



IMPERIAL  
HEALTH PLAN  
OF CALIFORNIA

2026

FORMULARIO DE  
MEDICAMENTOS

HMO

Imperial Dynamic Plan (HMO) 012



# **Imperial Dynamic Plan (HMO)**

## **Formulario para 2026 Lista de medicamentos cubiertos**

**POR FAVOR, LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.**

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Este formulario se actualizó el 01/06/2026. Para obtener información más reciente o si tiene alguna otra pregunta, por favor, comuníquese con el Departamento de Membresía al 1-800-838-8271 (los usuarios de TTY deben llamar al 711) de lunes a domingo de 8:00 a.m. a 8:00 p.m. desde el 1° de octubre hasta el 31 de marzo, y de lunes a viernes de 8:00 a.m. a 8:00 p.m. desde el 1° de abril hasta el 30 de septiembre, o visite [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

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**Nota para los miembros actuales:** Este formulario ha cambiado con respecto al año pasado. Por favor, revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Imperial Health Plan of California, Inc. (HMO) (HMO SNP). Cuando dice “plan” o “nuestro plan”, hace referencia a Imperial Dynamic Plan (HMO).

Este documento incluye la Lista de medicamentos (formulario) de nuestro plan, la cual está vigente al 01/06/2026. Para obtener una Lista de medicamentos (formulario) actualizada, por favor, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (formulario), aparece en la primera página y contraportada.

Generalmente, usted debe acudir a las farmacias de la red para usar el beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguro pueden cambiar el 1º de enero de 2027 y de manera periódica durante el año.

## ¿Qué es el formulario de Imperial Dynamic Plan (HMO)?

En este documento, los términos Lista de medicamentos y formulario significan lo mismo. Un formulario es una lista de medicamentos cubiertos que Imperial Dynamic Plan (HMO) selecciona con la colaboración de un equipo de proveedores de atención médica y que representa los tratamientos recetados que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, Imperial Dynamic Plan (HMO) cubrirá los medicamentos que se encuentran incluidos en el formulario, siempre que el medicamento sea médicamente necesario, que una farmacia de la red de Imperial Dynamic Plan (HMO) surta el medicamento recetado y que se cumpla con otras normas del plan. Para obtener más información sobre cómo surtir sus medicamentos recetados, por favor, consulte su Evidencia de Cobertura.

## ¿El formulario puede cambiar?

La mayoría de los cambios que se realizan en la cobertura de medicamentos ocurren el 1º de enero, pero nosotros podríamos agregar o quitar medicamentos del formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos cumplir con las normas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican todos los meses en nuestro sitio web: [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

**Cambios que pueden afectarle durante este año:** En los casos que se mencionan a continuación, usted se verá afectado(a) por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo vamos a reemplazar con una determinada versión nueva de ese medicamento que aparecerá en el mismo nivel de costo compartido o en un nivel más bajo y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o un producto biológico original en nuestro formulario, pero moverlo de inmediato a un nivel de costo compartido diferente o agregar restricciones nuevas.

Podemos realizar estos cambios inmediatos solo si estamos añadiendo una nueva versión genérica de un medicamento de marca o añadiendo determinadas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, agregar un biosimilar intercambiable que una farmacia pueda sustituir por un producto biológico original sin una receta nueva).

Si usted está tomando actualmente el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación que realizaremos un cambio inmediato, pero, posteriormente, le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si, de hecho, realizamos un cambio, usted o la persona que emite sus recetas puede solicitarnos que hagamos una excepción y que continuemos brindándole la cobertura del medicamento que se está cambiando. Para obtener más información, consulte la sección que se presenta a continuación titulada "¿Cómo puedo solicitar una excepción al formulario de Imperial Dynamic Plan (HMO)?".

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección que se presenta a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?".

- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento del mercado o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y, posteriormente, notificar a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos retirar un medicamento de marca del formulario cuando agreguemos un equivalente genérico o retirar un producto biológico original cuando agreguemos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costo compartido diferente o ambas. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, agregamos autorizaciones previas, restricciones para los límites de cantidad y/o restricciones a la terapia escalonada con respecto a un medicamento, o movemos un medicamento a un nivel mayor de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que dicho cambio entre en vigencia. De manera alternativa, cuando un miembro solicita un resurtido del medicamento, dicho miembro puede recibir un suministro del medicamento para 30 días y un aviso sobre el cambio.

Si realizamos estos otros cambios, usted o la persona que emite sus recetas puede solicitarnos que hagamos una excepción para usted y que continuemos la cobertura del medicamento que ha estado tomando. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción; además usted también puede encontrar información en la sección que se presenta a continuación titulada “¿Cómo puedo solicitar una excepción al formulario de Imperial Dynamic Plan (HMO)?”.

**Cambios que no le afectarán si usted está tomando actualmente el medicamento.** En general, si se encuentra tomando un medicamento que se encuentra en nuestro formulario para 2026 que estaba cubierto al comienzo del año, nosotros no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto tal como se describió anteriormente. Esto significa que, durante el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. Usted no recibirá un aviso directo sobre los cambios que no le afectan durante este año. Sin embargo, dichos cambios le afectarían a partir del 1º de enero del año siguiente, y es importante que revise el formulario del nuevo año de beneficios para determinar si hubo algún cambio en los medicamentos.

El formulario adjunto está vigente al 01/06/2026. Para obtener información actualizada sobre los medicamentos que Imperial Dynamic Plan (HMO) cubre, por favor, comuníquese con nosotros. Nuestra información de contacto aparece en la primera página y contraportada. En caso de que se realicen cambios en el formulario durante el año del plan que no estén relacionados con el mantenimiento, es posible que hagamos cambios a través de las hojas de correcciones (fe de erratas) que le enviemos. Además, usted puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones (fe de erratas).

## ¿Cómo utilizo el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

### **Condición médica**

El formulario comienza en la página 13. Los medicamentos presentes en este formulario están agrupados en categorías según el tipo de condición médica para cuyo tratamiento se emplean. Por ejemplo, los medicamentos utilizados para tratar una condición cardíaca se enumeran dentro de la categoría “CARDIOVASCULAR”. Si sabe para qué se utiliza su medicamento, busque el nombre de la

categoría en la lista que empieza en la página 9. Luego, busque su medicamento debajo del nombre de la categoría.

### **Lista en orden alfabético**

Si no está seguro(a) de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 170. El Índice proporciona una lista en orden alfabético de todos los medicamentos que se encuentran incluidos en este documento. Tanto los medicamentos de marca como los genéricos se encuentran mencionados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, usted verá el número de página donde puede encontrar información de cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

Imperial Dynamic Plan (HMO) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) dado que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien que los medicamentos de marca y usualmente tienen un costo menor. Hay medicamentos genéricos sustitutos que se encuentran disponibles para muchos medicamentos de marca. Normalmente, los medicamentos genéricos pueden ser sustituidos por los medicamentos de marca en la farmacia sin necesidad de obtener una receta nueva, dependiendo de las leyes estatales.

## **¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?**

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan igual de bien que el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, estos pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por los medicamentos de marca.

Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5, Sección 3.1, "En la Lista de medicamentos se indica qué medicamentos de la Parte D están cubiertos".

## **¿Mi cobertura tiene alguna restricción?**

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa:** Nuestro plan exige que usted o la persona que emite sus recetas obtenga una autorización previa para determinados medicamentos. Esto significa que usted necesitará obtener la aprobación de Imperial Dynamic Plan (HMO) antes de que le surtan sus medicamentos recetados. Si no consigue la aprobación, es posible que no cubramos el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Imperial Dynamic Plan (HMO) limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 tabletas/30 días por receta de Atorvastatin 20mg. Esto puede ser adicional a un suministro estándar para uno o tres meses.

- **Terapia escalonada:** En algunos casos, nuestro plan requiere que usted pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para dicha condición. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, es posible que Imperial Dynamic Plan (HMO) no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para su condición, entonces cubriremos el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el formulario que empieza en la página 13. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones para la autorización previa y para la terapia escalonada. Además, usted puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la primera página y contraportada.

Usted puede pedir que nuestro plan haga una excepción a estas restricciones o límites o puede solicitar una lista de otros medicamentos similares que podrían tratar su condición médica. Para obtener información acerca de la manera en que puede solicitar una excepción, consulte la sección “¿Cómo puedo solicitar una excepción al formulario de Imperial Dynamic Plan (HMO)?” que se encuentra en la página 6.

## ¿Qué son los medicamentos de venta sin receta (over-the-counter, OTC)?

Los medicamentos de venta sin receta (OTC) son medicamentos que no requieren ser recetados y que un Plan de Medicamentos Recetados de Medicare usualmente no cubre. Imperial Dynamic Plan (HMO) paga por determinados medicamentos OTC. Imperial Dynamic Plan (HMO) proporcionará estos medicamentos OTC sin costo alguno para usted. El costo que Imperial Dynamic Plan (HMO) asume por estos medicamentos OTC no se contará como parte de los costos totales de sus medicamentos de la Parte D.

## ¿Qué pasa si mi medicamento no está en el formulario?

Si el medicamento que toma no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con nuestro Departamento de Membresía y preguntar si su medicamento está cubierto.

Si averigua que Imperial Dynamic Plan (HMO) no cubre el medicamento que toma, usted tiene dos opciones:

- Puede pedir a nuestro Departamento de Membresía una lista de medicamentos similares que nuestro plan cubra. Cuando reciba la lista, muéstresela a su médico y solicítele que le recete un medicamento similar que Imperial Dynamic Plan (HMO) cubra.
- Puede solicitarnos que hagamos una excepción y que cubramos su medicamento. Consulte la sección que se presenta a continuación para obtener información sobre cómo solicitar una excepción.

## ¿Cómo puedo solicitar una excepción al formulario de Imperial Dynamic Plan (HMO)?

Usted puede solicitar que Imperial Dynamic Plan (HMO) haga una excepción a nuestras normas de cobertura. Hay diversos tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá solicitarnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que no apliquemos una restricción de cobertura, incluidos la autorización previa, la terapia escalonada o el límite de cantidad para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, usted puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.
- Puede solicitarnos que cubramos un medicamento presente en el formulario a un nivel de costo compartido menor, a menos que el medicamento se encuentre dentro del nivel de medicamentos de especialidad. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

Por lo general, Imperial Dynamic Plan (HMO) solo aprobará su solicitud de una excepción si los medicamentos alternativos que se encuentran incluidos en el formulario del plan, el medicamento de costo compartido menor o la aplicación de la restricción no fueran tan efectivos para usted y/o pudieran causarle efectos adversos.

