



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Medicaid Approved Formulary/Preferred Drug List

Effective February 1, 2017

Introduction

Anthem HealthKeepers Plus is the managed care program offered to Virginia Medicaid and FAMIS eligible persons by the Anthem-affiliated HMO, HealthKeepers, Inc. The Anthem HealthKeepers Plus Preferred Drug List (PDL) includes medications available in the pharmacy benefit. These preferred medications are prescribed drugs chosen for their quality and effectiveness. Select drugs may require prior authorization. The Anthem HealthKeepers Plus PDL is updated quarterly and is subject to change. Members and their prescribing providers will be informed if a drug is no longer on the PDL. To check for regular updates to the PDL, please visit our website at www.anthem.com/vamedicaid. Alternatively, you can contact Member Services toll free at **1-800-901-0020 (TTY 711)**.

Brand name vs. generics

A brand-name drug is one that is developed, patented and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand-name drug. A generic drug has the same active ingredients as its brand-name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand-name drug in dosage form, strength, route of administration, quality and intended uses. Generics may differ from their brand-name equivalent in color and/or shape. Both brands and generics have to meet the same strict safety, purity and performance standards governed by the Food and Drug Administration (FDA).

Quantity supply limit

Quantity supply limit is the maximum amount of a drug that a pharmacy can dispense at a given time. The Anthem HealthKeepers Plus PDL adheres to FDA-approved dosing guidelines. If a prescribing provider feels that a quantity supply greater than the defined maximum is medically necessary, then we direct the prescriber to submit a prior authorization request detailing the need for exceeding the recommended quantity.

Prior authorization

The prior authorization program is designed to encourage appropriate use of medications. Drugs that require Prior Authorization are generally those that are either part of a step therapy regimen, have a high side effect potential, should be reserved for specific FDA indication, have high misuse or abuse potential, or have lower cost alternatives. Brand-name drugs with generic equivalents available require prior authorization to encourage utilization of appropriate generic alternatives as first line therapies. Prior to prescribing any brand-name medications, physicians are encouraged to consider using its preferred generic alternative.

Select medications on the PDL may require prior authorization. If a medication requires prior authorization, a Prior Authorization form needs to be completed by the prescriber for submission to HealthKeepers, Inc. To obtain a prior authorization form and a list of drugs which require prior authorization, please go to the website, www.anthem.com/vamedicaid. Alternatively, you can contact Member Services toll free at **1-800-901-0020 (TTY 711)** for more information.

How to use this guide

The Anthem HealthKeepers Plus PDL lists the brand name or common name of a given drug. If a medication does not appear on this PDL, the medication will require prior authorization to be covered under the pharmacy benefit. A Prior Authorization form will need to be completed by the prescriber and submitted to HealthKeepers, Inc. before the prescription may be filled. To obtain a prior authorization form, please go to the website, www.anthem.com/vamedicaid. Alternatively, you can contact Member Services toll free at **1-800-901-0020 (TTY 711)** for more information.

Contact information

If you have questions about the Anthem HealthKeepers Plus PDL, please contact Member Services at **1-800-901-0020 (TTY 711)** for more information. Hours of operation are Monday through Friday from 8:30 a.m. to 6 p.m. Eastern time. In addition, regular updates to the PDL are available by visiting www.anthem.com/vamedicaid.

Legend

In each class, drugs are alphabetically listed by active ingredient. If only the word 'generic' appears within the parentheses, only the generic is on Formulary.

Example: Cefaclor (generic) means that the generic, Cefaclor, is covered and the brand is not covered.

If the word 'generic' does not appear within the parentheses, the active ingredient is only available as a brand and is on Formulary. The drug name in parentheses is the brand name.

Example: Levofloxacin (Levaquin) means that the brand, Levaquin, is covered and there is no generic available. Levaquin is the brand name.

If the word 'generic' and the brand name both appear within the parentheses, both the generic and the brand-name drugs are on Formulary.

Example: Warfarin (Coumadin/generic) means that both the brand and generic are available. Therefore, the brand Coumadin and the generic Warfarin are covered.

PENICILLINS

Amoxicillin
Amoxicillin Clavulanate, -ER
Ampicillin
Dicloxacillin
Penicillin VK

CEPHALOSPORINS — 1ST GENERATION

Cefadroxil
Cephalexin

CEPHALOSPORINS — 2ND GENERATION

Cefaclor, -ER
Cefprozil
Cefuroxime

CEPHALOSPORINS — 3RD GENERATION

Cefdinir
cefixime
Cefpodoxime
Ceftriaxone

MACROLIDES

Azithromycin
Clarithromycin (PA Required)
Erythromycin
Erythromycin delayed release
Erythromycin-Sulfisox

TETRACYCLINES

Demeclocycline
Doxycycline Monohydrate caps/
susp only
Minocycline (IR)
Tetracycline

QUINOLONES

Ciprofloxacin ER
Levofloxacin
Ofloxacin

AMINOGLYCOSIDES

Neomycin
Tobramycin Nebules

ANTIMYCOBACTERIUM AGENTS

Ethambutol
Isonarif
Isoniazid
Mycobutin
Priftin
Pyrazinamide
Rifater
Rifampin
Sulfadiazine

ANTIFUNGAL ANTIBIOTICS

Fluconazole
Flucytosine
Griseofulvin ultra tab
Griseofulvin susp
Itraconazole (PA Required)
Ketoconazole
Nystatin
Terbinafine (PA Required)
Voriconazole (PA Required)

ANTIVIRALS, HIV-SPECIFIC

Abacavir
Aptivus
Crixivan
Descovy
Didanosine
Dutrebis
Emtriva
Epzicom
Evotaz
Fuzeon (PA)
Genvoya
Intelence
Isentress

Kaletra
Lamivudine, -Zidovudine
Nevirapine
Norvir
Prezcobix
Prezista
Rescriptor
Reyataz
Selzentry
Stauvidine
Stribild
Tivicay
Triumeq
Trizivir
Truvada
Viracept
Viramune XR
Viread
Viteka
Zidovudine

ANTIVIRALS, GENERAL

Acyclovir
Famciclovir
Relenza
Rimantadine
Tamiflu
Valacyclovir (PA Required)
Valganciclovir

HEPATITIS B TREATMENT AGENTS

(PA REQUIRED)
Adefovir Dipivoxil
Baraclude
Hepsera
Lamivudine HBV 100 mg
Tyzeka
Viread

HEPATITIS C TREATMENT AGENTS (PA REQUIRED)

Epclusa
Harvoni
Pegasys
Peginteron
Ribavirin
Sovaldi
Zepatier

PLASMOCIDES

Chloroquine
Hydroxychloroquine
Mefloquine
Primaquine

AMEBACIDES

Yodoxin

ANTHELMINTICS

Albenza
Biltricide
Ivermectin
Mebendazole
Reese Pinworm

ANAEROBIC ANTIPROTOZOAL ANTIBACTERIAL AGENTS

Metronidazole
Tinidazole

VANCOMYCIN AND DERIVATIVES

Vancomycin (PA Required)
Zyvox (PA Required)

