLES 31G X 5MM.....	121	REPATHA SURECLICK.....	41
RA PEN NEEDLES 31G X 8MM.....	121	RESTASIS.....	82
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg		RETACRIT.....	76
(base equiv).....	72	RETEVMO.....	20
RAVICTI.....	33	RETROVIR.....	7
RAYA SURE PEN NEEDLE 29G.....	121	REVLIMID.....	135
RAYA SURE PEN NEEDLE 31G.....	121	REXALL LANCETS ULTRA THIN.....	122
READYLANCE SAFETY LANCETS.....	121	REXULTI.....	56
REALITY INSULIN SYRINGE/U.....	121	REYATAZ.....	7
REALITY LANCETS.....	121	REYVOW.....	67
REALITY LATEX/ULTRA TEXTU.....	121	REZLIDHIA.....	20
REALITY LATEX/ULTRA THIN.....	121	REZUROCK.....	135
REALITY LATEX CONDOMS/LUB.....	121	RHOPRESSA.....	82
REALITY TRIGGER LANCETS.....	121	RIASTAP.....	80
REBIF.....	61	RIBAVIRIN.....	7
REBIF REBIDOSE.....	61	rifabutin cap 150 mg.....	3
REBIF REBIDOSE TITRATION.....	61	rifampin cap 150 mg, 300 mg.....	3
REBIF TITRATION PACK.....	61	RIGHTEST GD500 LANCING DE.....	122
REBINYN.....	80	RIGHTEST GL300 LANCETS.....	122
RECOMBINATE.....	80	riluzole tab 50 mg.....	72
RECOMBIVAX HB.....	13	RIMANTADINE HYDROCHLORIDE.....	7
RECTIV.....	84	ringer's solution for irrigation.....	135
REGRANEX.....	88	RINVOQ.....	66
RELENZA DISKHALER.....	7	risedronate sodium tab delayed release 35 mg.....	33
RELION 2-IN-1 LANCET DEV.....	122	risedronate sodium tab 5 mg, 30 mg.....	33
RELION 2-IN-1 LANCING DEV.....	122	risedronate sodium tab 35 mg, 150 mg.....	33
RELION INSULIN SYRINGE 0.....	121	risperidone orally disintegrating tab 4 mg.....	56
RELION INSULIN SYRINGE/U.....	121	risperidone orally disintegrating tab 0.5 mg, 1 mg, 2	
RELION INSULIN SYRINGE 1M.....	121	mg, 3 mg.....	56
RELION KETONE TEST STRIPS.....	90	risperidone soln 1 mg/ml.....	56
RELION LANCETS.....	121	risperidone tab 0.25 mg.....	56
RELION LANCETS MICRO-THIN.....	121	risperidone tab 4 mg.....	56
RELION LANCETS THIN 26G.....	121	risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	56
RELION LANCETS ULTRA-THIN.....	121	ritonavir tab 100 mg.....	7
RELION LANCING DEVICE.....	121	rivastigmine tartrate cap 1.5 mg (base equivalent), 3	
		mg (base equivalent).....	61