Usted o la persona que emite sus recetas debe comunicarse con nosotros para solicitar una excepción al nivel o una excepción al formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona que emite sus recetas tendrá que explicar las razones médicas por las cuales usted necesita la excepción.** Por lo general, debemos tomar una decisión dentro de un período de 72 horas a partir de la fecha en que recibimos la declaración de respaldo que la persona que emite sus recetas proporcione. Usted puede pedir una decisión acelerada (rápida) si considera, y nosotros estamos de acuerdo, que esperar 72 horas para recibir una decisión podría perjudicar gravemente su salud. Si estamos de acuerdo, o si la persona que emite sus recetas solicita una decisión rápida, debemos proporcionarle una decisión a más tardar dentro de un período de 24 horas después de recibir la declaración de respaldo que la persona que emite sus recetas proporcione.

## ¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo(a) o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en nuestro formulario. O es posible que esté tomando un medicamento que está en nuestro formulario, pero que tiene una restricción de cobertura, tal como una autorización previa. Debe hablar con la persona que emite sus recetas sobre cómo solicitar una decisión de cobertura para probar que usted cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el procedimiento adecuado que se debe seguir en su caso, nosotros podemos cubrir su medicamento en ciertos casos durante los primeros 90 días en que usted sea miembro de nuestro plan.

Cubriremos un suministro temporal para 30 días para cada uno de sus medicamentos que no esté en nuestro formulario o que tenga una restricción de cobertura. Si su receta está emitida por una menor cantidad de días, permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 días. Si no se aprueba la cobertura, después de su primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron

los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de dicho medicamento para 31 días mientras busca que le otorguen una excepción al formulario.

Las excepciones se encuentran disponibles para aquellos beneficiarios que hayan sufrido un cambio en el nivel de la atención que están recibiendo, lo cual les exige que se muden de una instalación o centro de tratamiento a otro. Algunos de los ejemplos de situaciones en las que los beneficiarios serían elegibles para una excepción de surtido temporal único cuando se encuentran fuera del plazo de tres meses de entrada en vigencia en el programa de la Parte D son los siguientes:

1. Los beneficiarios que son dados de alta del hospital y reciben una lista de medicamentos del alta según el formulario del hospital.
2. Los beneficiarios que terminan su estadía en un centro de enfermería especializada de la Parte A de Medicare (en la que los pagos incluyen todos los gastos de farmacia) y que necesitan volver al formulario de su plan de la Parte D.
3. Los beneficiarios que renuncian a su estatus de hospicio para volver a los beneficios estándares de Parte A y B de Medicare.
4. Los beneficiarios que son dados de alta de hospitales para pacientes psiquiátricos crónicos con regímenes de medicamentos que son altamente personalizados.

## Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de Imperial Dynamic Plan (HMO), por favor, consulte su Evidencia de Cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre nuestro plan, por favor, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la primera página y contraportada.

Si tiene preguntas generales sobre su cobertura de medicamentos recetados de Medicare, por favor, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

## Formulario de Imperial Dynamic Plan (HMO)

El formulario que empieza en la siguiente página proporciona información sobre la cobertura de los medicamentos que Imperial Dynamic Plan (HMO) cubre. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 170.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, Humira), y los medicamentos genéricos están en minúsculas y letra cursiva (por ejemplo, *celecoxib*).

La información que se incluye en la columna de Requisitos/Límites indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

# Imperial MAPD 2026 – 5 Niveles (Lista de medicamentos cubiertos)

## Lista de medicamentos por condición médica

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La siguiente leyenda describe las abreviaturas que se utilizan en la Tabla de la Lista de medicamentos.

## Leyenda

1. Genéricos preferidos
2. Genéricos
3. De marca preferidos
4. No preferidos
5. De especialidad

**Age (Max x Years):** Límite de edad (EDAD [Máx. x años]) - Limita el uso de los medicamentos según la edad.

**CB:** Beneficio limitado (Capped Benefit) - Este medicamento tiene una cantidad límite específica por mes y no permite resurtidos anticipados.

**EX:** Medicamento excluido (Excluded Drug) - Un Plan de Medicamentos Recetados de Medicare no cubre usualmente este medicamento recetado. El monto que usted paga al surtir una receta para este medicamento no se contará como parte de los costos totales de medicamentos (es decir, el monto que usted paga no ayuda a que califique para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar sus medicamentos recetados, es posible que no sea elegible para recibir ayuda adicional para pagar este medicamento a través de otros programas.

**LA:** Acceso limitado (Limited Access) - Este medicamento recetado puede estar disponible solo en determinadas farmacias. Para obtener más información, consulte su Directorio de Farmacias o comuníquese con el Departamento Membresía al 877-391-1105, 24/7; los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 711.

**QL:** Límite de cantidad (Quantity Limit) - Una manera de gestión de uso (utilization management, UM) que especifica las limitaciones o restricciones sobre los medicamentos recetados con el paso del tiempo. Las limitaciones de cantidad pueden adoptar diversas formas y las más comunes son las restricciones diarias y mensuales que se imponen a la emisión o reemisión de la cantidad de una receta.

**NDS:** Suministro diario no extendido (Non-Extended Day Supply) - Los planes pueden elegir limitar medicamentos específicos a un suministro para 30 días.

**NM:** Medicamentos que no se ordenan por correo (Non-Mail Order Drug) - Este medicamento no está disponible para ser pedido por correo.

**PA:** Aplica la autorización previa (Prior Authorization Applies) - Usted (o su médico) deben obtener una autorización previa antes de surtir su receta para este medicamento. Sin la aprobación previa, es posible que no cubramos este medicamento.

**PA BvD:** Autorización previa (Parte B vs. Parte D) [Prior Authorization (Part B vs. Part D)] - Este medicamento recetado podría estar cubierto por la Parte B o la Parte D de Medicare dependiendo de las circunstancias. Es posible que tenga que enviar información que describa el uso y el contexto para el uso del medicamento para tomar la determinación.

**PA NSO:** Autorización previa (Solo para usuarios nuevos) [Prior Authorization (New Starts Only)] - Usted (o su médico) deben obtener una autorización previa antes de surtir su receta para este medicamento, a menos que haya usado el medicamento anteriormente. Si tiene antecedentes de uso de este medicamento, no necesitará una autorización previa.

**PA-HRM:** Autorización previa (Medicamentos de alto riesgo) [Prior Authorization (High Risk Medications)] – Los Centros de Servicios de Medicare y Medicaid (Centers for Medicare & Medicaid Services, CMS) han considerado que este medicamento es potencialmente dañino y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o mayores. Sin una autorización previa, es posible que este medicamento no sea cubierto.

**PA NSO-HRM:** Autorización previa (Solo para usuarios nuevos - Medicamentos de alto riesgo) [Prior Authorization (New Starts Only – High Risk Meds)] – Si es un(a) miembro nuevo(a), usted (o su médico) deben obtener una autorización previa antes que surta su receta para este medicamento. Los CMS han considerado que este medicamento es potencialmente dañino y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o mayores. Sin una autorización previa, es posible que este medicamento no sea cubierto.

**ST:** Terapia escalonada (Step Therapy) – Antes de que Imperial Health Plan proporcione cobertura para este medicamento, usted debe probar primero otro(s) medicamento(s) para tratar su condición médica. Es posible que este medicamento sea únicamente cubierto si el/los otro(s) medicamentos no le funcionan.

## Imperial MAPD 2026 – 5 Niveles (Lista de medicamentos cubiertos)

| Nombre del Medicamento  | En el Nivel | Requisitos/Límites    |
|---|-------------|-----------------------|
| <b>AGENTES ANSIOLÍTICOS</b>   |             |                       |
| <b>Benzodiazepinas</b>  |             |                       |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)                   | 1           | QL (120 per 30 days)  |
| <i>alprazolam oral tablet 2 mg</i> (Xanax)                                    | 1           | QL (150 per 30 days)  |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                   | 2           | QL (120 per 30 days)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)                         | 1           | QL (90 per 30 days)   |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin)                                 | 1           | QL (300 per 30 days)  |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2           | QL (90 per 30 days)   |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                            | 2           | QL (300 per 30 days)  |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>             | 4           | QL (180 per 30 days)  |
| <i>diazepam injection solution 5 mg/ml</i>                                    | 2           | QL (10 per 28 days)   |
| <i>diazepam injection syringe 5 mg/ml</i>                                     | 2           |                       |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)                  | 2           | QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                             | 2           | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                        | 1           | QL (120 per 30 days)  |
| <i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)                    | 2           | QL (150 per 30 days)  |
| <i>lorazepam 4 mg/ml vial inner</i> (Ativan)                                  | 1           | QL (2 per 30 days)    |
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan)                          | 1           | QL (2 per 30 days)    |
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan)                          | 4           | QL (2 per 30 days)    |
| <i>lorazepam injection syringe 2 mg/ml</i>                                    | 1           | QL (2 per 30 days)    |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)                | 2           | QL (150 per 30 days)  |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)                            | 1           | QL (90 per 30 days)   |
| <i>lorazepam oral tablet 2 mg</i> (Ativan)                                    | 1           | QL (150 per 30 days)  |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)                         | 1           | QL (30 per 30 days)   |
| <i>temazepam oral capsule 22.5 mg</i> (Restoril)                              | 2           | QL (30 per 30 days)   |

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| <b>Nombre del Medicamento</b>                                     | <b>En el Nivel</b> | <b>Requisitos/Límites</b>             |
|---|--------------------|---------------------------------------|
| <i>temazepam oral capsule 7.5 mg</i> (Restoril)                   | 2                  | QL (120 per 30 days)                  |
| <b>AGENTES ANTICANCERÍGENOS</b>                                   |                    |                                       |
| <b>Agentes anticancerígenos</b>                                   |                    |                                       |
| <i>abiraterone oral tablet 250 mg</i> (Abirtega)                  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i> (Zytiga)                    | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>abiraterone, submicronized oral tablet 125 mg</i> (Yonsa)      | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>abirtega oral tablet 250 mg</i> (abiraterone)                  | 2                  | PA NSO; QL (120 per 30 days)          |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil) | 2                  | PA BvD                                |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                          | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| ALECENSA ORAL CAPSULE 150 MG                                      | 5                  | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                                | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)            | 5                  | PA NSO; NM; NDS                       |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                    | 1                  |                                       |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML                      | 5                  | PA NSO; NM; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG                                       | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| AUGTYRO ORAL CAPSULE 40 MG  | 5                  | PA NSO; NM; NDS; QL (240 per 30 days) |
| AVMAPKI ORAL CAPSULE 0.8 MG                                       | 5                  | PA NSO; NM; NDS; QL (24 per 28 days)  |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG                       | 5                  | PA NSO; NM; NDS; QL (66 per 28 days)  |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG                       | 5                  | NM; NDS                               |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG          | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza)           | 5                  | NM; NDS                               |
| BALVERSA ORAL TABLET 3 MG   | 5                  | PA NSO; NM; NDS; QL (84 per 28 days)  |
| BALVERSA ORAL TABLET 4 MG   | 5                  | PA NSO; NM; NDS; QL (56 per 28 days)  |