LINCOSAMIDES

Clindamycin

| | | | |
|---|---|---|---|
| CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISCELLANEOUS (PA REQUIRED) Dapsone Mepron Methenamine Nitrofurantoin caps | Testosterone cyp inj Testosterone enan inj | HYPOGLYCEMICS , BIGUANIDE TYPE Metformin Metformin ER | ANTIIDIURETIC AND VASOPRESSOR HORMONES (PA REQUIRED) Desmopressin spray, sol, tab |
| ABSORBABLE SULFONAMIDES Sulfamethoxazole Sulfamethoxazole/Tmp Sulfasalazine Trimethoprim | ESTROGENIC AGENTS Estradiol Estropipate Jintelli Norethindrone Premphase Prempro | HYPOGLYCEMICS, ALPHA GLUCOSIDASE IN HIB TYPE Acarbose | METABOLIC DEFICIENCY AGENTS Calcitriol Levocarnitine |
| IMMUNOLOGICALS VACCINES Afluria Agriflu Fluarix Flulaval Fluvirin Fluzone Influenza A Synagis (PA Required) TwinRix | ESTROGEN/ANDROGEN COMBINATIONS Covaryx/H.S. Eemt/H.S. Essian/H.S. Estradiol/Norethindrone | DIPEPTIDYL PEPTIDASE — IV INHIB & COMBOS (ST REQUIRED) Januvia Janumet Janumet XR Jentadueto Jentadueto XR Tradjenta | DIGITALIS GLYCOSIDES Digoxin |
| IMMUNE GLOBULINS (PA REQUIRED) Gamunex-C Octagam | PROGESTATIONAL AGENTS All oral generics Medroxyprogesterone Norethindrone Progesterone caps | SODIUM GLUCOSE (SGLT2) INHIBITORS (ST REQUIRED) Jardiance Synjardy | VASODILATORS, CORONARY Isosorbide Nitrolingual Nitroglycerin Spray |
| ANTINEOPLASTIC/ IMMUNOSUPPRESSANT DRUGS (PA REQUIRED) Alkeran Anastrozole Bicalutamide Cyclophosphamide Emcyt Etoposide Exemastane Flutamide Hexalen Hydroxyurea Imatinib (PA) Iressa Letrozole Leucovorin Leukeran Megestrol Mercaptopurine Mesnex Methotrexate Myleran Tabloid Tamoxifen Tretinoin Trexall | CONTRACEPTIVES All generics Nuvaring Xulane patch | HYPOGLYCEMICS, INSULIN — RESPONSE ENHANCER Pioglitazone Pioglitazone metformin Glimepiride(ST Required) | BETA-ADRENERGIC BLOCKING AGENTS Acebutolol Atenolol Betaxolol Bisoprolol Metoprolol Nadolol Pindolol Propranolol Sotalol Timolol |
| GLUCOCORTICOIDS Cortisone Dexamethasone Hydrocortisone Methylprednisolone Prednisolone Prednisone | EMERGENCY CONTRACEPTIVES Ulipristal acetate (Ella) Levonorgestrel (React) Levonorgestrel 1.5mg tablet Next Choice One Dose 1.5mg tablet My Way 1.5mg tablet Fallback Solo 1.5mg tablet Opcon One-Step 1.5mg tablet Econtra ez 1.5mg tablet | BLOOD SUGAR DIAGNOSTICS TrueMetrix (Trividia) Test Strips | ALPHA/BETA-ADRENERGIC BLOCKING AGENTS Carvedilol Labetalol |
| MINERALOCORTICOIDS Fludrocortisone | INSULINS Apidra Basaglar Kwikpen Humulin Novolin | DIABETIC SUPPLIES Lancets (various) Lancet Device TrueMetrix control Solution | CALCIUM CHANNEL BLOCKING AGENTS Amlodipine Diltiazem Diltiazem CR Diltiazem CD Felodipine Isradipine Nicardipine Nifedipine Verapamil |
| ANDROGENIC AGENTS (PA REQUIRED) Testosterone 1% gel | ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE (PA REQUIRED) Symlin, Symlin Pen | THYROID HORMONES Armour Thyroid Levothroid Levothyroxine Levoxyl Liothyronine Nature Throid Synthroid Unithroid Westhroid | ANTIARRHYTHMICS Amiodarone Disopyramide Flecainide Mexiletine Quinidine Propafenone |
| | ANTIHYPERGLY, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST) (ST REQUIRED) Tanzeum Victoza | ANTITHYROID PREPARATIONS Methimazole Propylthiouracil | HYPOTENSIVES, ACE INHIBITORS, COMBINATIONS Benazepril, Benazepril/HCTZ Captopril, Captopril/HCTZ Enalapril, Enalapril/HCTZ Fosinopril Fosinopril/HCTZ Lisinopril, Lisinopril/HCTZ Moexipril, Moexipril/HCTZ Quinapril, Quinapril/HCTZ Ramipril Trandalopril |
| | HYPOGLYCEMICS, INSULIN — RELEASE STIMULANT TYPE Glimepiride Glipizide, -ER, -XL, Glipizide-metformin Glyburide, Glyburide-metformin Nateglinide (ST required) Repaglinide (ST required) | OXYTOCICS Methylergonavine | HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST (ST REQUIRED) Candesartan Candesartan HCTZ Irbesartan |
| | HYPERGLYCEMICS Glucagon Glucose | BONE RESORPTION INHIBITORS Alendronate Calcitonin-Salmon Evista Fortical | |
| | | GROWTH HORMONES (PA REQUIRED) Zomacton | |
| | | SOMATOSTATIC AGENTS (PA REQUIRED) Octreotide | |
| | | PITUITARY SUPPRESSIVE AGENTS Cabergoline | |

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| Irbesartan HCTZ Losartan Losartan HCTZ Valsartan Valsartan HCTZ | Colestipol Fenofibrate 48mg, 145mg Fenofibric Acid Gemfibrozil Lovastatin Niacin Niacinamide Pravastatin Simvastatin | NON-NARCOTIC ANTITUSSIVE COMBINATIONS (PA REQUIRED FOR AGE <2) Dextromethorphan-Cp-Phenyl D-Methorphan Dmethorphan-Pe-Chlorphenir Carbetapentane-Chlorphenir GuaifeDextromethorphan Phenylephrine Promethazine-DM | Nessi Spacer Optichamber Diamond Pocket Chamber Primeaire Chamber Prochamber Holding Chamber Riteflo Spacer Vortex Holding Chamber Vortex VHC Frog Child Mask Vortex VHC Ladybug Toddler Watchhaler Spacer |
| HYPOTENSIVES, SYMPATHOLYTIC Clonidine Guanabenz Guanfacine Methyldopa Reserpine | PCSK-9 INHIBITORS Repatha (PA) | NARCOTIC ANTITUSSIVE COMBINATIONS (PA REQUIRED AGE <2) Brompheniramine-Hydroc-Pse Guaifenesin/Codeine Hydrocodone/Guaifenesin Hydrocodone-Homatropine Hydrocod/Phenyle/Cp Phenyleph/Hcod Hydrocodone Cp Hydrocodone Hd Promethazine/Codeine | LEUKOTRIENE RECEPTOR ANTAGONISTS Montelukast Zafirlukast |
| ALPHA-ADRENERGIC BLOCKING AGENTS Doxazosin Prazosin Terazosin | XANTHINES Aminophylline Theophylline | GENERAL BRONCHODILATOR AGENTS Anoro Ellipta Atrovent HFA Ipratropium bromide Spiriva | PULMONARY ARTERIAL HYPERTENSION Letairis (PA required) |
| HYPOTENSIVES, VASODILATORS Hydralazine Hydralazine HCTZ Minoxidil | VASODILATING DRUGS (PA REQUIRED) Adcirca Sildenafil | MAST CELL STABILIZERS Cromolyn | IMMUNOGLOBULIN ANTIBODIES (PA REQUIRED) Xolair |
| ACE INHIBITOR/CALCIUM CHANNEL BLOCK COMBINATION Amlodipine/Benazepril Trandolopril/Verapamil | ANTI-HISTAMINES Brompheniramine Chlorpheniramine Clemastine Cyproheptadine Dexchlorpheniramine Diphenhydramine Fexofenadine Loratadine Loratadine D Promethazine (PA Required) | BETA-ADRENERGIC AGENTS Albuterol Metaproterenol Serevent (ST Required) Terbutaline Ventolin HFA | METHYLXANTHINES Aminophylline Guaifenesin/Dyphylline Theophylline |
| HYPOTENSIVES, MISCELLANEOUS Atenolol-Chlorthal Bisoprolol/HCTZ Methyldopa/HCTZ Metoprolol/HCTZ Propranolol/HCTZ | EXPECTORANTS Guaifenesin (OTC) | BETA-ADRENERGIC COMBINATION AGENTS Combivent Ipratropium -Albuterol | LAXATIVES AND CATHARTICS Bisacodyl Docusate Glycerin Lactulose Magnesium Mineral Oil PEGs Sodium Phosphate |
| LOOP DIURETICS Bumetanide Furosemide Torsemide | NASAL ANTI-INFLAMMATORY STEROIDS Flonase Allergy Relief (OTC) Ipratropium Nasacort Allergy 24 HR (OTC) | INHALED CORTICOSTEROIDS Aerospan Arnuity Ellipta Budesonide Respules (PA Required age >5 years) | ANTIDIARRHEALS Bismuth Subsalicylate Diphenoxylate/Atropine Loperamide |
| POTASSIUM SPARING DIURETICS Amiloride Amiloride HCTZ Spironolactone Spironolactone HCTZ Triamterene/HCTZ | NASAL ANTIHISTAMINE Azelastine Cromolyn | BETA-ADRENERGICS AND GLUCOCORTICIDS COMBINATIONS Breo Ellipta (ST required) Dulera (ST Required) | ANTACIDS Aluminum Calcium Magnesium Simethicone Sodium Bicarbonate |
| THIAZIDE AND RELATED DIURETICS Chlorothiazide Chlorthalidone HCTZ Indapamide Methyclothiazide Metolazone | ANTI-HISTAMINE AND DECONGESTANT COMBINATIONS Brompheniramine-Pse Carbinoxamine Fexofenadine-D (PA Required) Loratadine-D Phenyleph-Bromphe Phenylephrine Pseudoephedrine | SPACER DEVICES Ace Aerosol Cloud Enhancer Aerotrach Holding Chamber Aerovent Plus Holding Chamber Breatherite Spacer Breathrite Chamber Liteaire Microchamber Microspacer | ANTISPASMODICS Dicyclomine Clidinium-Chlordiazepoxide Glycopyrrolate Hyoscyamine Propantheline |
| ADRENERGIC VASOPRESSOR Midodrine | DECONGESTANT — EXPECTORANT COMBINATIONS (PA REQUIRED AGE <2) Guaifen/Phenylephrine Pseudoephedrine Pseudoephedrine-Guaifen | | GASTRIC ACID SECRETION REDUCERS Carafate Suspension Famotidine Oral/Injection Famot/Calcium Carb/Mag Omeprazole OTC Lansoprazole OTC Misoprostol (PA Required) Nexium (OTC) Nizatidine Prevacid 24 HRS OTC Ranitidine Sucralfate Sucralfate Suspension |
| ANAPHYLAXIS THERAPY AGENTS epinephrine auto-injectors (Authorized generic to Epipen) epinephrine 0.1mg/ml syringe epinephrine 1mg/ml vial Twinject | GENERAL INHALATION AGENTS Broncho Saline Mucolytics Acetylcysteine Pulmozyme (PA Required) Water for Inhalation | | |
| LIPOTROPICS Atorvastatin Cholestyramine | | | |

ANTIEMETIC/ANTIVERTIGO AGENTS

Formula EM
 Meclizine
 Ondansetron ODT 4mg, 8mg
 Ondansetron Solution
 Promethazine
 (PA Required for ages < 2)
 Prochlorperazine
 Transderm Scopolamine
 (PA Required)
 Trimethobenzamide

PANCREATIC ENZYMES

Creon
 Lactase
 Pancrelipase 5,000

BILE SALTS

Ursodiol

ANTIFLATULENTS

Simethicone

INTESTINAL MOTILITY STIMULANTS

Metoclopramide

DRUG TX-CHRONIC INFLAM. COLON DX,**5- AMINOSALICYLAT**

Apriso
 Balsalazide
 Mesalamine Kit
 Sulfasalazine

BLOOD DETOXICANTS

Calcium Acetate
 Velporo (PA)