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

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

rivastigmine tartrate cap 4.5 mg (base equivalent), 6 mg (base equivalent).....	61	saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv).....	28
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr.....	61	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	28
RIXUBIS.....	80	saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg.....	28
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	67	SB INSULIN SYRINGE/U-100/.....	123
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	67	SB LANCETS THIN.....	123
rizatriptan benzoate tab 5 mg (base equivalent).....	67	SB LANCETS ULTRA THIN.....	123
rizatriptan benzoate tab 10 mg (base equivalent).....	67	SCEMBLIX.....	20
roflumilast tab 250 mcg, 500 mcg.....	45	SCHNUCKS INSULIN SYRINGE.....	123
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....	72	scopolamine td patch 72hr 1 mg/3days.....	48
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent).....	72	SECURESAFE SAFETY INSULIN.....	123
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	72	SECURESAFE SAFETY PEN NEE.....	123
rosuvastatin calcium tab 40 mg.....	41	SELECT-LITE LANCING DEVIC.....	123
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....	41	selegiline hcl cap 5 mg.....	72
ROTARIX.....	13	selegiline hcl tab 5 mg.....	72
ROTATEQ.....	13	selenium sulfide lotion 2.5%.....	88
ROZLYTREK.....	20	SELZENTRY.....	7
RUBRACA.....	20	SE-NATAL 19.....	74
rufinamide susp 40 mg/ml.....	70	SEREVENT DISKUS.....	45
rufinamide tab 200 mg, 400 mg.....	70	sertraline hcl oral concentrate for solution 20 mg/ml.....	54
RUKOBIA.....	7	sertraline hcl tab 25 mg, 50 mg, 100 mg.....	54
RYBELSUS.....	28	sevelamer carbonate packet 0.8 gm, 2.4 gm.....	50
RYDAPT.....	20	sevelamer carbonate tab 800 mg.....	50
RYPLAZIM.....	80	sevelamer hcl tab 400 mg.....	50
S		sevelamer hcl tab 800 mg.....	50
SAFE-T-LANCE LOW FLOW 25G.....	122	SEVENFACT.....	80
SAFE-T-LANCE NORMAL FLOW.....	122	SHINGRIX.....	13
SAFE-T-LANCE PLUS SAFETY.....	122	sildenafil citrate tab 20 mg.....	42
SAFETY LANCETS.....	122	silodosin cap 4 mg, 8 mg.....	52
SAFETY LANCETS/PRESSURE A.....	122	silver sulfadiazine cream 1%.....	88
SAFETY LANCETS 21G.....	122	SIMBRINZA.....	82
SAFETY LANCETS 23G.....	122	SIMPLE DIAGNOSTICS LANCIN.....	123
SAFETY LANCETS 28G.....	122	SIMPONI.....	66
SAFETY PEN NEEDLES/30G X.....	122	simvastatin tab 5 mg.....	41
SANTYL.....	88	simvastatin tab 20 mg.....	41
sapropterin dihydrochloride powder packet 100 mg, 500 mg.....	33	simvastatin tab 80 mg.....	41
sapropterin dihydrochloride tab 100 mg.....	33	simvastatin tab 10 mg, 40 mg.....	41
SAPSCARE TWIST TOP LANCET.....	123	SINGLE-LET.....	123
SAPS HEALTH CARE TWIST TO.....	122	sirolimus oral soln 1 mg/ml.....	135
SAPS HEALTH PLUS TWIST TO.....	122	sirolimus tab 0.5 mg, 1 mg, 2 mg.....	135
SAPS HEALTH TWIST TOP LAN.....	122	SIRTURO.....	3
SAVELLA.....	61	SIVEXTRO.....	10
SAVELLA TITRATION PACK.....	61	SKYCLARYS.....	72
		SKYRIZI.....	50
		SKYRIZI PEN.....	88
		SMART DIABETES VANTAGE LA.....	123
		SMARTEST LANCETS 28G.....	123
		SMART SENSE COLOR LANCETS.....	123
		SMART SENSE STANDARD LANC.....	123
		SMART SENSE SUPER THIN LA.....	123
		SMART SENSE THIN LANCETS.....	123