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| <b>Nombre del Medicamento</b>                                      | <b>En el Nivel</b> | <b>Requisitos/Límites</b>             |
|--|--------------------|---------------------------------------|
| BALVERSA ORAL TABLET 5 MG  | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)  |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda) | 5                  | PA NSO; NM; NDS                       |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)               | 5                  | PA NSO; NM; NDS                       |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)               | 5                  | PA NSO; NM; NDS                       |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                   | 5                  | PA NSO; NM; NDS                       |
| <i>bexarotene topical gel 1 %</i> (Targretin)                      | 5                  | PA NSO; NM; NDS                       |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)                    | 2                  |                                       |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)           | 5                  | PA NSO; NM; NDS; QL (75 per 28 days)  |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>             | 2                  |                                       |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i>                | 4                  | PA NSO                                |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade)            | 5                  | PA NSO; NM; NDS                       |
| BORUZU INJECTION SOLUTION 2.5 MG/ML                                | 4                  | PA NSO                                |
| BOSULIF ORAL CAPSULE 100 MG  | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG   | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| BOSULIF ORAL TABLET 100 MG   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG                                 | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| BRAFTOVI ORAL CAPSULE 75 MG  | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                                 | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| CABOMETYX ORAL TABLET 40 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG                   | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CALQUENCE ORAL CAPSULE 100 MG                                      | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>                   |
|--|--------------------|---|
| CAMCEVI (6 MONTH)<br>SUBCUTANEOUS SYRINGE 42<br>MG                                   | 4                  | PA NSO                                      |
| CAPRELSA ORAL TABLET 100 MG (vandetanib)   | 5                  | PA NSO; NM; NDS; QL<br>(60 per 30 days)     |
| CAPRELSA ORAL TABLET 300 MG (vandetanib)   | 5                  | PA NSO; NM; NDS; QL<br>(30 per 30 days)     |
| COMETRIQ ORAL CAPSULE 100<br>MG/DAY(80 MG X1-20 MG X1),<br>60 MG/DAY (20 MG X 3/DAY) | 5                  | PA NSO; NM; NDS                             |
| COMETRIQ ORAL CAPSULE 140<br>MG/DAY(80 MG X1-20 MG X3)                               | 5                  | PA NSO; NM; NDS; QL<br>(112 per 28 days)    |
| COPIKTRA ORAL CAPSULE 15 MG,<br>25 MG  | 5                  | PA NSO; NM; NDS; QL<br>(56 per 28 days)     |
| COTELLIC ORAL TABLET 20 MG   | 5                  | PA NSO; NM; LA; NDS;<br>QL (63 per 28 days) |
| <i>cyclophosphamide intravenous<br/>recon soln 1 gram, 2 gram, 500<br/>mg</i>        | 5                  | PA BvD; NM; NDS                             |
| <i>cyclophosphamide intravenous<br/>solution 100 mg/ml, 200 mg/ml</i>                | 5                  | PA BvD; NM; NDS                             |
| <i>cyclophosphamide intravenous<br/>solution 500 mg/ml</i> (Frindovyx)               | 5                  | PA BvD; NM; NDS                             |
| <i>cyclophosphamide oral capsule 25<br/>mg, 50 mg</i>                                | 2                  | PA BvD; ST                                  |
| <i>cyclophosphamide oral tablet 25<br/>mg, 50 mg</i>                                 | 3                  | PA BvD; ST                                  |
| DANYELZA INTRAVENOUS<br>SOLUTION 4 MG/ML   | 5                  | PA NSO; NM; NDS; QL<br>(120 per 28 days)    |
| DANZITEN ORAL TABLET 71 MG,<br>95 MG   | 5                  | PA NSO; NM; NDS; QL<br>(112 per 28 days)    |
| <i>dasatinib oral tablet 100 mg, 140<br/>mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)       | 5                  | PA NSO; NM; NDS; QL<br>(30 per 30 days)     |
| <i>dasatinib oral tablet 20 mg</i> (Sprycel)   | 5                  | PA NSO; NM; NDS; QL<br>(90 per 30 days)     |
| DATROWAY INTRAVENOUS<br>RECON SOLN 100 MG  | 5                  | PA NSO; NM; NDS                             |
| DAURISMO ORAL TABLET 100 MG  | 5                  | PA NSO; NM; NDS; QL<br>(30 per 30 days)     |
| DAURISMO ORAL TABLET 25 MG   | 5                  | PA NSO; NM; NDS; QL<br>(60 per 30 days)     |
| <i>decitabine intravenous recon soln<br/>50 mg</i>                                   | 5                  | NM; NDS                                     |
| <i>doxorubicin, peg-liposomal<br/>intravenous suspension 2 mg/ml</i> (Caelyx)        | 5                  | PA BvD; NM; NDS                             |

| <b>Nombre del Medicamento</b>                            | <b>En el Nivel</b> | <b>Requisitos/Límites</b>             |
|--|--------------------|---------------------------------------|
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML                     | 5                  | PA NSO; NM; NDS                       |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG           | 4                  | PA NSO                                |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG             | 4                  | PA NSO                                |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG             | 4                  | PA NSO                                |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)            | 4                  | PA NSO                                |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML      | 5                  | PA NSO; NM; NDS                       |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML                  | 5                  | PA NSO; NM; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG                                | 5                  | NM; NDS                               |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG             | 5                  | PA NSO; NM; NDS                       |
| ENSACOVE ORAL CAPSULE 100 MG                             | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| ENSACOVE ORAL CAPSULE 25 MG                              | 5                  | PA NSO; NM; NDS; QL (270 per 30 days) |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML  | 5                  | PA NSO; NM; NDS                       |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 5                  | PA NSO; NM; NDS                       |
| ERIVEDGE ORAL CAPSULE 150 MG                             | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)  |
| ERLEADA ORAL TABLET 240 MG                               | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60 MG                                | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i>               | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>erlotinib oral tablet 150 mg</i>                      | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG                  | 4                  |                                       |
| <i>etoposide intravenous solution 20 mg/ml</i>           | 2                  |                                       |
| EULEXIN ORAL CAPSULE 125 MG (flutamide)                  | 5                  | NM; NDS                               |

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| <b>Nombre del Medicamento</b>  |                    | <b>En el Nivel</b> | <b>Requisitos/Límites</b>             |
|--|--------------------|--------------------|---------------------------------------|
| <i>everolimus (antineoplastic) oral tablet 10 mg</i>                               | (Torpenz)          | 5                  | PA NSO; NM; NDS; QL (56 per 28 days)  |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg</i>                              | (Torpenz)          | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)  |
| <i>everolimus (antineoplastic) oral tablet 5 mg</i>                                | (Torpenz)          | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>everolimus (antineoplastic) oral tablet 7.5 mg</i>                              | (Torpenz)          | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>     | (Afinitor Disperz) | 5                  | PA NSO; NM; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i>  | (Aromasin)         | 2                  |                                       |
| FAKZYNJA ORAL TABLET 200 MG  |                    | 5                  | PA NSO; NM; NDS; QL (42 per 28 days)  |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG                      |                    | 5                  | PA BvD; NM; NDS                       |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                       |                    | 3                  | PA BvD                                |
| <i>floxuridine injection recon soln 0.5 gram</i>                                   |                    | 2                  | PA BvD                                |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> |                    | 2                  | PA BvD                                |
| <i>flutamide oral capsule 125 mg</i>   | (Eulexin)          | 2                  |                                       |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG  |                    | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| FRUZAQLA ORAL CAPSULE 1 MG   |                    | 5                  | PA NSO; NM; NDS; QL (84 per 28 days)  |
| FRUZAQLA ORAL CAPSULE 5 MG   |                    | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i>                               | (Faslodex)         | 5                  | NM; NDS                               |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG                            |                    | 5                  | PA NSO; NM; NDS                       |
| GAVRETO ORAL CAPSULE 100 MG  |                    | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i>  | (Iressa)           | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG   |                    | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| GOMEKLI ORAL CAPSULE 1 MG  |                    | 5                  | PA NSO; NM; NDS; QL (224 per 28 days) |

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| <b>Nombre del Medicamento</b>                                     | <b>En el Nivel</b> | <b>Requisitos/Límites</b>             |
|---|--------------------|---------------------------------------|
| GOMEKLI ORAL CAPSULE 2 MG   | 5                  | PA NSO; NM; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG                           | 5                  | PA NSO; NM; NDS; QL (224 per 28 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML   | 5                  | PA NSO; NM; NDS; QL (5 per 21 days)   |
| HERNEXEOS ORAL TABLET 60 MG                                       | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                   | 2                  |                                       |
| HYRNUO ORAL TABLET 10 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                        | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                         | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| IBTROZI ORAL CAPSULE 200 MG                                       | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                    | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                  | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)            | 2                  |                                       |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 2                  |                                       |
| <i>imatinib oral tablet 100 mg</i> (Gleevec)                      | 2                  | PA NSO; QL (180 per 30 days)          |
| <i>imatinib oral tablet 400 mg</i> (Gleevec)                      | 2                  | PA NSO; QL (60 per 30 days)           |
| IMBRUVICA ORAL CAPSULE 140 MG                                     | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG                                      | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                | 5                  | PA NSO; NM; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG              | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)  |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG                      | 5                  | PA NSO; NM; NDS                       |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML                              | 5                  | PA NSO; NM; NDS                       |
| IMKELDI ORAL SOLUTION 80 MG/ML                                    | 5                  | PA NSO; NM; NDS; QL (280 per 28 days) |
| INLEXZO INTRAVESICAL IMPLANT 225 MG                               | 5                  | PA BvD; NM; NDS                       |

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|--|--------------------|---------------------------------------|
| INLURIYO ORAL TABLET 200 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| INLYTA ORAL TABLET 1 MG  | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG   | 5                  | PA NSO; NM; NDS; QL (5 per 28 days)   |
| INREBIC ORAL CAPSULE 100 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG   | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| ITOVEBI ORAL TABLET 9 MG   | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| IWILFIN ORAL TABLET 192 MG   | 5                  | PA NSO; NM; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                    | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| JAYPIRCA ORAL TABLET 100 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| JAYPIRCA ORAL TABLET 50 MG   | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML   | 5                  | PA NSO; NM; NDS                       |
| JYLAMVO ORAL SOLUTION 2 MG/ML  | 4                  | PA BvD; ST                            |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML   | 5                  | PA NSO; NM; NDS                       |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML | 5                  | PA NSO; NM; NDS                       |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML   | 5                  | PA NSO; NM; NDS; QL (2 per 28 days)   |
| KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)                                      | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG                       | 5                  | PA NSO; NM; NDS; QL (49 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG                       | 5                  | PA NSO; NM; NDS; QL (70 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG                       | 5                  | PA NSO; NM; NDS; QL (91 per 28 days)  |