PARASYMPATHETIC AGENTS

Bethanechol

**URINARY TRACT ANTISPASMODIC/
ANTI-INCONTINENCE AGENT**

Darifenacin
 Flavoxate
 Oxybutynin
 Oxybutynin ER
 Oxytrol OTC
 Tolterodine
 Tolterodine ER
 Trospium
 Trospium ER

VAGINAL ANTIBIOTICS

Clindamycin
 Metronidazole

VAGINAL ANTIFUNGALS

Clotrimazole
 Miconazole
 Nystatin
 Terconazole

VAGINAL ESTROGEN PREPARATIONS

Premarin

URINARY PH MODIFIERS

Potassium Citrate ER

**URINARY TRACT ANESTHETIC/
ANALGESIC AGENT**

Phenazopyridine

**BENIGN PROSTATIC HYPERTROPHY/
MICTURITION AGENTS**

Alfuzosin
 Finasteride
 Tamsulosin

ANTI-ANXIETY DRUGS

Alprazolam
 Buspirone
 Chlordiazepoxide
 Clorazepate
 Diazepam
 Hydroxyzine
 Lorazepam
 Oxazepam

**ALPHA-2 RECEPTOR ANTAGONIST
ANTIDEPRESSANTS**

Mirtazapine

**SEROTONIN -2 ANTAGONIST/REUPTAKE
INHIBITORS (SARIS) NEFAZODONE**

Trazodone

MAO INHIBITORS

Phenelzine
 Tranylcypromine

**SELECTIVE SEROTONIN REUPTAKE
INHIBITOR (SSRIS)**

Citalopram
 Escitalopram
 Fluoxetine
 Fluvoxamine Maleate
 Paroxetine
 Sertraline

**SEROTONIN -NOREPINEPHRINE
REUPTAKE - INHIB (SNRIS)**

Duloxetine
 Venlafaxine
 Venlafaxine ER

**TRICYCLIC ANTIDEPRESSANTS AND
REL. NON-SEL. RU-INHIB**

Amitriptyline
 Amoxapine
 Clomipramine
 Desipramine
 Doxepin
 Imipramine
 Maprotiline
 Nortriptyline
 Protriptyline
 Trimipramine

**NOREPINEPHRINE AND DOPAMINE
REUPTAKE INHIB (NDRIS)**

Bupropion, SR

**ANTI-PSYCHOTICS, ATYPICAL,
DOPAMINE, AND SEROTONIN
ANTAGONISTS (PA REQUIRED FOR
MEMBERS UNDER 18)**

Aripiprazole
 Clozapine

Loxapine
 Olanzapine
 Paliperidone Ext Rel
 Quetiapine
 Risperidone
 Ziprasidone

**ANTI-PSYCHOTICS, ATYPICAL
INJECTIONS (PA REQUIRED)**

Abilify Maintena ER
 Aristada ER
 Invega Sustenna
 Invega Trinza
 Risperdal Consta
 Zyprexa Relprev

**ANTI-PSYCHOTICS, TYPICAL
(PA REQUIRED FOR MEMBERS
UNDER 18)**

Chlorpromazine
 Haloperidol
 Haloperidol Decanoate
 Fluphenazine
 Perphenazine
 Prochlorperazine
 Trifluoperazine
 Thioridazine
 Thiothixene

**TRICYCLIC ANTIDEPRESSANT/
PHENOTHIAZINE COMBINATIONS**

Amitriptyline w/Perphenazine

**TRICYCLIC ANTIDEPRESSANT/
BENZODIAZEPINE COMBINATIONS**

Amitriptyline/Chlordiazepoxide

ANTIMANIA DRUGS

Lithium Carbonate
 Lithium Carbonate ER

BARBITURATES

Phenobarbital
 Phenobarbital 16.2mg

**SEDATIVE-HYPNOTICS,
NON-BARBITURATES**

Chloral Hydrate
 Doxylamine
 Estazolam
 Flurazepam
 Temazepam
 Triazolam
 Zaleplon
 Zolpidem

**TX FOR ATTENTION DEFICIT -
HYPERACT (ADHD)/NARCOLEPSY**

Amphetamine/D-
amphetamine
 Caffeine
 CitrateDextroamphetamine
 Dexmethylphenidate
 Methylphenidate
 Methylphenidate ER
 Methylphenidate SR
 Modafinil
 Strattera (ST Required)

CHOLINESTERASE INHIBITORS

Donepezil
 Galantamine
 Namenda
 Rivastigmine

SMOKING DETERRENT AGENTS

Bupropion, -SR
 Nicotine

**DRUGS TO TREAT MULTIPLE SCLEROSIS
(PA REQUIRED)**

Avonex
 Betaseron
 Copaxone
 Extavia
 Gilenya
 Rebif
 Tecfidera

ALCOHOL ANTAGONIST

Disulfiram

**ANALGESIC/ANTIPYRETICS,
SALICYLATES**

Aspirin
 Choline Magnesium
 Diflunisal
 Salsalate

**ANALGESIC/ ANTIPYRETICS,
NON-SALICYLATE**

Acetaminophen,
 -Diphenhydramine

ANTIMIGRAINE PREPARATIONS

Apap-Butalbital
 Apap/Dichphen/Isomethep
 Apap/Asa/Caff
 Apap/Phenyltolox
 Apap/Pyrimilamine/Caff
 Asa/Butalb/Caff/Cod
 Butalbital/Apap/Caffeine
 Butalbital/Caf/Apap/Cod
 Butalbital/Asa/Caffeine
 Dihydroergotamine
 Ergotamine-Caffeine
 Naratriptan
 Sumatriptan

ANALGESICS, NARCOTICS

Acetaminophen/Cod
 Aspirin/Codeine
 Buprenorphine
 Butorphanol
 Carisoprodol
 Carisoprodol compound
 Carisoprodol/aspirin/codeine
 Codeine
 Fentanyl citrate lozenge (PA)
 Fentanyl patch (PA required)
 Hydrocodone/Apap
 Hydromorphone
 Meperidine
 Methadone (PA required)
 Morphine Sulfate ER (PA required)
 Oramorph
 Oxycodone

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| Oxycodone-Apap Oxycodone-Aspirin Pentazocine-Acetamin Pentazocine-Naloxone Tramadol, -Apap | Ethosuximide Felbamate Gabapentin Lamotrigine IR Levetiracetam Lyrica (step therapy required) Oxcarbazepine Phenytoin Phenytek Primidone Tegretol XR Tiagabine Topiramate Valproic Acid Zonisamide | MULTIVITAMINS (generics) | OPHTHALMIC ANTIBIOTICS Bacitracin Bacitracin-Polymyxin Ciprofloxacin Erythromycin Gentamicin Levofloxacin Neo-Bacit-Poly Neomycin/Poly/Gram Ofloxacin Polymyxin, -TMP Sulfacetamide Tobramycin |
| NARCOTIC ANTAGONISTS Buprenorphine/naloxone tabs (PA required) Naloxone Inj Narcan Nasal Spray Suboxone film (PA required) | | PRENATAL VITAMIN PREPARATIONS (Various Brands) | |
| | | CALCIUM REPLACEMENT | |
| | | VITAMIN K PREPARATIONS | |
| | | ZINC REPLACEMENT | |
| | | POTASSIUM REPLACEMENT | |
| | | POTASSIUM REMOVING RESINS | |
| NSAIDS Celecoxib Diclofenac oral/topical Diclofenac-misoprostol Etodolac (PA Required) Fenoprofen Flurbiprofen Ibuprofen, -Apap, -Diphen Indomethacin Ketoprofen (PA Required) Ketorolac Meclofenamate Mefenamic acid Meloxicam Nabumetone (PA Required) Naproxen Oxaprozin Pennsaid Piroxicam Sulindac Tolmetin | ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC Benztropine Trihexyphenidyl | SODIUM POLYSTYRENE SULFATE SUSPENSION | EYE ANTIBIOTIC –CORTICOID COMBINATIONS Neo-Bacit-Poly-Hc Neomycin-Poly-Hc Neo-Polymyxin-Dexameth |
| | ANTIPARKINSONISM DRUGS, OTHER Amantadine Bromocriptine Carbidopa/Levo Entacapone Pramipexole Ropinirole Selegiline | ELEC TROLYTE REPLACEMENT | EYE ANTIVIRALS Trifluridine |
| | | HEMATINICS, OTHER Procrit (PA Required) | ARTIFICIAL TEARS Generic Artificial Tears Visine NATURAL BALANCE TEARS |
| | | HEPARIN AND RELATED PREPARATIONS Heparin Enoxaparin (PA Required) | EYE VASOCONSTRICTORS (RX ONLY) Naphazoline Phenylephrine |
| | SKELETAL MUSCLE RELAXANTS Baclofen Carisoprodol, – ASA, -Codeine Chlorzoxazone Cyclobenzaprine (5mg and 10mg only) Dantrolene Methocarbamol Orphenadrine (PA Required) Rilutek (PA Required) Tizanidine tablets | ORAL ANTICOAGULANTS Eliquis Warfarin Xarelto | EYE VASOCONSTRICTORS (OTC ONLY) Tetrahydrozoline |
| ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR Enbrel (PA Required) Humira (PA Required) | | ANTIFIBRINOLYTIC AGENTS Aminocaproic Acid | EYE LOCAL ANESTHETICS Proparacaine |
| ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR Leflunomide Ridaura | OTHER CNS /AUTONOMIC DRUGS Pyridostigmine | PLATELET AGGREGATION INHIBITORS Cilostazol Clopidogrel (PA Required) Dypradamole Ticlopidine | EYE ANTIHISTAMINES Alaway Azelastine Epinastine Ketotifen |
| ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS Methotrexate | VITAMIN B PREPARATIONS | HEMORRHOLOGIC AGENTS Pentoxifylline | OPHTHALMIC MAST CELL STABILIZERS Cromolyn |
| HYPERURICEMIA TX – PURINE INHIBITORS Allopurinol | VITAMIN B1 PREPARATIONS | PLATELET REDUCING AGENTS Anagrelide | EYE ANTI-INFLAMMATORY AGENTS Dexamethasone Diclofenac 0.1% drops Fluorometholone Flurbiprofen Prednisolone |
| URICOSURIC AGENTS Probenecid | VITAMIN B6 PREPARATIONS | MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS Acetazolamide Apraclonidine Betaxolol Brimonidine Carteolol Dorzolamide Dozolamide-Timolol Latanoprost Levobunolol Methazolamide Metipranolol Pilocarpine Timolol | OTIC PREPARATIONS, MISCELLANEOUS, ANTI-INFECTIVES Acetic Acid, -HC Carbamide peroxide otic Fluocinolone |
| URINE GLUCOSE TEST AIDS | VITAMIN B12 PREPARATIONS B12 500 mcg Lozenge | | OTIC PREPARATIONS, ANTI-INFLAMMATORY – ANTIBIOTICS Neomycin-Polymixin-Dexa Sulfacetamide-Prednisolone Tobramycin-Dexamethasone |
| COLCHICINES Probenecid-Colchicine | HYDROXOCOBALAMIN INJECTION FOLIC ACID PREPARATIONS | MYDRIATICS Atropine | OTIC PREPARATIONS, LOCAL ANESTHETICS Benzocaine |
| ANTICONVULSANTS Carbamazepine Clonazepam Diazepam, Rectal Divalproex | IRON REPLACEMENT | | |
| | VITAMIN D PREPARATIONS Maximum D3 Vitamin D2 | | |
| | VITAMIN D3 PEDIATRIC VITAMIN PREPARATIONS | | |
| | VITAMIN E PREPARATIONS | | |