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

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

SM MICRO THIN LANCETS 33G.....	123	STRIBILD.....	8
SM TRUEDRAW LANCING DEVIC.....	123	STRIVERDI RESPIMAT.....	46
sodium chloride irrigation soln 0.9%.....	52	1ST TIER UNIFINE PENTIPS.....	134
sodium chloride soln nebu 7%.....	44	sucralfate tab 1 gm.....	48
sodium chloride soln nebu 3%, 10%.....	44	SUFLAVE.....	47
sodium citrate & citric acid soln 500-334 mg/5ml.....	52	SULFACETAMIDE SODIUM/PRED.....	83
SODIUM FLUORIDE.....	75	sulfacetamide sodium lotion 10% (acne).....	88
sodium fluoride chew tab 0.25 mg f (from 0.55 mg		sulfacetamide sodium ophth soln 10%.....	82
naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg		SULFADIAZINE.....	3
naf).....	75	sulfamethoxazole-trimethoprim susp 200-40	
sodium fluoride cream 1.1%.....	84	mg/5ml.....	10
sodium fluoride gel 1.1% (0.5% f).....	84	sulfamethoxazole-trimethoprim tab 400-80 mg.....	10
sodium fluoride paste 1.1%.....	84	sulfamethoxazole-trimethoprim tab 800-160 mg.....	10
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml		SULFAMYLON.....	89
naf).....	75	sulfasalazine tab delayed release 500 mg.....	50
SODIUM OXYBATE.....	61	sulfasalazine tab 500 mg.....	50
sodium phenylbutyrate oral powder 3 gm/		sulindac tab 150 mg, 200 mg.....	66
teaspoonful.....	33	sumatriptan nasal spray 5 mg/act.....	67
sodium phenylbutyrate tab 500 mg.....	33	sumatriptan nasal spray 20 mg/act.....	67
sodium polystyrene sulfonate powder.....	135	sumatriptan succinate inj 6 mg/0.5ml.....	67
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6		SUMATRIPTAN SUCCINATE REF.....	67
gm/177ml.....	47	sumatriptan succinate solution auto-injector 4	
SOFOSBUVIR/VELPATASVIR.....	7	mg/0.5ml.....	68
SOHONOS.....	73	sumatriptan succinate solution auto-injector 6	
solifenacin succinate tab 5 mg, 10 mg.....	51	mg/0.5ml.....	68
SOLIQUA 100/33.....	28	sumatriptan succinate tab 25 mg.....	68
SOLUS V2 LANCING DEVICE.....	123	sumatriptan succinate tab 50 mg.....	68
SOLUS V2 PRESSURE ACTIVAT.....	123	sumatriptan succinate tab 100 mg.....	68
SOLUS V2 TWIST LANCETS 30.....	123	sunitinib malate cap 12.5 mg (base equivalent).....	20
SOMAVERT.....	33	sunitinib malate cap 25 mg (base equivalent), 37.5 mg	
SOOLANTRA.....	88	(base equivalent), 50 mg (base equivalent).....	21
sorafenib tosylate tab 200 mg (base equivalent).....	20	SUNLENCA.....	8
sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg.....	35	SUNOSI.....	58
sotalol hcl tab 240 mg.....	35	SUPER THIN LANCETS.....	123
sotalol hcl tab 80 mg, 120 mg, 160 mg.....	35	SURE COMFORT AUTOKEEPER S.....	123
SOVALDI.....	8	SURE COMFORT INSULIN SYRI.....	123
SPIKEVAX COVID-19 VACCINE.....	13	SURE COMFORT LANCETS 18G.....	124
SPINOSAD.....	88	SURE COMFORT LANCETS 21G.....	124
SPIRIVA HANDIHALER.....	46	SURE COMFORT LANCETS 23G.....	124
SPIRIVA RESPIMAT.....	46	SURE COMFORT LANCETS 28G.....	124
spironolactone & hydrochlorothiazide tab 25-25		SURE COMFORT LANCETS 30G.....	124
mg.....	39	SURE COMFORT LANCING PEN.....	124
spironolactone tab 25 mg, 50 mg, 100 mg.....	39	SURE COMFORT PEN NEEDLES.....	124
SPRYCEL.....	20	SURELITE LANCETS.....	124
stannous fluoride gel 0.4%.....	84	SUTAB.....	47
1ST CHOICE LANCETS SUPER.....	133	SYMBICORT.....	46
1ST CHOICE LANCETS THIN.....	134	SYMDEKO.....	47
1ST CHOICE LANCETS ULTRA.....	134	SYMFI.....	8
STELARA.....	88	SYMFI LO.....	8
STERILANCE TL.....	123	SYMLINPEN 60.....	28
STIOLTO RESPIMAT.....	46	SYMLINPEN 120.....	28
STIVARGA.....	20	SYMPAZAN.....	70
STRENSIQ.....	34	SYMPROIC.....	50