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|---|--------------------|---------------------------------------|
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)   | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)   | 5                  | PA NSO; NM; NDS; QL (42 per 28 days)  |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)   | 5                  | PA NSO; NM; NDS; QL (63 per 28 days)  |
| KOMZIFTI ORAL CAPSULE 200 MG  | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| KOSELUGO ORAL CAPSULE 10 MG   | 5                  | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG  | 5                  | PA NSO; NM; NDS; QL (600 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG  | 5                  | PA NSO; NM; NDS; QL (390 per 30 days) |
| KRAZATI ORAL TABLET 200 MG  | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)  | 5                  | PA NSO; NM; NDS                       |
| LAZCLUZE ORAL TABLET 240 MG   | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| LAZCLUZE ORAL TABLET 80 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)  | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)  |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5                  | PA NSO; NM; NDS                       |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)  | 2                  |                                       |
| LEUKERAN ORAL TABLET 2 MG   | 5                  | NM; NDS                               |
| <i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))   | 4                  | PA NSO                                |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>  | 2                  | PA NSO                                |
| <i>lomustine oral capsule 10 mg</i> (Gleostine)   | 2                  |                                       |
| <i>lomustine oral capsule 100 mg, 40 mg</i> (Gleostine)   | 5                  | NM; NDS                               |
| LONSURF ORAL TABLET 15-6.14 MG  | 5                  | PA NSO; NM; NDS; QL (100 per 28 days) |

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|--|-------------------------------------|---------------------------------------|
| LONSURF ORAL TABLET 20-8.19 MG   | 5                                   | PA NSO; NM; NDS; QL (80 per 28 days)  |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)                                 | 5                                   | PA NSO; NM; NDS                       |
| LORBRENA ORAL TABLET 100 MG  | 5                                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG   | 5                                   | PA NSO; NM; NDS; QL (90 per 30 days)  |
| LUMAKRAS ORAL TABLET 120 MG  | 5                                   | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG  | 5                                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG  | 5                                   | PA NSO; NM; NDS; QL (90 per 30 days)  |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML  | 5                                   | PA NSO; NM; NDS                       |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML                            | 5                                   | PA NSO; NM; NDS                       |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG                             | 5                                   | PA NSO; NM; NDS                       |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG                               | 5                                   | PA NSO; NM; NDS                       |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG                               | 5                                   | PA NSO; NM; NDS                       |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG  | 5                                   | PA NSO; NM; NDS                       |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG          | (leuprolide acetate (3 month))<br>4 | PA NSO                                |
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML   | 5                                   | PA NSO; NM; NDS; QL (15 per 8 days)   |
| LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML  | 5                                   | PA NSO; NM; NDS; QL (40 per 28 days)  |
| LYNPARZA ORAL TABLET 100 MG, 150 MG  | 5                                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG  | 5                                   | NM; NDS                               |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5                                   | PA NSO; NM; NDS; QL (140 per 28 days) |

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|---|--------------------|--|
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML                      | 5                  | PA NSO; NM; NDS                        |
| MATULANE ORAL CAPSULE 50 MG                                 | 5                  | NM; NDS                                |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                   | 2                  | PA NSO-HRM; AGE (Max 64 Years)         |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                         | 5                  | PA NSO; NM; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG                                 | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)   |
| MEKINIST ORAL TABLET 2 MG                                   | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)   |
| MEKTOVI ORAL TABLET 15 MG                                   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days)  |
| <i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)    | 5                  | NM; NDS                                |
| <i>mercaptopurine oral tablet 50 mg</i>                     | 2                  |  |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 2                  |  |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 2                  |  |
| <i>methotrexate sodium injection solution 25 mg/ml</i>      | 2                  |  |
| <i>methotrexate sodium oral tablet 2.5 mg</i>               | 2                  | PA BvD; ST                             |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>         | 2                  |  |
| MODEYSO ORAL CAPSULE 125 MG                                 | 5                  | PA NSO; NM; NDS; QL (20 per 28 days)   |
| NERLYNX ORAL TABLET 40 MG                                   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days)  |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg</i> (Tasigna)  | 5                  | PA NSO; NM; NDS; QL (112 per 28 days)  |
| <i>nilotinib hcl oral capsule 50 mg</i> (Tasigna)           | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)  |
| <i>nilutamide oral tablet 150 mg</i>                        | 5                  | NM; NDS                                |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                     | 5                  | PA NSO; NM; NDS; QL (3 per 28 days)    |
| NUBEQA ORAL TABLET 300 MG                                   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)  |
| ODOMZO ORAL CAPSULE 200 MG                                  | 5                  | PA NSO; NM; LA; NDS                    |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG                | 5                  | PA NSO; NM; NDS                        |
| OGSIVEO ORAL TABLET 100 MG, 150 MG                          | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)   |

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|---|--------------------|---------------------------------------|
| OGSIVEO ORAL TABLET 50 MG   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML  | 5                  | PA NSO; NM; NDS; QL (96 per 28 days)  |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 5                  | PA NSO; NM; NDS; QL (24 per 28 days)  |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG  | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ONUREG ORAL TABLET 200 MG, 300 MG   | 5                  | PA NSO; NM; NDS; QL (14 per 28 days)  |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML                | 5                  | PA NSO; NM; NDS                       |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML          | 5                  | PA NSO; NM; NDS                       |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML   | 5                  | PA NSO; NM; NDS                       |
| ORSERDU ORAL TABLET 345 MG  | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ORSERDU ORAL TABLET 86 MG   | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)     | 5                  | PA BvD; NM; NDS                       |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>pazopanib oral tablet 400 mg</i>   | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG  | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>              | 5                  | NM; NDS                               |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i>  | 5                  | NM; NDS                               |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML   | 5                  | NM; NDS                               |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)  | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)  |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)                     | 5                  | PA NSO; NM; NDS; QL (56 per 28 days)  |

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|---|--------------------|---------------------------------------|
| <i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (Pomalyst)  | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)   | 5                  | PA NSO; NM; NDS; QL (21 per 28 days)  |
| QINLOCK ORAL TABLET 50 MG   | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| RETEVMO ORAL CAPSULE 40 MG  | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG   | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| RETEVMO ORAL TABLET 40 MG   | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| REVUFORJ ORAL TABLET 110 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG   | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| REVUFORJ ORAL TABLET 25 MG  | 5                  | PA NSO; NM; NDS; QL (240 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG   | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)   | 5                  | PA NSO; NM; NDS                       |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG   | 5                  | PA NSO; NM; NDS; QL (8 per 28 days)   |
| ROZLYTREK ORAL CAPSULE 100 MG   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG   | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG  | 5                  | PA NSO; NM; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML | 5                  | PA NSO; NM; NDS                       |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML   | 5                  | PA NSO; NM; NDS                       |
| RYDAPT ORAL CAPSULE 25 MG   | 5                  | PA NSO; NM; NDS; QL (224 per 28 days) |

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|--|--------------------|--|
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG                                  | 5                  | PA NSO; NM; NDS                          |
| SCEMBLIX ORAL TABLET 100 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)    |
| SCEMBLIX ORAL TABLET 20 MG   | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)     |
| SCEMBLIX ORAL TABLET 40 MG   | 5                  | PA NSO; NM; NDS; QL (300 per 30 days)    |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML   | 5                  | NM; NDS                                  |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)    |
| STIVARGA ORAL TABLET 40 MG   | 5                  | PA NSO; NM; NDS; QL (84 per 28 days)     |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 5                  | PA NSO; NM; NDS; QL (28 per 28 days)     |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG                                       | 5                  | PA NSO; NM; NDS                          |
| TABLOID ORAL TABLET 40 MG (thioguanine)                                      | 5                  | NM; NDS                                  |
| TABRECTA ORAL TABLET 150 MG, 200 MG  | 5                  | PA NSO; NM; NDS; QL (112 per 28 days)    |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                    | 5                  | PA NSO; NM; NDS; QL (900 per 30 days)    |
| TAGRISSO ORAL TABLET 40 MG, 80 MG  | 5                  | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML                               | 5                  | PA NSO; NM; NDS                          |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG        | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                    | 2                  |  |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)                          | 5                  | PA NSO; NM; NDS; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)                                   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAZVERIK ORAL TABLET 200 MG  | 5                  | PA NSO; NM; NDS; QL (240 per 30 days)    |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML                            | 5                  | PA NSO; NM; NDS                          |
| TEPMETKO ORAL TABLET 225 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)     |

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|---|--------------------|---|
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML  | 5                  | PA NSO; NM; NDS                           |
| TIBSOVO ORAL TABLET 250 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)      |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG                       | 4                  |   |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG   | 5                  | PA NSO; NM; NDS; QL (5 per 21 days)       |
| <i>toposar intravenous solution 20 mg/ml</i> (etoposide)                        | 2                  |   |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                  | 5                  | NM; NDS                                   |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))                  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)      |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))   | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)      |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 4                  | PA NSO                                    |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                            | 5                  | NM; NDS                                   |
| TRUQAP ORAL TABLET 160 MG, 200 MG   | 5                  | PA NSO; NM; NDS; QL (64 per 28 days)      |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML   | 5                  | PA NSO; NM; NDS                           |
| TUKYSA ORAL TABLET 150 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG  | 5                  | PA NSO; NM; NDS; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 125 MG, 200 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days)     |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG   | 5                  | PA NSO; NM; NDS                           |
| VENCLEXTA ORAL TABLET 10 MG   | 3                  | PA NSO; LA; QL (60 per 30 days)           |
| VENCLEXTA ORAL TABLET 100 MG  | 5                  | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG   | 5                  | PA NSO; NM; LA; NDS; QL (30 per 30 days)  |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG             | 5                  | PA NSO; NM; LA; NDS                       |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                              | 5                  | PA NSO; NM; NDS; QL (56 per 28 days)      |

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| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>             |
|---|--------------------|---------------------------------------|
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>  | 2                  |                                       |
| VITRAKVI ORAL CAPSULE 100 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| VITRAKVI ORAL CAPSULE 25 MG   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML   | 5                  | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)  | 5                  | PA NSO; NM; NDS                       |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG  | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| VONJO ORAL CAPSULE 100 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG   | 5                  | PA NSO; NM; NDS                       |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG   | 5                  | PA NSO; NM; NDS                       |
| WELIREG ORAL TABLET 40 MG   | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| XALKORI ORAL CAPSULE 200 MG, 250 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG  | 5                  | PA NSO; NM; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML  | 4                  | PA BvD; ST                            |
| XOSPATA ORAL TABLET 40 MG   | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1) | 5                  | PA NSO; NM; NDS; QL (8 per 28 days)   |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)   | 5                  | PA NSO; NM; NDS; QL (16 per 28 days)  |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)   | 5                  | PA NSO; NM; NDS; QL (4 per 28 days)   |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)  | 5                  | PA NSO; NM; NDS; QL (24 per 28 days)  |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)  | 5                  | PA NSO; NM; NDS; QL (32 per 28 days)  |