OTIC PREPARATIONS, ANTIBIOTICS

Ciprofloxacin
 Floxin 0.3%
 Neo/Polymyxin/HC
 Ofloxacin
 Pramoxine/HC

FLUORIDE PREPARATIONS**PERIODONTAL COLLAGENASE INHIBITORS**

Doxycycline

DENTAL AIDS AND PREPARATIONS

Triamcinolone
 Sodium fluoride drops
 Stannous fluoride rinse

HEMORRHOIDAL PREPARATIONS

HC Pramoxine
 Lidocaine-Prilocaine

VITAMIN A DERIVATIVES (PA REQUIRED)

Adapalene
 Tretinoin

KERATOLYTICS

Benzoyl Peroxide

ACNE AGENTS, SYSTEMIC (PA REQUIRED)

Amnesteem
 Claravis
 Sotret

ACNE AGENTS, TOPICAL

Benzoyl Peroxide (OTC)
 Clindamycin 1% gel, pledgets
 Clindamycin phos/benzoyl peroxide 1.2%-5% gel
 Clindamycin phos/benzoyl peroxide 1%-5% gel
 Clindamycin phos/benzoyl peroxide 1%-5% pump
 Erythromycin 2% soln, pledgets
 Sod. Sulfacet/Sulfur, -Urea
 Tretinoin 0.1% tube
 Tretinoin 0.05% emollient cr

ROSACEA AGENTS, TOPICAL

Metronidazole

TOPICAL ANTIBIOTICS

Bacitracin
 Bacitracin-Polymyxin
 Erythromycin
 Gentamicin
 Mupirocin
 Neomycin-Bacitracin-Polymyxin
 Silver Sulfadiazine

TOPICAL ANTIFUNGALS

Butenafine hcl (OTC)
 Ciclofan 8% Soln
 Ciclopirox Cream (PA)
 Ciclopirox Suspension (PA)
 Ciclopirox Solution (PA)
 Clioquinol/Hydrocortisone
 Clotrimazole Cream (OTC)
 Clotrimazole Solution
 Clotrimazole-Betamethasone
 Ketoconazole Cream
 Ketoconazole Shampoo
 Lotrimin Spray
 Miconazole (OTC)
 Nystatin Cream
 Nystatin Ointment
 Nystatin Powder
 Terbinafine Cream
 Tolnaftate Crm/Powd/Sol

ANTI-PSORIATIC AGENTS

8-MOP
 Calcipotriene
 Dovonex (PA Required)
 Selenium sulfide lotion
 Selenium sulfide shampoo

TOPICAL ANTIVIRALS

Abreva

TOPICAL ANTINEOPLASTIC AND PREMALIGNANT

Fluorouracil

TOPICAL ANTI-INFLAMMATORY STEROIDAL AGENTS

Low Potency:
 Hydrocortisone cream,
 ointment, solution

Medium Potency:

Betamethasone dip lotion
 Betamethasone val cream
 Fluticasone cream, ointment
 Mometasone cream,
 ointment, lotion
 Triamcinolone cream, ointment

High Potency:

Amcinonide ointment
 Betamethasone dip cream
 Betamethasone val ointment
 Fluocinonide E Cream

Very High Potency:

Clobetasol prop E cream
 Clobetasol prop cream, gel,
 ointment, solution
 Halobetasol crm, oint

TOPICAL AGENTS, MISCELLANEOUS

Papain-Urea-Chloro
 Aluminum Chloride soln 20%
 baby oil (generic)
 Calamine lotion
 Calamine Phenolated suspension
 Calamine suspension
 Capsaicin
 Cerave
 Diaper rash
 dimethicone lotion 1.3%
 dimethicone-zinc oxide-Vit A-D
 cream
 Trixaicin
 Trichloroacetic Acid
 Trypsin, -Balsam
 Urea 50% cream
 Zostrix cream
 zinc oxide 20% ointment
 zinc oxide 40% ointment

TOPICAL IMMUNOMODULATORS (PA REQUIRED)

Imiquimod
 Tacrolimus oint

TOPICAL ANESTHETICS

Lidocaine jelly
 Lidocaine 5% patch
 Lidocaine/hydrocortisone
 Lidocaine, -Prilocaine

TOPICAL ANTIPARASITICS

Malathion
 Permethrin
 Piperonyl

ANTISEPTICS, GENERAL

Alcohol Prep Swabs (Various)
 Chlorhexidine gluconate

CONDOMS**DIAPHRAGMS/CERVICAL CAP****NEEDLES/NEEDLELESS DEVICES****SYRINGES AND ACCESSORIES****RESPIRATORY AIDS, DEVICES, EQUIPMENT****RUBBER SYRINGES**

Nasal Aspirator

IMMUNOSUPPRESSANTS

Cellcept Oral Soln
 Cyclosporine
 Gengraf
 Mycophenolate
 Rapamune
 Sandimmune Oral Soln
 Tacrolimus

COUGH/COLD PRODUCTS

Saline spray
 Saline drop
 Dextromethorphan syrup
 Pseudoephedrine tablets
 Pseudoephedrine syrup
 Guaifenesin/codeine syrup
 Promethazine/
 dextromethorphan syrup
 Promethazine/codeine syrup
 Benzo

CHELATING AGENTS (WILSON'S DISEASE)

Cuprimine
 Depen
 Syprine



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Formulario aprobado por Medicaid/ Lista de medicamentos preferidos

En vigencia desde el 1 de febrero de 2017

Introducción

Anthem HealthKeepers Plus es el programa de cuidado administrado ofrecido a las personas elegibles de Virginia Medicaid y FAMIS por medio de la HMO afiliada a Anthem, HealthKeepers, Inc. La Lista de medicamentos preferidos (PDL) de Anthem HealthKeepers Plus incluye los medicamentos disponibles en el beneficio de farmacia. Estos medicamentos preferidos son medicamentos recetados elegidos por su calidad y efectividad. Algunos medicamentos pueden requerir autorización previa. La PDL de Anthem HealthKeepers Plus se actualiza cada tres meses y está sujeta a cambios. Los miembros y sus proveedores recetantes serán informados si un medicamento ya no está en la PDL. Para consultar las actualizaciones regulares a la PDL, visite nuestro sitio web en www.anthem.com/vamedicaid. De forma alternativa, puede ponerse en contacto con la línea gratuita de Servicios al Miembro al **1-800-901-0020 (TTY 711)**.

Medicamentos de marca vs. genéricos

Un medicamento de marca es uno desarrollado, patentado y comercializado por el fabricante del medicamento original. Hasta que expire la patente, ninguna otra compañía puede producir ese mismo medicamento de marca. Un medicamento genérico tiene los mismos ingredientes activos que su contraparte de marca. Un medicamento genérico puede ser fabricado por varias compañías farmacéuticas después de que la patente original expire. Un medicamento genérico es idéntico al medicamento de marca en forma de dosificación, concentración, ruta de administración, calidad y usos pretendidos. Los genéricos pueden diferir de su equivalente de marca en color y/o forma. Ambos medicamentos de marca y genéricos deben cumplir los mismos estándares estrictos de seguridad, pureza y rendimiento regulados por la Food and Drug Administration (FDA).

Límite de cantidad de suministro

El límite de cantidad de suministro es la cantidad máxima de un medicamento que una farmacia puede despachar en un momento determinado. La PDL de Anthem HealthKeepers Plus cumple con las directrices de dosificación aprobadas por la FDA. Si un proveedor recetante siente que se necesita por motivos médicos una cantidad de suministro mayor a la máxima definida, entonces guiamos al recetante para que envíe una solicitud de autorización previa detallando la necesidad de exceder la cantidad recomendada.