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

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

SYMTUZA.....	8	temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg.....	21
SYNAREL.....	34	TENCON.....	62
SYNJARDY.....	28	TENIVAC.....	14
SYNJARDY XR.....	28	tenofovir disoproxil fumarate tab 300 mg.....	8
SYNTHROID.....	31	TEPMETKO.....	21
T		terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	39
TABLOID.....	21	terbinafine hcl tab 250 mg.....	4
TABRECTA.....	21	terbutaline sulfate tab 2.5 mg, 5 mg.....	46
tacrolimus cap 0.5 mg.....	135	terconazole vaginal cream 0.4%, 0.8%.....	51
tacrolimus cap 1 mg, 5 mg.....	135	terconazole vaginal suppos 80 mg.....	51
tacrolimus oint 0.03%, 0.1%.....	89	teriflunomide tab 7 mg, 14 mg.....	61
tadalafil tab 2.5 mg, 5 mg.....	42	teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml.....	34
tadalafil tab 20 mg (pah).....	42	testosterone cypionate im inj in oil 100 mg/ml.....	24
TAFINLAR.....	21	testosterone cypionate im inj in oil 200 mg/ml.....	24
tafluprost preservative free (pf) ophth soln 0.0015%.....	83	TESTOSTERONE ENANTHATE.....	24
TAGRISSE.....	21	testosterone td gel 12.5 mg/act (1%).....	24
TAKHZYRO.....	80	testosterone td gel 20.25 mg/act (1.62%).....	24
TALTZ.....	89	testosterone td gel 10mg/act (2%).....	24
TALZENNA.....	21	testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%).....	24
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent).....	21	testosterone td soln 30 mg/act.....	24
tamsulosin hcl cap 0.4 mg.....	52	tetrabenazine tab 12.5 mg.....	61
TARON-C DHA.....	74	tetrabenazine tab 25 mg.....	61
TARPEYO.....	24	tetracaine hcl ophth soln 0.5%.....	83
TASCENSO ODT.....	61	tetracycline hcl cap 250 mg, 500 mg.....	2
TASIGNA.....	21	TEZSPIRE.....	46
tasimelteon capsule 20 mg.....	57	TGT ADVANCED LANCING DEVI.....	124
TAVNEOS.....	80	TGT LANCET ALTERNATE SITE.....	124
tazarotene cream 0.1%.....	89	TGT LANCET MICRO THIN 33G.....	124
tazarotene gel 0.05%, 0.1%.....	89	TGT LANCET SUPER THIN 30G.....	124
TAZORAC.....	89	TGT LANCET THIN 23G.....	124
TAZVERIK.....	21	TGT LANCET THIN 26G.....	125
TDVAX.....	14	TGT LANCET ULTRA THIN 28G.....	125
TECHLITE AST LANCETS.....	124	TGT LANCET ULTRA THIN 30G.....	125
TECHLITE INSULIN SYRINGE.....	124	TGT LANCING DEVICE.....	125
TECHLITE LANCETS.....	124	THALOMID.....	135
TECHLITE LANCETS 26G.....	124	theophylline elixir 80 mg/15ml.....	46
TECHLITE LANCETS 30G.....	124	theophylline soln 80 mg/15ml.....	46
TECHLITE PEN NEEDLES/31G.....	124	theophylline tab er 12hr 300 mg, 450 mg.....	46
TECHLITE PEN NEEDLES/32G.....	124	theophylline tab er 24hr 400 mg, 600 mg.....	46
TECHLITE PEN NEEDLES 29G.....	124	THINLETS GP LANCETS.....	125
TECHLITE PEN NEEDLES 31G.....	124	THIOLA EC.....	52
TELMISARTAN/AMLODIPINE.....	39	thioridazine hcl tab 10 mg.....	56
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	39	thioridazine hcl tab 25 mg, 50 mg, 100 mg.....	56
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg.....	38	thiothixene cap 1 mg.....	56
telmisartan tab 20 mg, 40 mg, 80 mg.....	38	thiothixene cap 2 mg, 5 mg, 10 mg.....	56
temazepam cap 7.5 mg, 22.5 mg.....	57	THRIVITE RX.....	74
temazepam cap 15 mg, 30 mg.....	57	THYROID.....	31
temozolomide cap 5 mg, 20 mg.....	21	tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	70