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|---|--------------------|---------------------------------------|
| XTANDI ORAL CAPSULE 40 MG   | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG  | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5                  | PA NSO; NM; NDS                       |
| YONSA ORAL TABLET 125 MG (abiraterone, submicronized)                     | 5                  | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG  | 5                  | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                                 | 5                  | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ZELBORAF ORAL TABLET 240 MG   | 5                  | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG                                     | 5                  | PA NSO; NM; NDS                       |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML                                     | 5                  | PA NSO; NM; NDS                       |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG                              | 4                  | PA NSO                                |
| ZOLINZA ORAL CAPSULE 100 MG   | 5                  | NM; NDS                               |
| ZYDELIG ORAL TABLET 100 MG, 150 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| ZYKADIA ORAL TABLET 150 MG  | 5                  | PA NSO; NM; NDS; QL (84 per 28 days)  |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG                                     | 5                  | PA NSO; NM; NDS                       |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML                                   | 5                  | PA NSO; NM; NDS; QL (20 per 28 days)  |

## **AGENTES ANTIDEMENCIA**

### **Agentes antidemencia**

|  |   |                     |
|--|---|---------------------|
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)                         | 1 | QL (30 per 30 days) |
| <i>donepezil oral tablet 23 mg</i> (Aricept)                               | 2 | QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg</i>                         | 2 |                     |
| <i>donepezil oral tablet, disintegrating 5 mg</i>                          | 2 | QL (30 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i>   | 2 |                     |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | 2 | QL (30 per 30 days) |

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|--|--------------------|---------------------------|
| <i>galantamine oral solution 4 mg/ml</i>   | 2                  | QL (200 per 30 days)      |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>   | 2                  | QL (60 per 30 days)       |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>   | 2                  | ST; QL (30 per 30 days)   |
| <i>memantine oral capsule, sprinkle, er 24hr 7 mg</i> (Namenda XR)   | 2                  | ST; QL (30 per 30 days)   |
| <i>memantine oral solution 2 mg/ml</i>   | 2                  | QL (300 per 30 days)      |
| <i>memantine oral tablet 10 mg, 5 mg</i>   | 2                  | QL (60 per 30 days)       |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>   | 2                  |                           |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | 2                  | QL (30 per 30 days)       |

## **AGENTES ANTIDIABÉTICOS**

### **Agentes antidiabéticos, misceláneos**

|   |   |                     |
|---|---|---------------------|
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>  | 2 |                     |
| <i>dapagliflozin oral tablet 10 mg, 5 mg</i> (Farxiga)  | 2 | QL (30 per 30 days) |
| <i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg</i> (Xigduo XR) | 2 |                     |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)   | 3 | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG   | 3 | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphometformin)   | 3 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG  | 3 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG  | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG   | 3 | QL (30 per 30 days) |
| JANUVIA ORAL TABLET 50 MG   | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG  | 3 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin)   | 3 | QL (60 per 30 days) |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>         |
|--|--------------------|-----------------------------------|
| JENTADUETO XR ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 2.5-1,000<br>MG   | 3                  | QL (60 per 30 days)               |
| JENTADUETO XR ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 5-1,000<br>MG   | 3                  | QL (30 per 30 days)               |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)  | 4                  | QL (765 per 30 days)              |
| <i>metformin oral tablet 1,000 mg</i>  | 1                  | QL (75 per 30 days)               |
| <i>metformin oral tablet 500 mg</i>  | 1                  | QL (150 per 30 days)              |
| <i>metformin oral tablet 750 mg, 850 mg</i>  | 1                  | QL (90 per 30 days)               |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>   | 1                  | QL (120 per 30 days)              |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>   | 1                  | QL (60 per 30 days)               |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)  | 5                  | PA; NM; NDS; QL (112 per 28 days) |
| MOUNJARO SUBCUTANEOUS PEN<br>INJECTOR 10 MG/0.5 ML, 12.5<br>MG/0.5 ML, 15 MG/0.5 ML, 2.5<br>MG/0.5 ML, 5 MG/0.5 ML, 7.5<br>MG/0.5 ML                         | 3                  | PA; QL (2 per 28 days)            |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>   | 2                  | QL (90 per 30 days)               |
| OZEMPIC ORAL TABLET 1.5 MG, 4<br>MG, 9 MG  | 3                  | PA; QL (30 per 30 days)           |
| OZEMPIC SUBCUTANEOUS PEN<br>INJECTOR 0.25 MG OR 0.5 MG<br>(2 MG/3 ML), 0.25 MG OR 0.5<br>MG(2 MG/1.5 ML), 1 MG/DOSE<br>(4 MG/3 ML), 2 MG/DOSE (8<br>MG/3 ML) | 3                  | PA; QL (3 per 28 days)            |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)  | 1                  | QL (30 per 30 days)               |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>  | 2                  | QL (90 per 30 days)               |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)   | 2                  | QL (90 per 30 days)               |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>  | 2                  | QL (120 per 30 days)              |
| <i>repaglinide oral tablet 2 mg</i>  | 2                  | QL (240 per 30 days)              |
| RYBELSUS ORAL TABLET 1.5 MG,<br>14 MG, 3 MG, 4 MG, 7 MG, 9<br>MG   | 3                  | PA; QL (30 per 30 days)           |
| SYNJARDY ORAL TABLET<br>12.5-1,000 MG, 12.5-500 MG,<br>5-1,000 MG, 5-500 MG  | 3                  | QL (60 per 30 days)               |

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|--|--------------------|--------------------------------|
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                       | 3                  | QL (30 per 30 days)            |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                      | 3                  | QL (60 per 30 days)            |
| TRADJENTA ORAL TABLET 5 MG (linagliptin)   | 3                  | QL (30 per 30 days)            |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG                   | 3                  | QL (30 per 30 days)            |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG              | 3                  | QL (60 per 30 days)            |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML  | 3                  | PA; QL (2 per 28 days)         |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG (dapagliflozin-metformin) | 3                  | QL (30 per 30 days)            |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                     | 3                  | QL (60 per 30 days)            |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG, 5-500 MG (dapagliflozin-metformin)   | 3                  | QL (60 per 30 days)            |
| <b>Insulinas</b>   |                    |                                |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                      | 3                  | \$0 copay; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)                          | 3                  | \$0 copay; QL (30 per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)                                     | 3                  | \$0 copay                      |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML  | 3                  | \$0 copay; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML                               | 3                  | \$0 copay; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)                     | 3                  | \$0 copay; QL (24 per 28 days) |

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| <b>Nombre del Medicamento</b>  |                                  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>      |
|--|----------------------------------|--------------------|--------------------------------|
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> | (Novolog Mix 70-30FlexPen U-100) | 3                  | \$0 copay; QL (30 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>    | (Novolog Mix 70-30 U-100 Insuln) | 3                  | \$0 copay; QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>                     | (Novolog PenFill U-100 Insulin)  | 3                  | \$0 copay; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>            | (Novolog FlexPen U-100 Insulin)  | 3                  | \$0 copay; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>                      | (Novolog U-100 Insulin aspart)   | 3                  | \$0 copay; QL (40 per 28 days) |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>           | (Semglee(insulin glarg-yfgn)Pen) | 3                  | \$0 copay; QL (30 per 28 days) |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                     | (Semglee(insulin glargine-yfgn)) | 3                  | \$0 copay; QL (40 per 28 days) |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i>                            | (Admelog U-100 Insulin lispro)   | 3                  | \$0 copay; QL (40 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)          | (insulin glargine)               | 3                  | \$0 copay; QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                             | (insulin glargine)               | 3                  | \$0 copay; QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)            |                                  | 3                  | \$0 copay; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)           |                                  | 3                  | \$0 copay; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                      |                                  | 3                  | \$0 copay; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML                    |                                  | 3                  | \$0 copay; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                      |                                  | 3                  | \$0 copay; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML                      |                                  | 3                  | \$0 copay; QL (40 per 28 days) |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)          | (insulin aspart u-100)           | 3                  | \$0 copay; QL (30 per 28 days) |

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|--|-------------------------------------|---------------------------|-------------------------------------|
| NOVOLOG MIX 70-30 U-100<br>INSULN SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML<br>(70-30)    | (insulin asp prt-insulin<br>aspart) | 3                         | \$0 copay; QL (40 per 28<br>days)   |
| NOVOLOG MIX 70-30FLEXPEN<br>U-100 SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML<br>(70-30) | (insulin asp prt-insulin<br>aspart) | 3                         | \$0 copay; QL (30 per 28<br>days)   |
| NOVOLOG PENFILL U-100<br>INSULIN SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML               | (insulin aspart u-100)              | 3                         | \$0 copay; QL (30 per 28<br>days)   |
| NOVOLOG U-100 INSULIN<br>ASPART SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                 | (insulin aspart u-100)              | 3                         | \$0 copay; QL (40 per 28<br>days)   |
| SOLIQUA 100/33<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-33 MCG/ML                     |                                     | 3                         | \$0 copay; QL (30 per 30<br>days)   |
| TOUJEO MAX U-300 SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN<br>300 UNIT/ML (3 ML)          | (insulin glargine u-300<br>conc)    | 3                         | \$0 copay; QL (18 per 28<br>days)   |
| TOUJEO SOLOSTAR U-300<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 300 UNIT/ML (1.5<br>ML) | (insulin glargine u-300<br>conc)    | 3                         | \$0 copay; QL (13.5 per<br>28 days) |
| XULTOPHY 100/3.6<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-3.6 MG /ML (3 ML)           |                                     | 3                         | \$0 copay; QL (15 per 28<br>days)   |

### **Sulfonilureas**

|   |  |   |                               |
|---|--|---|-------------------------------|
| <i>glimepiride oral tablet 1 mg, 2 mg</i>                           |  | 1 | QL (30 per 30 days)           |
| <i>glimepiride oral tablet 4 mg</i>                                 |  | 1 | QL (60 per 30 days)           |
| <i>glipizide oral tablet 10 mg</i>                                  |  | 1 | QL (120 per 30 days)          |
| <i>glipizide oral tablet 2.5 mg</i>                                 |  | 1 | QL (90 per 30 days)           |
| <i>glipizide oral tablet 5 mg</i>                                   |  | 1 | QL (240 per 30 days)          |
| <i>glipizide oral tablet extended<br/>release 24hr 10 mg</i>        |  | 1 | QL (60 per 30 days)           |
| <i>glipizide oral tablet extended<br/>release 24hr 2.5 mg, 5 mg</i> |  | 1 | QL (30 per 30 days)           |
| <i>glipizide-metformin oral tablet<br/>2.5-250 mg</i>               |  | 2 | QL (240 per 30 days)          |
| <i>glipizide-metformin oral tablet<br/>2.5-500 mg, 5-500 mg</i>     |  | 2 | QL (120 per 30 days)          |
| <i>glyburide micronized oral tablet 1.5<br/>mg, 3 mg</i>            |  | 1 | PA-HRM; AGE (Max 64<br>Years) |
| <i>glyburide micronized oral tablet 6<br/>mg</i>                    |  | 2 | PA-HRM; AGE (Max 64<br>Years) |

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| Nombre del Medicamento   | En el Nivel | Requisitos/Límites         |
|--|-------------|----------------------------|
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                       | 1           | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 1           | PA-HRM; AGE (Max 64 Years) |