Autorización previa

El programa de autorización previa está diseñado para fomentar el uso adecuado de medicamentos. Los medicamentos que requieren autorización previa generalmente son aquellos que son parte de un régimen de terapia escalonada, tienen un alto potencial de efectos secundarios, deben reservarse para indicaciones específicas de la FDA, tienen un alto uso indebido o potencial abuso, o tienen alternativas de menor costo. Los medicamentos de marca con equivalentes genéricos disponibles requieren autorización previa para fomentar la utilización de las alternativas genéricas apropiadas como terapias de primera línea. Antes de recetar algún medicamento de marca, se les recomienda a los médicos que consideren el uso de su alternativa genérica preferida. Algunos medicamentos de la PDL pueden requerir autorización previa. Si un medicamento requiere autorización previa, debe completarse un Formulario de autorización previa por parte del recetante para ser enviado a HealthKeepers, Inc. Para obtener un Formulario de autorización previa y una lista de medicamentos que requieren autorización previa, vaya al sitio web, www.anthem.com/vamedicaid. De forma alternativa, puede ponerse en contacto con la línea gratuita de Servicios al Miembro al **1-800-901-0020 (TTY 711)** para obtener más información.

Cómo usar esta guía

La PDL de Anthem HealthKeepers Plus lista el nombre de marca o nombre común de un medicamento determinado. Si un medicamento no aparece en esta PDL, el medicamento requerirá autorización previa para ser cubierto bajo el beneficio de farmacia. El recetante debe completar un formulario de autorización previa y enviarlo a HealthKeepers, Inc. antes de que se pueda abastecer la receta. Para obtener un formulario de autorización previa, vaya al sitio web, www.anthem.com/vamedicaid. De forma alternativa, puede ponerse en contacto con la línea gratuita de Servicios al Miembro al **1-800-901-0020 (TTY 711)** para obtener más información.

Información de contacto

Si tiene preguntas acerca de la PDL de Anthem HealthKeepers Plus, póngase en contacto con Servicios al Miembro al **1-800-901-0020 (TTY 711)** para obtener más información. El horario de atención es de lunes a viernes de 8:30 a.m. a 6 p.m. hora del Este. Además, hay disponibles actualizaciones regulares a la PDL visitando www.anthem.com/vamedicaid.

Leyenda

En cada clase, los medicamentos están ordenados alfabéticamente según su ingrediente activo. Si solo aparece la palabra “genérico” entre paréntesis, solo la versión genérica está en el Formulario.

Ejemplo: Cefaclor (genérico) significa que el genérico, Cefaclor, está cubierto y el medicamento de marca no lo está.

Si no aparece la palabra “genérico” entre paréntesis, el ingrediente activo está disponible solo como medicamento de marca y está en el Formulario. El nombre del medicamento entre paréntesis es el de marca.

Ejemplo: Levofloxacin (Levaquin) significa que el nombre de marca, Levaquin, está cubierto, y no hay ningún genérico disponible. Levaquin es el nombre de marca.

Si aparece la palabra “genérico” al igual que el nombre de marca entre paréntesis, tanto el medicamento genérico como el de marca están en el Formulario.

Ejemplo: Warfarin (Coumadin/genérico) significa que tanto el medicamento de marca como el genérico están disponibles. Por lo tanto, el medicamento de marca, Coumadin, y el genérico, Warfarin, están cubiertos.

PENICILINAS

Amoxicillin
Amoxicillin Clavulanate, -ER
Ampicillin
Dicloxacillin
Penicillin VK

CEFALOSPORINAS –

PRIMERA GENERACIÓN

Cefadroxil
Cephalexin

CEFALOSPORINAS –

SEGUNDA GENERACIÓN

Cefaclor, -ER
Cefprozil
Cefuroxime

CEFALOSPORINAS –

TERCERA GENERACIÓN

Cefdinir
cefixime
Cefpodoxime
Ceftriaxone

MACRÓLIDOS

Azithromycin
Clarithromycin (Requiere PA)
Erythromycin
Erythromycin delayed release
Erythromycin-Sulfisox

TETRACICLINAS

Demeclocycline
Doxycycline Monohydrate caps/
susp only
Minocycline (IR)
Tetracycline

QUINOLONAS

Ciprofloxacin ER
Levofloxacin
Ofloxacin

AMINOGLUCÓSIDOS

Neomycin
Tobramycin Nebules

AGENTES ANTIMYCOBACTERIUM

Ethambutol
Isonarif
Isoniazid
Mycobutin
Priftin
Pyrazinamide
Rifater
Rifampin
Sulfadiazine

ANTIBIÓTICOS ANTIMICÓTICOS

Fluconazole
Flucytosine
Griseofulvin ultra tab
Griseofulvin susp
Itraconazole (Requiere PA)
Ketoconazole
Nystatin
Terbinafine (Requiere PA)
Voriconazole (Requiere PA)

ANTIVIRALES, ESPECÍFICOS

PARA EL VIH

Abacavir
Aptivus
Crixivan
Descovy
Didanosine

Dutrebis

Emtriva
Epzicom
Evotaz
Fuzeon (PA)
Genvoya
Intelence
Isentress
Kaletra
Lamivudine, -Zidovudine
Nevirapine
Norvir
Prezcobix
Prezista
Rescriptor
Reyataz
Selzentry
Stauvidine
Stribild
Tivicay
Triumeq
Trizivir
Truvada
Viracept
Viramune XR
Viread
Viteka
Zidovudine

ANTIVIRALES, EN GENERAL

Acyclovir
Famciclovir
Relenza
Rimantadine
Tamiflu
Valacyclovir (Requiere PA)
Valganciclovir

AGENTES PARA EL TRATAMIENTO DE LA

HEPATITIS B (REQUIEREN PA)

Adefovir Dipivoxil
Baraclude
Hepsera
Lamivudine HBV 100 mg
Tyzeka
Viread

AGENTES PARA EL TRATAMIENTO DE LA

HEPATITIS C (REQUIEREN PA)

Eplusa
Harvoni
Pegasys
Pegintron
Ribavirin
Sovaldi
Zepatier

PLASMOCITOS

Chloroquine
Hydroxychloroquine
Mefloquine
Primaquine

AMEBICIDAS

Yodoxin

ANTIHelmÍNTICOS

Albenza
Biltricide
Ivermectin
Mebendazole
Reese Pinworm

| | | | |
|---|---|--|---|
| AGENTES ANTIBACTERIANOS, ANTIPROTOZOARIO ANAEROBIO Metronidazole Tinidazole | GLUCOCORTICOIDES Cortisone Dexamethasone Hydrocortisone Methylprednisolone Prednisolone Prednisone | HIPOGLUCÉMICOS, INSULINA – TIPO DE ESTIMULANTE DE LIBERACIÓN Glimepiride Glipizide, -ER, -XL, Glipizide-metformin Glyburide, Glyburide-metformin Nateglinide (Requiere ST) Repaglinide (Requiere ST) | OXITÓCICOS Methylergonavine |
| VANCOMICINA Y DERIVADOS Vancomycin (Requiere PA) Zyvox (Requiere PA) | MINERALOCORTICOIDES Fludrocortisone | HIPERGLUCÉMICOS Glucagon Glucose | INHIBIDORES DE LA REABSORCIÓN ÓSEA Alendronate Calcitonin-Salmon Evista Fortical |
| LINCOSAMIDAS Clindamycin | AGENTES ANDROGÉNICOS (REQUIEREN PA) Testosterone 1% gel Testosterone cyp inj Testosterone enan inj | HIPOGLUCÉMICOS, DE TIPO BIGUANIDA Metformin Metformin ER | HORMONAS DE CRECIMIENTO (REQUIEREN PA) Zomacton |
| QUIMIOTERAPÉUTICOS, ANTIBACTERIANOS, VARIOS (REQUIEREN PA) Dapsone Mepron Methenamine Nitrofurantoin caps | AGENTES ESTROGÉNICOS Estradiol Estropipate Jintelli Norethindrone Premphase Prempro | HIPOGLUCÉMICOS, DE TIPO INHIBIDORES DE LA ALFA-GLUCOSIDASA Acarbose | AGENTES DE LA SOMATOSTATINA (REQUIEREN PA) Octreotide |
| SULFONAMIDAS ABSORBIBLES Sulfamethoxazole Sulfamethoxazole/Tmp Sulfasalazine Trimethoprim | COMBINACIONES DE ESTRÓGENOS/ANDRÓGENOS Covaryx/H.S. Eemt/H.S. Essian/H.S. Estradiol/Norethindrone | DIPEPTIDIL PEPTIDASA – INHIBIDORES IV Y COMBINACIONES (REQUIEREN ST) Januvia Janumet Janumet XR Jentaducto Jentaducto XR Tradjenta | AGENTES INMUNOSUPRESORES PITUITARIOS Cabergoline |
| VACUNAS INMUNOLÓGICAS Afluria Agriflu Fluarix Flulaval Fluvirin Fluzone Influenza A Synagis (Requiere PA) TwinRix | AGENTES PROGESTACIONALES Todos los genéricos orales Medroxyprogesterone Norethindrone Progesterone caps | INHIBIDORES DE SODIO GLUCOSA (SGLT2) (REQUIEREN ST) Jardiance Synjardy | HORMONAS ANTIDIURÉTICAS Y VASOPRESORES (REQUIEREN PA) Desmopressin spray, sol, tab |
| INMUNOGLOBULINAS (REQUIEREN PA) Gamunex-C Octagam | ANTICONCEPTIVOS Todos los genéricos Nuvaring Xulane patch | HIPOGLUCÉMICOS, INSULINA – POTENCIADOR DE RESPUESTA Pioglitazone Pioglitazone metformin Glimepiride (Requiere ST) | AGENTES DE DEFICIENCIA METABÓLICA Calcitriol Levocarnitine |
| MEDICAMENTOS ANTINEOPLÁSICOS/ INMUNOSUPRESORES (REQUIEREN PA) Alkeran Anastrozole Bicalutamide Cyclophosphamide Emcyt Etoposide Exemastane Flutamide Hexalen Hydroxyurea Imatinib (PA) Iressa Letrozole Leucovorin Leukeran Megestrol Mercaptopurine Mesnex Methotrexate Myleran Tabloid Tamoxifen Tretinoin Trexall | ANTICONCEPTIVOS DE EMERGENCIA Ulipristal acetate (Ella) Levonorgestrel (React) Levonorgestrel 1.5mg tablet Next Choice One Dose 1.5mg tablet My Way 1.5mg tablet Fallback Solo 1.5mg tablet Opcicon One-Step 1.5mg tablet Econtra ez 1.5mg tablet | DIAGNÓSTICO DE AZÚCAR EN LA SANGRE TrueMetrix (Trividia) Test Strips | GLUCÓSIDOS DIGITÁLICOS Digoxin |
| | INSULINAS Apidra Basaglar Kwikpen Humulin Novolin | SUMINISTROS DIABÉTICOS Lancets (various) Lancet Device TrueMetrix control Solution | VASODILADORES, CORONARIOS Isosorbide Nitrolingual Nitroglycerin Spray |
| | ANTIHIPERGLUCEMIANTE, AMILINA FORMA ANÁLOGA (REQUIERE PA) Symlin, Symlin Pen | HORMONAS TIROIDEAS Armour Thyroid Levothyroid Levothyroxine Levoxyl Liothyronine Nature Throid Synthroid Unithroid Westhroid | AGENTES BLOQUEADORES BETA-ADRENÉRGICOS Acebutolol Atenolol Betaxolol Bisoprolol Metoprolol Nadolol Pindolol Propranolol Sotalol Timolol |
| | ANTIHIPERGLIMÉTICA, INCRETINA MIMÉTICA (AGONISTA DEL RECEPTOR DE GLP-1) (REQUIERE ST) Tanzeum Victoza | PREPARACIONES ANTITIROIDEAS Methimazole Propylthiouracil | AGENTES BLOQUEADORES ALFA/ BETA-ADRENÉRGICOS Carvedilol Labetalol |
| | | | AGENTES BLOQUEADORES DE LOS CANALES DE CALCIO Amlodipine Diltiazem Diltiazem CR Diltiazem CD Felodipine Isradipine Nicardipine Nifedipine Verapamil |