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

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

TIBSOVO.....	21	tramadol hcl tab 50 mg.....	64
timolol maleate ophth gel forming soln 0.25%, 0.5%.....	83	trandolapril tab 1 mg, 2 mg, 4 mg.....	39
timolol maleate ophth soln 0.25%, 0.5%.....	83	tranexamic acid tab 650 mg.....	77
timolol maleate ophth soln 0.5% (once-daily).....	83	tranylcypromine sulfate tab 10 mg.....	54
timolol maleate preservative free ophth soln 0.25%, 0.5%.....	83	TRAVEL LANCETS ADVANCED 2.....	125
timolol maleate tab 5 mg, 10 mg, 20 mg.....	35	travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	83
tinidazole tab 250 mg.....	10	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	54
tinidazole tab 500 mg.....	10	TRECTOR.....	3
tiopronin tab 100 mg.....	52	TRELEGY ELLIPTA.....	46
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	46	TREMFYA.....	89
TIVICAY.....	8	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
TIVICAY PD.....	8	TRESIBA.....	31
tizanidine hcl tab 2 mg (base equivalent).....	73	TRESIBA FLEXTOUCH.....	31
tizanidine hcl tab 4 mg (base equivalent).....	73	tretinoin cap 10 mg.....	21
TOBI PODHALER.....	3	tretinoin cream 0.025%, 0.05%, 0.1%.....	89
TOBRADEX.....	83	tretinoin gel 0.01%, 0.025%.....	89
tobramycin-dexamethasone ophth susp 0.3-0.1%.....	83	TRETEN.....	80
tobramycin nebu soln 300 mg/5ml.....	3	triamcinolone acetonide aerosol soln 0.147 mg/gm.....	89
tobramycin nebu soln 300 mg/4ml.....	3	triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	89
tobramycin ophth soln 0.3%.....	83	triamcinolone acetonide dental paste 0.1%.....	84
TODAYS HEALTH ADVANCED LA.....	125	triamcinolone acetonide lotion 0.025%, 0.1%.....	89
TODAYS HEALTH ORIGINAL PE.....	125	triamcinolone acetonide oint 0.5%.....	89
TODAYS HEALTH SHORT PEN N.....	125	triamcinolone acetonide oint 0.025%, 0.1%.....	89
TODAYS HEALTH SUPER THIN.....	125	triamterene & hydrochlorothiazide cap 37.5-25 mg.....	39
TODAYS HEALTH ULTRA THIN.....	125	triamterene & hydrochlorothiazide tab 37.5-25 mg.....	40
TODAY SPONGE.....	51	triamterene & hydrochlorothiazide tab 75-50 mg.....	40
tolcapone tab 100 mg.....	72	triamterene cap 50 mg, 100 mg.....	40
tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	51	trientine hcl cap 250 mg.....	135
tolterodine tartrate tab 1 mg, 2 mg.....	51	trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent).....	56
tolvaptan tab 15 mg.....	34	trifluoperazine hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	56
tolvaptan tab 30 mg.....	34	TRIFLURIDINE.....	83
TOPCARE CLICKFINE UNIVERS.....	125	TRIHENYPHENIDYL HCL.....	72
TOPCARE LANCETS MICRO-THI.....	125	trihexyphenidyl hcl tab 2 mg, 5 mg.....	72
TOPCARE ULTRA COMFORT INS.....	125	TRIJARDY XR.....	28
topiramate cap er 24hr 200 mg.....	71	TRIKAFTA.....	47
topiramate cap er 24hr 25 mg, 50 mg, 100 mg.....	70	trimethobenzamide hcl cap 300 mg.....	48
topiramate cap er 24hr sprinkle 200 mg.....	70	trimethoprim tab 100 mg.....	10
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg.....	70	trimipramine maleate cap 25 mg, 50 mg, 100 mg.....	54
topiramate sprinkle cap 15 mg.....	71	TRINATAL RX 1.....	74
topiramate sprinkle cap 25 mg.....	71	TRINATE.....	74
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	71	TRINTELLIX.....	54
toremifene citrate tab 60 mg (base equivalent).....	21	TRIUMEQ.....	8
torseamide tab 5 mg, 10 mg, 20 mg, 100 mg.....	39	TRIUMEQ PD.....	8
TOUJEO MAX SOLOSTAR.....	31	tropicamide ophth soln 0.5%.....	83
TOUJEO SOLOSTAR.....	31	tropicamide ophth soln 1%.....	83
TRACLEER.....	42	tropium chloride cap er 24hr 60 mg.....	51
tramadol-acetaminophen tab 37.5-325 mg.....	64	tropium chloride tab 20 mg.....	51
tramadol hcl tab er 24hr 100 mg.....	64	TRUDHESA.....	68
tramadol hcl tab er 24hr 200 mg, 300 mg.....	64		