## AGENTES ANTIGOTA

### Agentes antigota, otros

|   |   |                      |
|---|---|----------------------|
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim)    | 1 |                      |
| <i>allopurinol oral tablet 300 mg</i>               | 1 |                      |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare)    | 2 | QL (60 per 30 days)  |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys)      | 2 | QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 4 | QL (30 per 30 days)  |
| <i>probenecid oral tablet 500 mg</i>                | 2 |                      |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 2 |                      |

## AGENTES ANTIMIGRAÑA

### Agentes antimigraña

|   |   |                                 |
|---|---|---------------------------------|
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS<br>AUTO-INJECTOR 140 MG/ML,<br>70 MG/ML            | 3 | PA; QL (1 per 30 days)          |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 5 | ST; NM; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS<br>PEN INJECTOR 120 MG/ML                                     | 3 | PA; QL (2 per 30 days)          |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120<br>MG/ML                                   | 3 | PA; QL (2 per 30 days)          |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300<br>MG/3 ML (100 MG/ML X 3)                 | 3 | PA; QL (3 per 30 days)          |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>   | 2 | QL (18 per 30 days)             |
| NURTEC ODT ORAL<br>TABLET, DISINTEGRATING 75<br>MG                                      | 3 | PA; QL (18 per 30 days)         |
| QULIPTA ORAL TABLET 10 MG, 30<br>MG, 60 MG  | 3 | PA; QL (30 per 30 days)         |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)   | 2 | QL (18 per 30 days)             |
| <i>rizatriptan oral tablet 5 mg</i>   | 2 | QL (18 per 30 days)             |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)                       | 2 | QL (18 per 30 days)             |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|--|--------------------|---------------------------|
| <i>rizatriptan oral tablet, disintegrating 5 mg</i>  | 2                  | QL (18 per 30 days)       |
| <i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen)                                | 2                  | QL (4 per 28 days)        |
| <i>sumatriptan 6 mg/0.5 ml autoinj sub</i> (Imitrex STATdose Pen)                                      | 4                  | QL (4 per 28 days)        |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>                            | 2                  | QL (12 per 30 days)       |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)  | 2                  | QL (9 per 30 days)        |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)  | 2                  | QL (18 per 30 days)       |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 4                  | QL (4 per 28 days)        |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>   | 2                  | QL (5 per 28 days)        |
| UBRELVY ORAL TABLET 100 MG, 50 MG  | 3                  | PA; QL (16 per 30 days)   |

## **AGENTES ANTINAUSEA**

### **Agentes antinausea**

|   |   |                            |
|---|---|----------------------------|
| <i>aprepitant oral capsule 125 mg</i>                                     | 2 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i>                                      | 2 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                              | 2 | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)   | 2 | PA BvD                     |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine)                 | 2 |                            |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)              | 4 | PA; QL (60 per 30 days)    |
| <i>meclizine oral tablet 12.5 mg</i>                                      | 1 |                            |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))                | 1 |                            |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                             | 2 | PA BvD                     |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                 | 2 | PA BvD                     |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 2 |                            |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)       | 2 |                            |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>                       |
|---|--------------------|---|
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro)                         | 2                  |   |
| <i>promethazine injection solution 25 mg/ml</i> (Phenergan)                       | 2                  | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                             | 1                  | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethazine rectal suppository 25 mg</i> (Promethegan)                        | 2                  | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)               | 2                  | PA-HRM; AGE (Max 64 Years)                      |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 4                  | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |

## **AGENTES ANTIPARASITARIOS**

### **Agentes antiparasitarios**

|   |  |   |                                  |
|---|--|---|----------------------------------|
| <i>albendazole oral tablet 200 mg</i>                                   |  | 2 |                                  |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                  |  | 2 |                                  |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)           |  | 2 |                                  |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) |  | 2 |                                  |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                 |  | 2 |                                  |
| COARTEM ORAL TABLET 20-120 MG   |  | 4 |                                  |
| <i>hydroxychloroquine oral tablet 100 mg</i>                            |  | 2 | QL (180 per 30 days)             |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)                |  | 2 | QL (90 per 30 days)              |
| <i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)                   |  | 2 | QL (60 per 30 days)              |
| <i>hydroxychloroquine oral tablet 400 mg</i>                            |  | 2 | QL (60 per 30 days)              |
| IMPAVIDO ORAL CAPSULE 50 MG   |  | 5 | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)                         |  | 2 |                                  |
| <i>ivermectin oral tablet 6 mg</i>                                      |  | 2 |                                  |
| <i>mefloquine oral tablet 250 mg</i>                                    |  | 2 |                                  |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)                         |  | 5 | NM; NDS; QL (60 per 30 days)     |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)              |  | 2 | PA BvD                           |

| <b>Nombre del Medicamento</b>                              | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|--|--------------------|---------------------------|
| <i>pentamidine injection recon soln</i> (Pentam)<br>300 mg | 2                  |                           |
| <i>praziquantel oral tablet</i> 600 mg                     | 2                  |                           |
| PRIMAQUINE ORAL TABLET 26.3<br>MG (15 MG BASE)             | 4                  |                           |
| <i>pyrimethamine oral tablet</i> 25 mg (Daraprim)          | 5                  | PA; NM; NDS               |
| <i>quinine sulfate oral capsule</i> 324 mg (Qualaquin)     | 2                  | PA                        |
| <i>tinidazole oral tablet</i> 250 mg, 500<br>mg            | 2                  |                           |

## **AGENTES ANTIPARKINSONIANOS**

### **Agentes antiparkinsonianos**

|  |   |                                      |
|--|---|--------------------------------------|
| <i>amantadine hcl oral capsule</i> 100<br>mg   | 2 |                                      |
| <i>amantadine hcl oral solution</i> 50<br>mg/5 ml  | 2 |                                      |
| <i>amantadine hcl oral tablet</i> 100 mg   | 2 |                                      |
| <i>benztropine oral tablet</i> 0.5 mg, 1<br>mg   | 2 |                                      |
| <i>benztropine oral tablet</i> 2 mg  | 2 |                                      |
| <i>bromocriptine oral tablet</i> 2.5 mg  | 2 |                                      |
| <i>cabergoline oral tablet</i> 0.5 mg  | 2 |                                      |
| <i>carbidopa-levodopa oral tablet</i> (Sinemet)<br>10-100 mg                             | 2 |                                      |
| <i>carbidopa-levodopa oral tablet</i> (Dhivy)<br>25-100 mg                               | 2 |                                      |
| <i>carbidopa-levodopa oral tablet</i><br>25-250 mg                                       | 2 |                                      |
| <i>carbidopa-levodopa oral tablet</i><br><i>extended release</i> 25-100 mg,<br>50-200 mg | 2 |                                      |
| <i>carbidopa-levodopa oral</i><br><i>tablet, disintegrating</i> 10-100 mg                | 2 |                                      |
| <i>carbidopa-levodopa oral</i><br><i>tablet, disintegrating</i> 25-100 mg,<br>25-250 mg  | 4 |                                      |
| <i>entacapone oral tablet</i> 200 mg   | 2 |                                      |
| KYNMOBI SUBLINGUAL FILM 10<br>MG, 15 MG, 20 MG, 25 MG, 30<br>MG                          | 5 | PA; NM; NDS; QL (150<br>per 30 days) |
| KYNMOBI SUBLINGUAL FILM<br>10-15-20-25-30 MG   | 5 | PA; NM; NDS                          |
| ONAPGO SUBCUTANEOUS<br>CARTRIDGE 4.9 MG/ ML  | 5 | PA; NM; NDS; QL (600<br>per 30 days) |

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| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>         |
|---|--------------------|-----------------------------------|
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 2                  |                                   |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                            | 4                  |                                   |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>     | 2                  |                                   |
| <i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>                 | 2                  |                                   |
| <i>selegiline hcl oral capsule 5 mg</i>   | 2                  |                                   |
| <i>selegiline hcl oral tablet 5 mg</i>  | 4                  |                                   |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                   | 2                  |                                   |
| VYALEV CONTIN.<br>SUBCUTANEOUS INFUSION<br>SOLUTION 12-240 MG/ML                | 5                  | PA; NM; NDS; QL (560 per 28 days) |

## **AGENTES ANTIPSICÓTICOS**

### **Agentes antipsicóticos**

|   |   |                                |
|---|---|--------------------------------|
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 720 MG/2.4 ML | 5 | NM; NDS; QL (2.4 per 42 days)  |
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 960 MG/3.2 ML | 5 | NM; NDS; QL (3.2 per 42 days)  |
| ABILIFY MANTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 300 MG, 400 MG   | 5 | NM; NDS; QL (2 per 28 days)    |
| ABILIFY MANTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 300 MG, 400 MG  | 5 | NM; NDS; QL (2 per 28 days)    |
| <i>aripiprazole oral solution 1 mg/ml</i>   | 2 |                                |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)      | 2 |                                |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                                  | 4 | ST; QL (90 per 30 days)        |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                                  | 4 | ST; QL (60 per 30 days)        |
| ARISTADA INITIO<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 675 MG/2.4 ML   | 5 | NM; NDS; QL (4.8 per 365 days) |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>           |
|--|--------------------|-------------------------------------|
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 1,064 MG/3.9 ML  | 5                  | NM; NDS; QL (3.9 per<br>14 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 441 MG/1.6 ML    | 5                  | NM; NDS; QL (1.6 per<br>14 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 662 MG/2.4 ML    | 5                  | NM; NDS; QL (2.4 per<br>14 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 882 MG/3.2 ML    | 5                  | NM; NDS; QL (3.2 per<br>14 days)    |
| <i>asenapine maleate sublingual<br/>tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris) | 4                  | QL (60 per 30 days)                 |
| CAPLYTA ORAL CAPSULE 10.5 MG,<br>21 MG, 42 MG                                | 5                  | ST; NM; NDS; QL (30<br>per 30 days) |
| <i>chlorpromazine injection solution<br/>25 mg/ml</i>                        | 2                  |                                     |
| <i>chlorpromazine oral concentrate<br/>100 mg/ml, 30 mg/ml</i>               | 2                  |                                     |
| <i>chlorpromazine oral tablet 10 mg,<br/>100 mg, 200 mg, 25 mg, 50 mg</i>    | 4                  |                                     |
| <i>clozapine oral tablet 100 mg, 200<br/>mg, 25 mg, 50 mg</i> (Clozaril)     | 2                  |                                     |
| <i>clozapine oral tablet,disintegrating<br/>100 mg, 12.5 mg, 25 mg</i>       | 4                  | ST; QL (90 per 30 days)             |
| <i>clozapine oral tablet,disintegrating<br/>150 mg</i>                       | 4                  | ST; QL (180 per 30<br>days)         |
| <i>clozapine oral tablet,disintegrating<br/>200 mg</i>                       | 4                  | ST; QL (120 per 30<br>days)         |
| COBENFY ORAL CAPSULE 100-20<br>MG, 125-30 MG, 50-20 MG                       | 5                  | ST; NM; NDS; QL (60<br>per 30 days) |
| COBENFY STARTER PACK ORAL<br>CAPSULE,DOSE PACK 50 MG-20<br>MG /100 MG-20 MG  | 5                  | ST; NM; NDS                         |
| ERZOFRI INTRAMUSCULAR<br>SYRINGE 117 MG/0.75 ML                              | 5                  | NM; NDS; QL (0.75 per<br>21 days)   |
| ERZOFRI INTRAMUSCULAR<br>SYRINGE 156 MG/ML                                   | 5                  | NM; NDS; QL (1 per 21<br>days)      |
| ERZOFRI INTRAMUSCULAR<br>SYRINGE 234 MG/1.5 ML                               | 5                  | NM; NDS; QL (1.5 per<br>21 days)    |
| ERZOFRI INTRAMUSCULAR<br>SYRINGE 351 MG/2.25 ML                              | 5                  | NM; NDS; QL (2.25 per<br>21 days)   |
| ERZOFRI INTRAMUSCULAR<br>SYRINGE 39 MG/0.25 ML                               | 5                  | NM; NDS; QL (0.25 per<br>21 days)   |