ANTIARRÍTMICOS

Amiodarone
Disopyramide
Flecainide
Mexiletine
Quinidine
Propafenone

HIPOTENSORES, INHIBIDORES DE LA ECA, COMBINACIONES

Benazepril, Benazepril/HCTZ
Captopril, Captopril/HCTZ
Enalapril, Enalapril/HCTZ
Fosinopril Fosinopril/HCTZ
Lisinopril, Lisinopril/HCTZ
Moexipril, Moexipril/HCTZ
Quinapril, Quinapril/HCTZ
Ramipril
Trandalopril

HIPOTENSORES, ANTAGONISTA DEL RECEPTOR DE LA ANGIOTENSINA (REQUIEREN ST)

Candesartan
Candesartan HCTZ
Irbesartan
Irbesartan HCTZ
Losartan
Losartan HCTZ
Valsartan
Valsartan HCTZ

HIPOTENSORES, SIMPATOLÍTICOS

Clonidine
Guanabenz
Guanfacine
Methyldopa
Reserpine

AGENTES BLOQUEADORES ALFA-ADRENÉRGICOS

Doxazosin
Prazosin
Terazosin

HIPOTENSORES, VASODILADORES

Hydralazine
Hydralazine HCTZ
Minoxidil

COMBINACIÓN DE INHIBIDOR DE LA ECA/BLOQUEADOR DE LOS CANALES DE CALCIO

Amlodipine/Benazepril
Trandalopril/Verapamil

HIPOTENSORES, VARIOS

Atenolol-Chlorthal
Bisoprolol/HCTZ
Methyldopa/HCTZ
Metoprolol/HCTZ
Propranolol/HCTZ

DIURÉTICOS DEL ASA

Bumetanide
Furosemide
Torsemide

DIURÉTICOS AHORRADORES DE POTASIO

Amiloride
Amiloride HCTZ
Spironolactone
Spironolactone HCTZ
Triamterene/HCTZ

THIAZIDAS Y DIURÉTICOS RELACIONADOS

Chlorothiazide
Chlorthalidone
HCTZ
Indapamide
Methyclothiazide
Metolazone

VASOPRESOR ADRENÉRGICO

Midodrine

AGENTES DE LA TERAPIA DE SHOCK ANAFILÁCTICO

epinephrine auto-injectors (Authorized generic to Epipen)
epinephrine 0.1mg/ml syringe
epinephrine 1mg/ml vial
Twinject

LIPOTRÓPICOS

Atorvastatin
Cholestyramine
Colestipol
Fenofibrate 48mg, 145mg
Fenofibric Acid
Gemfibrozil
Lovastatin
Niacin
Niacinamide
Pravastatin
Simvastatin

INHIBIDORES DE PCSK-9 REPATHA (PA)**XANTINAS**

Aminophylline
Theophylline

MEDICAMENTOS VASODILADORES (REQUIEREN PA)

Adcirca
Sildenafil

ANTIISTAMÍNICOS

Brompheniramine
Chlorpheniramine
Clemastine
Cyproheptadine
Dexchlorpheniramine
Diphenhydramine
Fexofenadine
Loratadine
Loratadine D
Promethazine (Requiere PA)

EXPECTORANTES

Guaifenesin (OTC)

ESTEROIDES ANTIINFLAMATORIOS NASALES

Flonase Allergy Relief (OTC)
Ipratropium
Nasacort Allergy 24 HR (OTC)

ANTIISTAMÍNICO NASAL

Azelastine
Cromolyn

COMBINACIONES DE ANTIISTAMÍNICOS Y DESCONGESTIONANTES

Brompheniramine-Pse
Carbinoxamine
Fexofenadine-D (Requiere PA)
Loratadine-D
Phenyleph-Bromphe
Phenylephrine
Pseudoephedrine

COMBINACIONES DE DESCONGESTIONANTE – EXPECTORANTE (REQUIEREN PA PARA MENORES DE 2 AÑOS)

Guaifen/Phenylephrine
Pseudoephedrine
Pseudoephedrine-Guaifen

AGENTES DE INHALACIÓN GENERAL

Broncho Saline
Mucolytics Acetylcysteine
Pulmozyme (Requiere PA)
Agua para inhalación

COMBINACIONES DE ANTITUSIVOS NO NARCÓTICOS (REQUIEREN PA PARA MENORES DE 2 AÑOS)

Dextromethorphan-Cp-Phenyl
D-Methorphan
Dmethorphan-Pe-Chlorphenir
Carbetapentane-Chlorphenir
GuaifeDextromethorphan
Phenylephrine
Promethazine-DM

COMBINACIONES DE ANTITUSIVOS NARCÓTICOS (REQUIEREN PA PARA MENORES DE 2 AÑOS)

Brompheniramine-Hydroc-Pse
Guaifenesin/Codeine
Hydrocodone/Guaifenesin
Hydrocodone-Homatropine
Hydrocod/Phenyle/Cp
Phenyleph/Hcod
Hydrocodone Cp
Hydrocodone Hd
Promethazine/Codeine

AGENTES BRONCODILADORES GENERALES

Anoro Ellipta
Atrovent HFA
Ipratropium bromide
Spiriva

ESTABILIZADORES DE MASTOCITOS

Cromolyn

AGENTES BETA-ADRENÉRGICOS

Albuterol
Metaproterenol
Serevent (Requiere ST)
Terbutaline
Ventolin HFA

COMBINACIÓN DE AGENTES BETA-ADRENÉRGICOS

Combivent
Ipratropium -Albuterol

CORTICOSTEROIDES INHALADOS

Aerospan
Arnuity Ellipta
Budesonide Respules (Requiere PA para mayores de 5 años)

COMBINACIONES DE BETA-ADRENÉRGICOS Y GLUCOCORTICOIDES

Breo Ellipta (Requiere ST)
Dulera (Requiere ST)

DISPOSITIVOS ESPACIADORES

Ace Aerosol Cloud Enhancer
AeroTrach Holding Chamber
Aerovent Plus Holding Chamber
Breatherite Spacer
Breathrite Chamber
Liteaire
Microchamber
Microspacer
Nessi Spacer
Optichamber Diamond
Pocket Chamber
Primeaire Chamber
Prochamber Holding Chamber
Ritflo Spacer
Vortex Holding Chamber
Vortex VHC Frog Child Mask
Vortex VHC Ladybug Toddler
Watchhaler Spacer

ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENOS

Montelukast
Zafirlukast

HIPERTENSIÓN ARTERIAL PULMONAR

Letairis (Requiere PA)

ANTICUERPOS DE LA INMUNOGLOBULINA (REQUIERE PA)