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

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

TRUE COMFORT INSULIN SYRI.....	125	ULTICARE MICRO PEN NEEDLE.....	127
TRUE COMFORT PEN NEEDLES.....	125	ULTICARE MINI PEN NEEDLES.....	127
TRUE COMFORT PRO INSULIN.....	125	ULTICARE MINI SAFETY PEN.....	128
TRUE COMFORT PRO PEN NEED.....	125	ULTICARE ORIGINAL PEN NEE.....	128
TRUE COMFORT SAFETY INSUL.....	126	ULTICARE PEN NEEDLES/29G.....	128
TRUE COMFORT SAFETY LANCE.....	126	ULTICARE PEN NEEDLES 31G.....	128
TRUE COMFORT SAFETY PEN N.....	126	ULTICARE SHORT PEN NEEDLE.....	128
TRUE COMFORT TWIST TOP LA.....	126	ULTICARE SHORT SAFETY PEN.....	128
TRUEDRAW LANCING DEVICE.....	126	ULTICARE TUBERCULIN SAFET.....	128
TRUEPLUS 5-BEVEL PEN NEED.....	126	ULTICARE U-100 INSULIN SY.....	128
TRUEPLUS INSULIN SYRINGE.....	126	ULTIGUARD INSULIN SYRINGE.....	128
TRUEPLUS INSULIN SYRINGE/.....	126	ULTIGUARD SAFEPACK/MICRO.....	128
TRUEPLUS LANCETS 26G.....	126	ULTIGUARD SAFEPACK/MINI P.....	128
TRUEPLUS LANCETS 28G.....	126	ULTIGUARD SAFEPACK/SHORT.....	128
TRUEPLUS LANCETS 30G.....	126	ULTIGUARD SAFEPACK/SYRING.....	128
TRUEPLUS LANCETS 33G.....	126	ULTIGUARD SAFEPACK INSULI.....	128
TRUEPLUS LANCETS 33G MICR.....	126	ULTIGUARD SAFEPACK MINI P.....	128
TRUEPLUS LANCETS 28G SUPE.....	126	ULTIGUARD SAFEPACK PEN NE.....	128
TRUEPLUS LANCETS 30G ULTR.....	126	ULTI-LANCE AUTOMATIC/ CLE.....	127
TRUEPLUS PEN NEEDLES 29GX.....	126	ULTILET CLASSIC LANCETS.....	128
TRUEPLUS PEN NEEDLES 31GX.....	126	ULTILET LANCETS.....	128
TRUEPLUS PEN NEEDLES 32GX.....	126	ULTILET LANCETS 33G.....	129
TRUEPLUS SAFETY LANCETS 2.....	126	ULTILET PEN NEEDLE 29GX12.....	129
TRULANCE.....	50	ULTILET PEN NEEDLE 31GX5M.....	129
TRULICITY.....	29	ULTILET PEN NEEDLE 31GX8M.....	129
TRUMENBA.....	13	ULTILET PEN NEEDLE 32GX4M.....	129
TRUQAP.....	21	ULTILET SAFETY LANCETS 21.....	129
TRUSTEX/RIA LUBRICATED.....	127	ULTILET SAFETY LANCETS 23.....	129
TRUSTEX/RIA LUBRICATED/SP.....	127	ULTILET SHORT PEN NEEDLES.....	129
TRUSTEX/RIA LUBRICATED SP.....	127	ULTRACARE INSULIN SYRINGE.....	130
TRUSTEX/RIA NON-LUBRICATE.....	127	ULTRACARE PEN NEEDLES/31G.....	130
TRUSTEX COLOR CONDOMS + L.....	127	ULTRACARE PEN NEEDLES/32G.....	130
TRUSTEX LUBRICATED.....	127	ULTRACARE PEN NEEDLES/33G.....	130
TRUSTEX LUBRICATED/RIBBED.....	127	ULTRA COMFORT INSULIN SYR.....	129
TRUSTEX LUBRICATED/SPERMI.....	127	ULTRA FLO INSULIN PEN NEE.....	129
TRUSTEX LUBRICATED EXTRA.....	127	ULTRA FLO INSULIN SYRINGE.....	129
TRUSTEX NATURAL CONDOMS +.....	127	ULTRA INSULIN SYRINGE/U-1.....	129
TRUSTEX NON-LUBRICATED.....	127	ULTRA-THIN II AUTO LANCET.....	129
TRUSTEX WITH NONOXYNOL-9/.....	127	ULTRA-THIN II INSULIN SYR.....	129
TRUVADA.....	8	ULTRA-THIN II LANCETS 28G.....	129
TUKYSA.....	21	ULTRA-THIN II LANCETS 30G.....	130
TURALIO.....	21	ULTRA-THIN II MINI PEN NE.....	130
TWINRIX.....	13	ULTRA-THIN II PEN NEEDLES.....	130
TWIST TOP LANCETS 30G.....	127	ULTRA THIN LANCETS 28G.....	129
TYBOST.....	8	ULTRA THIN LANCETS 31G.....	129
TYMLOS.....	34	ULTRA THIN PEN NEEDLES 32.....	129
U		UNIFINE PENTIPS/30G X 3/1.....	131
UBRELVY.....	68	UNIFINE PENTIPS 31G X 3/1.....	130
UDENYCA.....	76	UNIFINE PENTIPS 31GX5MM.....	130
ULTICARE INSULIN SAFETY S.....	127	UNIFINE PENTIPS 31GX6MM.....	131
ULTICARE INSULIN SYRINGE.....	127	UNIFINE PENTIPS 31GX8MM.....	131
ULTICARE INSULIN SYRINGE/.....	127	UNIFINE PENTIPS 32GX4MM.....	131
		UNIFINE PENTIPS 32GX6MM.....	131