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|--|--------------------|-------------------------------------|
| ERZOFRI INTRAMUSCULAR<br>SYRINGE 78 MG/0.5 ML  | 5                  | NM; NDS; QL (0.5 per<br>21 days)    |
| FANAPT ORAL TABLET 1 MG, 10<br>MG, 12 MG, 2 MG, 4 MG, 6 MG,<br>8 MG  | 5                  | ST; NM; NDS; QL (60<br>per 30 days) |
| FANAPT TITRATION PACK A ORAL<br>TABLETS,DOSE PACK<br>1MG(2)-2MG(2)- 4MG(2)-6MG(2)                                    | 4                  | ST                                  |
| FANAPT TITRATION PACK B ORAL<br>TABLETS,DOSE PACK 1<br>MG(6)-2MG(2)- 6 MG(2)-8 MG(2)                                 | 4                  | ST                                  |
| FANAPT TITRATION PACK C ORAL<br>TABLETS,DOSE PACK 1 MG(4)-2<br>MG(2) -6 MG (2)                                       | 4                  | ST                                  |
| <i>fluphenazine decanoate injection<br/>solution 25 mg/ml</i>  | 2                  |                                     |
| <i>fluphenazine hcl injection solution<br/>2.5 mg/ml</i>   | 2                  |                                     |
| <i>fluphenazine hcl oral concentrate 5<br/>mg/ml</i>   | 2                  |                                     |
| <i>fluphenazine hcl oral elixir 2.5 mg/5<br/>ml</i>  | 2                  |                                     |
| <i>fluphenazine hcl oral tablet 1 mg,<br/>10 mg, 2.5 mg, 5 mg</i>  | 4                  |                                     |
| <i>haloperidol decanoate<br/>intramuscular solution 100<br/>mg/ml, 100 mg/ml (1 ml), 50<br/>mg/ml, 50 mg/ml(1ml)</i> | 2                  |                                     |
| <i>haloperidol lactate injection<br/>solution 5 mg/ml</i>  | 2                  |                                     |
| <i>haloperidol lactate intramuscular<br/>syringe 5 mg/ml</i>   | 2                  |                                     |
| <i>haloperidol lactate oral<br/>concentrate 2 mg/ml</i>  | 2                  |                                     |
| <i>haloperidol oral tablet 0.5 mg, 1<br/>mg, 10 mg, 2 mg, 20 mg, 5 mg</i>  | 2                  |                                     |
| INVEGA HAFYERA<br>INTRAMUSCULAR SYRINGE<br>1,092 MG/3.5 ML   | 5                  | NM; NDS; QL (3.5 per<br>166 days)   |
| INVEGA HAFYERA<br>INTRAMUSCULAR SYRINGE<br>1,560 MG/5 ML   | 5                  | NM; NDS; QL (5 per<br>166 days)     |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 117<br>MG/0.75 ML   | 5                  | NM; NDS; QL (0.75 per<br>21 days)   |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>            |
|---|--------------------|--------------------------------------|
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML                                   | 5                  | NM; NDS; QL (1 per 21 days)          |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML                               | 5                  | NM; NDS; QL (1.5 per 21 days)        |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML                               | 3                  | QL (0.25 per 21 days)                |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML                                | 5                  | NM; NDS; QL (0.5 per 21 days)        |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 273 MG/0.88 ML                                   | 5                  | NM; NDS; QL (0.88 per 70 days)       |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 410 MG/1.32 ML                                   | 5                  | NM; NDS; QL (1.32 per 70 days)       |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 546 MG/1.75 ML                                   | 5                  | NM; NDS; QL (1.75 per 70 days)       |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 819 MG/2.63 ML                                   | 5                  | NM; NDS; QL (2.63 per 70 days)       |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                        | 2                  |                                      |
| <i>lurasidone oral tablet 120 mg</i> (Latuda)   | 4                  | QL (30 per 30 days)                  |
| <i>lurasidone oral tablet 20 mg, 40 mg, 60 mg</i> (Latuda)                              | 2                  | QL (30 per 30 days)                  |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)  | 2                  | QL (60 per 30 days)                  |
| LYBALVI ORAL TABLET 10-10 MG,<br>15-10 MG, 20-10 MG, 5-10 MG                            | 5                  | NM; NDS; QL (30 per 30 days)         |
| <i>molindone oral tablet 10 mg</i>  | 2                  | QL (240 per 30 days)                 |
| <i>molindone oral tablet 25 mg</i>  | 2                  | QL (270 per 30 days)                 |
| <i>molindone oral tablet 5 mg</i>   | 5                  | NM; NDS; QL (120 per 30 days)        |
| NUPLAZID ORAL CAPSULE 34 MG   | 5                  | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG  | 5                  | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)                              | 2                  | QL (30 per 30 days)                  |
| <i>olanzapine oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)                      | 2                  |                                      |
| <i>olanzapine oral tablet 15 mg, 7.5 mg</i>   | 2                  |                                      |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis) | 2                  |                                      |

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|---|--------------------|------------------------------|
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG  | 5                  | ST; NM; NDS                  |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>  | 4                  | QL (30 per 30 days)          |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)                                       | 4                  | QL (30 per 30 days)          |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)   | 4                  | QL (60 per 30 days)          |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>   | 2                  |                              |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG   | 5                  | NM; NDS; QL (1 per 30 days)  |
| <i>pimozide oral tablet 1 mg, 2 mg</i>  | 2                  |                              |
| <i>prochlorperazine 10 mg/2 ml vial inner 10 mg/2 ml (5 mg/ml)</i>  | 2                  |                              |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                           | 2                  |                              |
| <i>quetiapine oral tablet 150 mg</i>  | 2                  | QL (30 per 30 days)          |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)        | 2                  |                              |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG   | 5                  | NM; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)    | 2                  | QL (2 per 28 days)           |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)               | 2                  | QL (2 per 28 days)           |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo) | 5                  | NM; NDS; QL (2 per 28 days)  |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)  | 2                  |                              |
| <i>risperidone oral tablet 0.25 mg</i>  | 2                  |                              |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)                                       | 2                  |                              |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                          | 4                  |                              |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>         |
|--|--------------------|-----------------------------------|
| RYKINDO INTRAMUSCULAR (risperidone microspheres)<br>SUSPENSION,EXTENDED REL<br>RECON 25 MG/2 ML, 37.5 MG/2<br>ML, 50 MG/2 ML | 5                  | NM; NDS; QL (2 per 28 days)       |
| SECUADO TRANSDERMAL PATCH<br>24 HOUR 3.8 MG/24 HOUR, 5.7<br>MG/24 HOUR, 7.6 MG/24 HOUR                                       | 5                  | ST; NM; NDS; QL (30 per 30 days)  |
| <i>thioridazine oral tablet 10 mg, 100<br/>mg, 25 mg, 50 mg</i>  | 2                  |                                   |
| <i>thiothixene oral capsule 1 mg, 10<br/>mg, 2 mg, 5 mg</i>  | 2                  |                                   |
| <i>trifluoperazine oral tablet 1 mg, 10<br/>mg, 2 mg, 5 mg</i>   | 2                  |                                   |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 100 MG/0.28 ML   | 5                  | NM; NDS; QL (0.28 per 28 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 125 MG/0.35 ML   | 5                  | NM; NDS; QL (0.35 per 28 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 150 MG/0.42 ML   | 5                  | NM; NDS; QL (0.42 per 56 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 200 MG/0.56 ML   | 5                  | NM; NDS; QL (0.56 per 56 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 250 MG/0.7 ML  | 5                  | NM; NDS; QL (0.7 per 56 days)     |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 50 MG/0.14 ML  | 5                  | NM; NDS; QL (0.14 per 28 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 75 MG/0.21 ML  | 5                  | NM; NDS; QL (0.21 per 28 days)    |
| VERSACLOZ ORAL SUSPENSION<br>50 MG/ML  | 5                  | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 0.5 MG,<br>0.75 MG, 1.5 MG, 3 MG, 4.5 MG,<br>6 MG   | 5                  | ST; NM; NDS; QL (30 per 30 days)  |
| VRAYLAR ORAL CAPSULE,DOSE<br>PACK 1.5 MG (1)- 3 MG (6)   | 4                  | ST                                |
| <i>ziprasidone hcl oral capsule 20 mg, (Geodon)<br/>40 mg, 60 mg, 80 mg</i>  | 2                  |                                   |
| <i>ziprasidone mesylate intramuscular (Geodon)<br/>recon soln 20 mg/ml (final conc.)</i>                                     | 2                  | QL (6 per 28 days)                |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>   |
|---|--------------------|-----------------------------|
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 210 MG | 4                  | QL (2 per 28 days)          |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 300 MG | 5                  | NM; NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 405 MG | 5                  | NM; NDS; QL (1 per 28 days) |

## **AGENTES CALÓRICOS**

### **Agentes calóricos**

|  |   |        |
|--|---|--------|
| CLINIMIX 6%-D5W (SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 6-5 %     | 4 | PA BvD |
| CLINIMIX<br>8%-D10W(SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-10 % | 4 | PA BvD |
| CLINIMIX<br>8%-D14W(SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-14 % | 4 | PA BvD |
| CLINIMIX E 8%-D10W<br>SULFITEFREE INTRAVENOUS<br>PARENTERAL SOLUTION 8-10 %    | 4 | PA BvD |
| CLINIMIX E 8%-D14W<br>SULFITEFREE INTRAVENOUS<br>PARENTERAL SOLUTION 8-14 %    | 4 | PA BvD |
| <i>dextrose 5 % in water (d5w)<br/>intravenous parenteral solution</i>         | 2 |        |