Xolair

METILXANTINAS

Aminophylline
Guaifenesin/Dyphylline
Theophylline

| | | | |
|--|--|--|---|
| LAXANTES Y CATÁRTICOS Bisacodyl Docusate Glycerin Lactulose Magnesium Aceite mineral PEGs Sodium Phosphate | MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN DE COLON, DX 5- AMINOSALICILATO Apriso Balsalazide Mesalamine Kit Sulfasalazine | ANTAGONISTA DE LA SEROTONINA-2/ INHIBIDORES DE LA RECAPTACIÓN DE SEROTONINA (AIRSS) NEFAZODONE Trazodone | ANTIPSICÓTICOS, TÍPICOS (REQUIEREN PA PARA MIEMBROS MENORES DE 18 AÑOS) Chlorpromazine Haloperidol Haloperidol Decanoate Fluphenazine Perphenazine Prochlorperazine Trifluoperazine Thioridazine Thiothixene |
| ANTIARRÉICOS BISMUTH SUBSALICYLATE Difenoxylate/Atropine Loperamide | DESINTOXICANTES SANGUÍNEOS Calcium Acetate Velphoro (PA) | INHIBIDORES DE LA MAO Phenelzine Tranylcypromine | COMBINACIONES DE ANTIDEPRESIVO TRICÍCLICO/FENOTIAZINA Amitriptyline w/Perphenazine |
| ANTIÁCIDOS Aluminum Calcium Magnesium Simethicone Sodium Bicarbonate | AGENTES PARASIMPÁTICOS Bethanechol | INHIBIDOR SELECTIVO DE LA RECAPTACIÓN DE SEROTONINA (ISRS) Citalopram Escitalopram Fluoxetine Fluvoxamine Maleate Paroxetine Sertraline | COMBINACIONES DE ANTIDEPRESIVO TRICÍCLICO/BENZODIAZEPINA Amitriptyline/Chlordiazepoxide |
| ANTIESPASMÓDICOS Dicyclomine Clidinium-Chlordiazepoxide Glycopyrrolate Hyoscyamine Propantheline | AGENTE ANTIESPASMÓDICO/ ANTI-INCONTINENCIA URINARIA Darifenacin Flavoxate Oxybutynin Oxybutynin ER Oxytrol OTC Tolterodine Tolterodine ER Tropium Tropium ER | SEROTONINA – RECAPTACIÓN DE LA NOREPINEFRINA – INHIB (SNRIS) Duloxetine Venlafaxine Venlafaxine ER | MEDICAMENTOS ANTIMANIÁICOS Lithium Carbonate Lithium Carbonate ER |
| REDUCTORES DE LA SECRECIÓN DE ÁCIDO GÁSTRICO Carafate Suspension Famotidine Oral/Injection Famot/Calcium Carb/Mag Omeprazole OTC Lansoprazole OTC Misoprostol (Requiere PA) Nexium (OTC) Nizatidine Prevacid 24 HRS OTC Ranitidine Sucralfate Sucralfate Suspension | ANTIBIÓTICOS VAGINALES Clindamycin Metronidazole | ANTIDEPRESIVOS TRICÍCLICOS E INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA RELACIONADOS Amitriptyline Amoxapine Clomipramine Desipramine Doxepin Imipramine Maprotiline Nortriptyline Protriptyline Trimipramine | BARBITÚRICOS Phenobarbital Phenobarbital 16.2mg |
| AGENTES ANTIEMÉTICOS/ANTIVÉRTIGO Formula EM Meclizine Ondansetron ODT 4mg, 8mg Ondansetron Solution Promethazine (Requiere PA para menores de 2 años) Prochlorperazine Transderm Scopolamine (Requiere PA) Trimethobenzamide | ANTIMICÓTICOS VAGINALES Clotrimazole Miconazole Nystatin Terconazole | INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA Y DOPAMINA (IRND) Bupropion, SR | SEDANTES HIPNÓTICOS, NO BARBITÚRICOS Chloral Hydrate Doxylamine Estazolam Flurazepam Temazepam Triazolam Zaleplon Zolpidem |
| ENZIMAS PANCRÉATICAS Creon Lactase Pancrelipase 5,000 | PREPARACIONES DE ESTRÓGENO VAGINAL Premarin | ANTIDEPRESIVOS TRICÍCLICOS E INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA RELACIONADOS Amitriptyline Amoxapine Clomipramine Desipramine Doxepin Imipramine Maprotiline Nortriptyline Protriptyline Trimipramine | MEDICAMENTO PARA EL DÉFICIT DE ATENCIÓN POR HIPERACTIVIDAD (ADHD)/NARCOLEPSIA Amphetamine/D-amphetamine Caffeine CitateDextroamphetamine Dexmethylphenidate Methylphenidate Methylphenidate ER Methylphenidate SR Modafinil Strattera (Requiere ST) |
| SALES BILIARES Ursodiol | MODIFICADORES DEL PH URINARIO Potassium Citrate ER | ANTIPSICÓTICOS, ATÍPICOS, ANTAGONISTAS DE LA DOPAMINA Y LA SEROTONINA (REQUIEREN PA PARA MIEMBROS MENORES DE 18 AÑOS) Aripiprazole Clozapine Loxapine Olanzapine Paliperidone Ext Rel Quetiapine Risperidone Ziprasidone | INHIBIDORES DE LA COLINESTERASA Donepezil Galantamine Namenda Rivastigmine |
| ANTIPLATULENTOS Simethicone | AGENTE ANTIESPASMÓDICO/ ANALGÉSICO DEL TRACTO URINARIO Phenazopyridine | ANTIDEPRESIVOS TRICÍCLICOS E INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA RELACIONADOS Amitriptyline Amoxapine Clomipramine Desipramine Doxepin Imipramine Maprotiline Nortriptyline Protriptyline Trimipramine | AGENTES PARA DEJAR DE FUMAR Bupropion, -SR Nicotine |
| ESTIMULANTES DE LA MOTILIDAD INTESTINAL Metoclopramide | HIPERTROFIA PROSTÁTICA BENIGNA/ AGENTES DE MICCIÓN Alfuzosin Finasteride Tamsulosin | ANTIDEPRESIVOS TRICÍCLICOS E INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA RELACIONADOS Amitriptyline Amoxapine Clomipramine Desipramine Doxepin Imipramine Maprotiline Nortriptyline Protriptyline Trimipramine | MEDICAMENTOS PARA TRATAR LA ESCLEROSIS MÚLTIPLE (REQUIEREN PA) Avonex Betaseron Copaxone |

| | | | |
|--|---|---|---|
| Extavia Gilenya Rebif Tecfidera | AINES Celecoxib Diclofenac oral/topical Diclofenac-misoprostol Etodolac (Requiere PA) Fenoprofen Flurbiprofeno Ibuprofen, -Apap, -Diphen Indomethacin Ketoprofen (Requiere PA) Ketorolac Meclofenamate Mefenamic acid Meloxicam Nabumetone (Requiere PA) Naproxen Oxaprozin Pennsaid Piroxicam Sulindac Tolmetin | MEDICAMENTOS ANTIPARKINSON, ANTICOLINÉRGICOS Benztropine Trihexyphenidyl | RESINAS REMOVEDORAS DE POTASIO SUSPENSIÓN DE SULFATO DE POLIESTIRENO SÓDICO |
| ANTAGONISTA DEL ALCOHOL Disulfiram | | MEDICAMENTOS ANTIPARKINSON, OTROS Amantadine Bromocriptine Carbidopa/Levo Entacapone Pramipexole Ropinirole Selegiline | REEMPLAZO DE ELECTROLITOS HEMATÍNICOS, OTROS Procrit (Requiere PA) |
| ANALGÉSICOS/ANTIPIRÉTICOS, SALICILATOS Aspirin Choline Magnesium Diflunisal Salsalate | | | HEPARINA Y PREPARACIONES RELACIONADAS Heparin Enoxaparin (Requiere PA) |
| ANALGÉSICOS/ANTIPIRÉTICOS, NO SALICILATOS Acetaminophen, -Diphenhydramine | | RELAJANTES MUSCULOESQUELÉTICOS Baclofen Carisoprodol, – ASA, -Codeine Chlorzoxazone Cyclobenzaprine (solo 5mg y 10mg) Dantrolene Methocarbamol Orphenadrine (Requiere PA) Rilutek (Requiere PA) Tizanidine tablets | ANTICOAGULANTES ORALES Eliquis Warfarin Xarelto |
| PREPARACIONES PARA MIGRAÑAS Apap-Butalbital Apap/Dichlphen/Isomethep Apap/Asa/Caff Apap/Phenyltolox Apap/Pyrimilamine/Caff Asa/Butalb/Caff/Cod Butalbital/Apap/Caffeine Butalbital/Caf/Apap/Cod Butalbital/Asa/Caffeine Dihydroergotamine Ergotamine-Caffeine Naratriptan Sumatriptan | ANTIINFLAMATORIO, INHIBIDOR DEL FACTOR DE NECROSIS TUMORAL Enbrel (Requiere PA) Humira (Requiere PA) | | AGENTES ANTIFIBRINOLÍTICOS Aminocaproic Acid |
| | ANTIINFLAMATORIO, INHIBIDOR DE LA SÍNTESIS DE PIRIMIDINA Leflunomide Ridaura | OTROS MEDICAMENTOS PARA EL SNC/ AUTÓNOMICOS Pyridostigmine | INHIBIDORES DE LA AGREGACIÓN PLAQUETARIA Cilostazol Clopidogrel (Requiere PA) Dypiradamole Ticlopidine AGENTES HEMORREOLÓGICOS Pentoxifylline |
| ANALGÉSICOS, NARCÓTICOS Acetaminophen/Cod Aspirin/Codeine Buprenorphine Butorphanol Carisoprodol Carisoprodol compound Carisoprodol/aspirin/codeine Codeine Fentanyl citrate lozenge (PA) Fentanyl patch (Requiere PA) Hydrocodone/Apap Hydromorphone Meperidine Methadone (Requiere PA) Morphine Sulfate ER (Requiere PA) Oramorph Oxycodone Oxycodone-Apap Oxycodone-Aspirin Pentazocine-Acetamin Pentazocine-Naloxone Tramadol, -Apap | ANTIARTRÍTICO, AGENTES ANTAGONISTAS DEL FOLATO Methotrexate | PREPARACIONES CON VITAMINA B PREPARACIONES CON VITAMINA B1 PREPARACIONES CON VITAMINA B6 PREPARACIONES CON VITAMINA B12 B12 500 mcg Lozenge | AGENTES REDUCTORES DE PLAQUETAS Anagrelide |
| | HIPERURICEMIA TX – INHIBIDORES DE LA PURINA Allopurinol | PREPARACIONES CON VITAMINA B PREPARACIONES CON VITAMINA B1 PREPARACIONES CON VITAMINA B6 PREPARACIONES CON VITAMINA B12 B12 500 mcg Lozenge | MIÓTICOS/OTROS REDUCTORES DE LA PRESIÓN INTRAOCULAR Acetazolamide Apraclonidine Betaxolol Brimonidine Carteolol Dorzolamide Dozolamide-Timolol Latanoprost Levobunolol Methazolamide Metipranolol Pilocarpine Timolol |
| | AGENTES URICOSÚRICOS Probenecid | INYECCIÓN DE HIDROXOCOBALAMINA PREPARACIONES DE ÁCIDO FÓLICO | |
| | TIRAS PARA PRUEBAS DE GLUCOSA EN LA ORINA | REEMPLAZO DE HIERRO | |
| | COLQUICINAS Probenecid-Colchicine | PREPARACIONES CON VITAMINA D Maximum D3 Vitamina D2 | |
| | ANTICONSULSIVOS Carbamazepine Clonazepam Diazepam, Rectal Divalproex Ethosuximide Felbamate Gabapentin Lamotrigine IR Levetiracetam Lyrica (step therapy required) Oxcarbazepine Phenytoin Phenytek Primidone Tegretol XR Tiagabine Topiramate Valproic Acid Zonisamide | PREPARACIONES PEDIÁTRICAS CON VITAMINA D3 | |
| ANTAGONISTAS DE NARCÓTICOS Buprenorphine/naloxone tabs (Requiere PA) Naloxone Inj Narcan Nasal Spray Suboxone film (Requiere PA) | | PREPARACIONES CON VITAMINA E | MIDRIÁTICOS Atropine |
| | | MULTIVITAMINAS (genéricas) | ANTIBIÓTICOS OFTÁLMICOS Bacitracin Bacitracin-Polymyxin Ciprofloxacin Erythromycin Gentamicin Levofloxacin Neo-Bacit-Poly Neomycin/Poly/Gram Ofloxacin Polymyxin, -TMP Sulfacetamide Tobramycin |