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

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

UNIFINE PENTIPS 33GX4MM.....	131	VALTOCO 20 MG DOSE.....	71
UNIFINE PENTIPS 29GX12MM.....	130	VALUE HEALTH INSULIN SYRI.....	132
UNIFINE PENTIPS 31G X 6MM.....	130	VALUE PLUS LANCETS STANDA.....	132
UNIFINE PENTIPS 31G X 8MM.....	130	VALUE PLUS LANCETS SUPER.....	132
UNIFINE PENTIPS PLUS/30G.....	130	VALUE PLUS LANCETS THIN 2.....	132
UNIFINE PENTIPS PLUS 33G.....	130	VALUE PLUS LANCING DEVICE.....	132
UNIFINE PENTIPS PLUS 29GX.....	130	VALUMARK LANCET SUPER THI.....	132
UNIFINE PENTIPS PLUS 31GX.....	130	VALUMARK LANCET ULTRA THI.....	132
UNIFINE PENTIPS PLUS 32GX.....	130	VALUMARK PEN NEEDLES 31G.....	132
UNIFINE PENTIPS PLUS 33GX.....	130	VALUMARK PEN NEEDLES 29GX.....	132
UNIFINE PROTECT SAFETY PE.....	131	vancomycin hcl cap 125 mg (base equivalent).....	10
UNIFINE SAFECONTROL PEN N.....	131	vancomycin hcl cap 250 mg (base equivalent).....	10
UNIFINE ULTRA PEN NEEDLE/.....	131	vancomycin hcl for oral soln 25 mg/ml (base	
UNILET COMFORTOUCH LANCET.....	131	equivalent).....	10
UNILET EXCELITE.....	131	vancomycin hcl for oral soln 50 mg/ml (base	
UNILET EXCELITE II.....	131	equivalent).....	10
UNILET G.P. LANCET.....	131	VANFLYTA.....	21
UNILET G.P. SUPERLITE LAN.....	131	VANISHPOINT INSULIN SYRIN.....	132
UNILET GP 28 ULTRA THIN.....	131	VANISHPOINT TUBERCULIN SY.....	132
UNILET LANCET.....	131	VAQTA.....	13
UNILET LANCETS MICRO-THIN.....	131	varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base	
UNILET LANCETS SUPER-THIN.....	131	equiv).....	61
UNILET LANCETS ULTRA-THIN.....	131	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start	
UNILET SUPERLITE LANCET.....	131	pack.....	61
UNISTIK 3 GENTLE.....	131	VARIVAX.....	13
UNISTIK PRO SAFETY LANCET.....	131	VARUBI.....	49
UNISTIK SAFETY LANCETS 28.....	131	VASCEPA.....	41
UNISTIK SAFETY LANCETS 30.....	131	VAXCHORA.....	13
UNISTIK TOUCH SAFETY LANC.....	131	VAXELIS.....	14
UNIVERSAL 1 LANCETS/33G/M.....	132	VAXNEUVANCE.....	13
UNIVERSAL 1 LANCETS THIN.....	132	VCF VAGINAL CONTRACEPTIVE.....	51
UNIVERSAL 1 LANCETS ULTRA.....	132	VECAMYL.....	39
UPTRAVI.....	42	VELIVET.....	26
UPTRAVI TITRATION PACK.....	42	VELPHORO.....	50
ursodiol cap 300 mg.....	50	VELTASSA.....	135
ursodiol tab 250 mg.....	50	VEMLIDY.....	8
ursodiol tab 500 mg.....	50	VENCLEXTA.....	21
V		VENCLEXTA STARTING PACK.....	22
valacyclovir hcl tab 500 mg, 1 gm.....	8	venlafaxine hcl cap er 24hr 37.5 mg (base	
VALCHLOR.....	89	equivalent), 75 mg (base equivalent), 150 mg (base	
valganciclovir hcl for soln 50 mg/ml (base equiv).....	8	equivalent).....	54
valganciclovir hcl tab 450 mg (base equivalent).....	8	venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg	
valproate sodium oral soln 250 mg/5ml (base		(base equivalent), 50 mg (base equivalent), 75 mg	
equiv).....	71	(base equivalent), 100 mg (base equivalent).....	54
valproic acid cap 250 mg.....	71	VENTAVIS.....	42
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5		VENTOLIN HFA.....	46
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.....	39	VERAPAMIL HCL ER.....	36
valsartan tab 40 mg, 80 mg, 160 mg.....	39	verapamil hcl tab er 120 mg, 180 mg, 240 mg.....	36
VALTOCO 5 MG DOSE.....	71	verapamil hcl tab 40 mg, 80 mg, 120 mg.....	36
VALTOCO 10 MG DOSE.....	71	VERIFINE INSULIN PEN NEED.....	132
VALTOCO 15 MG DOSE.....	71	VERIFINE INSULIN SYRINGE.....	132
		VERIFINE INSULIN SYRINGE/.....	132

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

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

VERIFINE PLUS INSULIN PEN.....	133	XARELTO STARTER PACK.....	77
VERIFINE PLUS PEN NEEDLE/.....	133	XELJANZ.....	66
VERIFINE SAFETY LANCET MI.....	133	XELJANZ XR.....	66
VERIFINE UNIVERSAL LANCET.....	133	XHANCE.....	43
VERQUVO.....	42	XIFAXAN.....	10
VERZENIO.....	22	XIGDUO XR.....	29
V-GO 20.....	132	XIIDRA.....	83
V-GO 30.....	132	XOFLUZA.....	8
V-GO 40.....	132	XOLAIR.....	46
VIBERZI.....	50	XOSPATA.....	22
vigabatrin powd pack 500 mg.....	71	XPOVIO.....	22
vigabatrin tab 500 mg.....	71	XPOVIO 60 MG TWICE WEEKLY.....	22
vilazodone hcl tab 10 mg, 20 mg, 40 mg.....	54	XPOVIO 80 MG TWICE WEEKLY.....	22
VINATE ONE.....	74	XTAMPZA ER.....	64
VIRACEPT.....	8	XTANDI.....	22
VIREAD.....	8	XULTOPHY 100/3.6.....	29
VITATHELY/GINGER.....	74	XYNTHA.....	80
VITRAKVI.....	22	XYNTHA SOLOFUSE.....	80
VIVAGUARD LANCETS.....	133	XYWAV.....	61
VIVAGUARD LANCING DEVICE.....	133		
VIVAGUARD SAFETY LANCETS/.....	133	Y	
VIVJOA.....	4	YONSA.....	22
VIVOTIF.....	13		
VIZIMPRO.....	22	Z	
VONJO.....	22	zafirlukast tab 10 mg, 20 mg.....	46
VONVENDI.....	80	zaleplon cap 5 mg, 10 mg.....	57
voriconazole for susp 40 mg/ml.....	4	ZARXIO.....	76
voriconazole tab 50 mg, 200 mg.....	4	ZEGALOGUE.....	29
VOSEVI.....	8	ZEJULA.....	23
VOXZOGO.....	34	ZELBORAF.....	23
VP INSULIN SYRINGE/U-100/.....	133	ZENPEP.....	49
VYNDAMAX.....	42	ZEPOSIA.....	61
VYNDAQEL.....	42	ZEPOSIA 7-DAY STARTER PAC.....	61
VYVANSE.....	58	ZEPOSIA STARTER KIT.....	61
		ZERVIAE.....	83
W		ZEVRX INSULIN SYRINGE/0.5.....	133
WALGREENS COMFORT ASSURED.....	133	ZEVRX INSULIN SYRINGE/1ML.....	133
WALGREENS LANCETS.....	133	ZEVRX PEN NEEDLES 31G X 5.....	133
WALGREENS THIN LANCETS.....	133	ZEVRX PEN NEEDLES 31G X 6.....	133
WALGREENS ULTRA THIN LANC.....	133	ZEVRX PEN NEEDLES 31G X 8.....	133
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5		ZEVRX PEN NEEDLES 32G X 4.....	133
mg, 6 mg, 7.5 mg, 10 mg.....	77	ZEVRX TWIST TOP LANCETS 3.....	133
water for irrigation, sterile irrigation soln.....	135	ZIAGEN.....	9
WEGMANS UNIFINE PENTIPS P.....	133	zidovudine cap 100 mg.....	9
WELIREG.....	22	zidovudine syrup 10 mg/ml.....	9
WESCAP-C DHA.....	75	zidovudine tab 300 mg.....	9
WESTAB PLUS.....	75	ZIEXTENZO.....	76
WIDE-SEAL SILICONE DIAPHR.....	133	zileuton tab er 12hr 600 mg.....	46
WILATE.....	80	ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg.....	56
		ZIRGAN.....	83
X		ZITHROMAX.....	2
XALKORI.....	22	ZOKINVY.....	135
XARELTO.....	77	ZOLINZA.....	23

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

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

zolmitriptan nasal spray 5 mg/spray unit.....	68
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg.....	68
zolmitriptan tab 2.5 mg, 5 mg.....	68
zolpidem tartrate tab er 6.25 mg, 12.5 mg.....	57
zolpidem tartrate tab 5 mg, 10 mg.....	57
ZOMIG.....	68
zonisamide cap 50 mg.....	71
zonisamide cap 25 mg, 100 mg.....	71
ZONTIVITY.....	80
ZTALMY.....	71
ZUBSOLV.....	64
ZYDELIG.....	23
ZYKADIA.....	23

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

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