**ANTIBIÓTICOS OFTÁLMICOS
– COMBINACIONES CON
CORTICOIDES**
Neo-Bacit-Poly-Hc
Neomycin-Poly-Hc
Neo-Polymyxin-Dexameth

ANTIVIRALES OFTÁLMICOS
Trifluridine

LÁGRIMAS ARTIFICIALES
Lágrimas artificiales genéricas
Visine

LÁGRIMAS DE EQUILIBRIO NATURAL

**VASOCONSTRICTORES OFTÁLMICOS
(SOLO CON RECETA)**
Naphazoline
Phenylephrine

**VASOCONSTRICTORES OFTÁLMICOS
(SOLO DE VENTA LIBRE)**
Tetrahydrozoline

ANESTÉSICOS OFTÁLMICOS LOCALES
Proparacaine

ANTIISTAMÍNICOS OFTÁLMICOS
Alaway
Azelastine
Epinastine
Ketotifen

**ESTABILIZADORES DE MASTOCITOS
OFTÁLMICOS**
Cromolyn

**AGENTES ANTIINFLAMATORIOS
OFTÁLMICOS**
Dexamethasone
Diclofenac 0.1% drops
Fluorometholone
Flurbiprofen
Prednisolone

**PREPARACIONES ÓTICAS, VARIAS,
ANTIINFECCIOSAS**
Acetic Acid, -HC
Carbamide peroxide otic
Fluocinolone

**PREPARACIONES ÓTICAS,
ANTIINFLAMATORIOS –
ANTIBIÓTICOS**
Ciprofloxacina
Floxin 0.3%
Neomycin-Polymixin-Dexa
Sulfacetamide-Prednisolone
Tobramycin-Dexamethasone

**PREPARACIONES ÓTICAS
ANESTÉSICOS LOCALES**
Benzocaine

**PREPARACIONES ÓTICAS,
ANTIBIÓTICOS**
Neo/Polymyxin/Hc
Ofloxacin
Pramoxine/Hc

PREPARACIONES DE FLUORURO

**INHIBIDORES DE LA
COLAGENASA PERIODONTAL**
Doxycycline

**ACCESORIOS Y PREPARACIONES
DENTALES**
Triamcinolone
Sodium fluoride drops
Stannous fluoride rinse

**PREPARACIONES PARA LAS
HEMORROIDES**
HC Pramoxine
Lidocaine-Prilocaine

**DERIVADOS DE LA VITAMINA A
(REQUIEREN PA)**
Adapalene
Tretinoin

QUERATOLÍTICOS
Benzoyl Peroxide

**AGENTES SISTÉMICOS PARA EL ACNÉ
(REQUIEREN PA)**
Amnesteem
Claravis
Sotret

AGENTES PARA EL ACNÉ, TÓPICOS
Benzoyl Peroxide (OTC)
Clindamycin 1% gel, pledgets
Clindamycin phos/benzoyl
peroxide 1.2%-5% gel
Clindamycin phos/benzoyl
peroxide 1%-5% gel
Clindamycin phos/benzoyl
peroxide 1%-5% pump
Erythromycin 2% soln, pledgets
Sod. Sulfacet/Sulfur, -Urea
Tretinoin 0.1% tube
Tretinoin 0.05% emollient cr

AGENTES TOPICOS PARA ROSACEA
Metronidazole

ANTIBIOTICOS TOPICOS
Bacitracin
Bacitracin-Polymyxin
Erythromycin
Gentamicin
Mupirocin
Neomycin-Bacitracin-
Polymixin
Silver Sulfadiazine

ANTIMICOTICOS TOPICOS
Butenafine hcl (OTC)
Ciclodan 8% Soln
Ciclopirox Cream (PA)
Ciclopirox Suspension (PA)
Ciclopirox Solution (PA)
Clioquinol/Hydrocortisone
Clotrimazole Cream (OTC)
Clotrimazole Solution
Clotrimazole-Betamethasone
Ketoconazole Cream
Ketoconazole Shampoo

Lotrimin Spray
Miconazole (OTC)
Nystatin Cream
Nystatin Ointment
Nystatin Powder
Terbinafine Cream
Tolnaftate Crm/Powd/Sol

AGENTES ANTIPSORIASIS
8-MOP
Calcipotriene
Dovonex (Requiere PA)
Selenium sulfide lotion
Selenium sulfide shampoo

ANTIVIRALES TÓPICOS
Abreva

**ANTINEOPLÁSICOS Y PREMALIGNAS
TÓPICOS**
Fluorouracil

**ANTIINFLAMATORIOS NO ESTEROIDEOS
TÓPICOS**

Baja potencia:
Hydrocortisone cream,
ointment, solution

Potencia media:
Betamethasone dip lotion
Betamethasone val cream
Fluticasone cream, ointment
Mometasone cream,
ointment, lotion
Triamcinolone cream, ointment

Alta potencia:
Amcinonide ointment
Betamethasone dip cream
Betamethasone val ointment
Fluocinonide E Cream

Potencia muy alta:
Clobetasol prop E cream
Clobetasol prop cream, gel,
ointment, solution
Halobetasol crm, oint

AGENTES TÓPICOS, VARIOS
Papain-Urea-Chloro
Aluminum Chloride soln 20%
aceite para bebés (genérico)
Calamine lotion
Calamine Phenolated suspension
Calamine suspension
Capsaicin
Cerave
Erupción del pañal
dimethicone lotion 1.3%
dimethicone-zinc oxide-Vit
A-D cream
Trixaicin
Trichloroacetic Acid
Trypsin, -Balsam
Urea 50% cream
Zostrix cream
zinc oxide 20% ointment
zinc oxide 40% ointment

**INMUNOMODULADORES TÓPICOS
(REQUIEREN PA)**
Imiquimod
Tacrolimus oint

ANESTÉSICOS TÓPICOS
Lidocaine jelly
Lidocaine 5% patch
Lidocaine/hydrocortisone
Lidocaine, -Prilocaine

ANTIPARASITARIOS TÓPICOS
Malathion
Permethrin
Piperonyl

ANTISÉPTICOS, GENERALES
Hisopos con alcohol (varios)
Chlorhexidine gluconate

CONDONES

DIAFRAGMAS/CAPUCHÓN CERVICAL

**DISPOSITIVOS CON AGUJAS/
SIN AGUJAS**

JERINGAS Y ACCESORIOS

**ASISTENCIA, DISPOSITIVOS,
EQUIPOS RESPIRATORIOS**

JERINGAS DE GOMA
Aspirador nasal

INMUNOSUPRESORES
Cellcept Oral Soln
Cyclosporine
Gengraf
Mycophenolate
Rapamune
Sandimmune Oral Soln
Tacrolimus

**PRODUCTOS PARA EL RESFRIADO/
LA TOS**

Rociador salino
Gotas salinas
Dextromethorphan syrup
Pseudoephedrine tablets
Pseudoephedrine syrup
Guaifenesin/codeine syrup
Promethazine/
dextromethorphan syrup
Promethazine/codeine syrup
Benzo

**AGENTES QUELANTES (ENFERMEDAD
DE WILSON)**
Cuprimine
Depen
Syprine