## **AGENTES CARDIOVASCULARES**

### **Agentes alfa-adrenérgicos**

|   |   |                                   |
|---|---|-----------------------------------|
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                 | 1 |                                   |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | 2 |                                   |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | 2 |                                   |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | 2 |                                   |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)           | 1 |                                   |
| <i>droxidopa oral capsule 100 mg</i> (Northera)                         | 2 | PA; QL (180 per 30 days)          |
| <i>droxidopa oral capsule 200 mg, 300 mg</i> (Northera)                 | 5 | PA; NM; NDS; QL (180 per 30 days) |

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|---|--------------------|---------------------------|
| <i>guanfacine oral tablet 1 mg, 2 mg</i>  | 2                  |                           |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2                  |                           |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>   | 2                  |                           |
| <b>Agentes antiarrítmicos</b>   |                    |                           |
| <i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)   | 2                  |                           |
| <i>amiodarone oral tablet 400 mg</i>  | 2                  |                           |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)                                      | 2                  |                           |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>   | 2                  |                           |
| MULTAQ ORAL TABLET 400 MG   | 3                  |                           |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)   | 2                  |                           |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>                          | 2                  |                           |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>   | 2                  |                           |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>   | 2                  |                           |
| <b>Agentes bloqueadores beta-adrenérgicos</b>   |                    |                           |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>   | 2                  |                           |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)   | 1                  |                           |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)                                    | 2                  |                           |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                                      | 2                  |                           |
| <i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2                  |                           |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                    | 2                  |                           |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)                                 | 1                  |                           |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>   | 2                  |                           |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1                  |                           |

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|--|--------------------|---------------------------|
| <i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i>   | 4                  |                           |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)                                   | 1                  |                           |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>                                       | 1                  |                           |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                 | 2                  |                           |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)   | 2                  |                           |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                   | 2                  |                           |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)                                  | 2                  |                           |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)                                      | 2                  |                           |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)                                      | 2                  |                           |
| <i>sotalol oral tablet 240 mg</i>  | 2                  |                           |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>  | 4                  |                           |
| <b>Agentes bloqueadores del canal de calcio</b>  |                    |                           |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl) | 2                  |                           |
| <i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)                                 | 2                  |                           |
| <i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)   | 2                  |                           |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                      | 4                  |                           |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg, 420 mg</i> (Tiadylt ER)       | 2                  |                           |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 2                  |                           |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)                                   | 2                  |                           |
| <i>diltiazem hcl oral tablet 90 mg</i>   | 2                  |                           |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)          | 2                  |                           |

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|--|--------------------|-----------------------------------|
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)          | 2                  |                                   |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 2                  |                                   |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>  | 2                  |                                   |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>  | 4                  |                                   |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>  | 1                  |                                   |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>   | 2                  |                                   |
| <b>Agentes cardiovasculares, misceláneos</b>   |                    |                                   |
| ATTRUBY ORAL TABLET 356 MG   | 5                  | PA; NM; NDS; QL (112 per 28 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG  | 5                  | PA; NM; NDS; QL (30 per 30 days)  |
| CORLANOR ORAL SOLUTION 5 MG/5 ML   | 4                  | QL (600 per 30 days)              |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>   | 2                  |                                   |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Lanoxin)   | 2                  |                                   |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)  | 3                  | QL (4 per 30 days)                |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)  | 2                  | QL (4 per 30 days)                |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>   | 3                  | QL (4 per 30 days)                |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)  | 2                  | QL (4 per 30 days)                |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>   | 1                  |                                   |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)   | 5                  | PA; NM; NDS; QL (18 per 30 days)  |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)  | 3                  | QL (60 per 30 days)               |
| <i>metyrosine oral capsule 250 mg</i>  | 5                  | PA; NM; NDS                       |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>  | 2                  | QL (60 per 30 days)               |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>  | 2                  | QL (120 per 30 days)              |

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|---|--------------------|-------------------------------------|
| VERQUVO ORAL TABLET 10 MG,<br>2.5 MG, 5 MG  | 4                  | PA; QL (30 per 30 days)             |
| VYNDAMAX ORAL CAPSULE 61<br>MG  | 5                  | PA; NM; NDS; QL (30<br>per 30 days) |
| <b>Antagonistas de receptores de angiotensina II</b>  |                    |                                     |
| <i>candesartan oral tablet 16 mg, 32<br/>mg, 4 mg, 8 mg</i> (Atacand)   | 2                  |                                     |
| <i>candesartan-hydrochlorothiazid<br/>oral tablet 16-12.5 mg, 32-12.5<br/>mg, 32-25 mg</i> (Atacand HCT)                                    | 2                  |                                     |
| ENTRESTO ORAL TABLET 24-26<br>MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)  | 3                  | QL (60 per 30 days)                 |
| ENTRESTO SPRINKLE ORAL<br>PELLET 15-16 MG, 6-6 MG   | 3                  | QL (240 per 30 days)                |
| <i>irbesartan oral tablet 150 mg, 300<br/>mg</i> (Avapro)   | 2                  |                                     |
| <i>irbesartan oral tablet 75 mg</i>   | 2                  |                                     |
| <i>irbesartan-hydrochlorothiazide<br/>oral tablet 150-12.5 mg,<br/>300-12.5 mg</i> (Avalide)  | 2                  |                                     |
| <i>losartan oral tablet 100 mg, 25 mg,<br/>50 mg</i> (Cozaar)   | 1                  |                                     |
| <i>losartan-hydrochlorothiazide oral<br/>tablet 100-12.5 mg, 100-25 mg,<br/>50-12.5 mg</i> (Hyzaar)   | 1                  |                                     |
| <i>olmesartan oral tablet 20 mg, 40<br/>mg, 5 mg</i> (Benicar)  | 2                  |                                     |
| <i>olmesartan-amlodipin-hctiazid<br/>oral tablet 20-5-12.5 mg,<br/>40-10-12.5 mg, 40-10-25 mg,<br/>40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor) | 2                  |                                     |
| <i>olmesartan-hydrochlorothiazide<br/>oral tablet 20-12.5 mg, 40-12.5<br/>mg, 40-25 mg</i> (Benicar HCT)                                    | 2                  |                                     |
| <i>sacubitril-valsartan oral tablet<br/>24-26 mg, 49-51 mg, 97-103 mg</i> (Entresto)  | 2                  | QL (60 per 30 days)                 |
| <i>telmisartan oral tablet 20 mg</i>  | 2                  |                                     |
| <i>telmisartan oral tablet 40 mg, 80<br/>mg</i> (Micardis)  | 2                  |                                     |
| <i>telmisartan-hydrochlorothiazid oral<br/>tablet 40-12.5 mg, 80-12.5 mg,<br/>80-25 mg</i> (Micardis HCT)                                   | 2                  |                                     |
| <i>valsartan oral tablet 160 mg, 320<br/>mg, 40 mg, 80 mg</i> (Diovan)  | 2                  |                                     |

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|--|--------------------|---------------------------|
| <i>valsartan-hydrochlorothiazide oral tablet</i> 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT) | 2                  |                           |
| <b>Dihidropiridinas</b>  |                    |                           |
| <i>amlodipine oral tablet</i> 10 mg, 2.5 mg, 5 mg (Norvasc)  | 1                  |                           |
| <i>amlodipine-benazepril oral capsule</i> 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)                                  | 1                  |                           |
| <i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg   | 1                  |                           |
| <i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)                                     | 2                  |                           |
| <i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)                               | 2                  |                           |
| <i>amlodipine-valsartan-hcthiiazid oral tablet</i> 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg (Exforge HCT) | 2                  |                           |
| <i>amlodipine-valsartan-hcthiiazid oral tablet</i> 5-160-12.5 mg (Exforge HCT)   | 4                  |                           |
| <i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg   | 2                  |                           |
| <i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg (Procardia XL)  | 2                  |                           |
| <i>nifedipine oral tablet extended release</i> 24hr 90 mg  | 2                  |                           |
| <i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg   | 2                  |                           |
| <b>Dislipidémicos</b>  |                    |                           |
| <i>amlodipine-atorvastatin oral tablet</i> 10-10 mg, 5-10 mg (Caduet)  | 2                  |                           |
| <i>amlodipine-atorvastatin oral tablet</i> 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)              | 2                  | QL (30 per 30 days)       |
| <i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg   | 2                  |                           |
| <i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)   | 1                  |                           |
| <i>cholestyramine (with sugar) oral powder</i> 4 gram (Questran)   | 2                  |                           |

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|---|------------------|--------------------|---------------------------|
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i>   | (Questran)       | 2                  |                           |
| <i>cholestyramine light oral powder in packet 4 gram</i>          | (cholestyramine) | 2                  |                           |
| <i>colesevelam oral powder in packet 3.75 gram</i>                | (WelChol)        | 4                  |                           |
| <i>colesevelam oral tablet 625 mg</i>                             | (WelChol)        | 2                  |                           |
| <i>colestipol oral packet 5 gram</i>                              |                  | 2                  |                           |
| <i>colestipol oral tablet 1 gram</i>                              | (Colestid)       | 2                  |                           |
| <i>ezetimibe oral tablet 10 mg</i>                                | (Zetia)          | 2                  | QL (30 per 30 days)       |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i>                 | (Vytorin 10-10)  | 2                  | QL (30 per 30 days)       |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i>                 | (Vytorin 10-20)  | 2                  | QL (30 per 30 days)       |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i>                 | (Vytorin 10-40)  | 2                  | QL (30 per 30 days)       |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i>                 | (Vytorin 10-80)  | 2                  | QL (30 per 30 days)       |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>  |                  | 2                  |                           |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>     |                  | 2                  |                           |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                      |                  | 2                  |                           |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i>                      |                  | 2                  | QL (60 per 30 days)       |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i>       | (Lescol XL)      | 2                  |                           |
| <i>gemfibrozil oral tablet 600 mg</i>                             | (Lopid)          | 1                  |                           |
| <i>icosapent ethyl oral capsule 0.5 gram</i>                      | (Vascepa)        | 2                  | QL (240 per 30 days)      |
| <i>icosapent ethyl oral capsule 1 gram</i>                        | (Vascepa)        | 2                  | QL (120 per 30 days)      |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                 |                  | 1                  |                           |
| NEXLETOL ORAL TABLET 180 MG                                       |                  | 3                  | ST; QL (30 per 30 days)   |
| NEXLIZET ORAL TABLET 180-10 MG                                    |                  | 3                  | ST; QL (30 per 30 days)   |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg</i> |                  | 2                  |                           |
| <i>niacin oral tablet extended release 24 hr 750 mg</i>           |                  | 4                  |                           |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>              | (Lovaza)         | 2                  | ST; QL (120 per 30 days)  |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>          | (Livalo)         | 2                  | QL (30 per 30 days)       |

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|---|--------------------|-----------------------------------|
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>             | 1                  |                                   |
| <i>prevalite oral powder in packet 4 gram</i> (cholestyramine)        | 2                  |                                   |
| REPATHA PUSHTRONEX<br>SUBCUTANEOUS WEARABLE<br>INJECTOR 420 MG/3.5 ML | 3                  | ST; QL (7 per 28 days)            |
| REPATHA SURECLICK<br>SUBCUTANEOUS PEN INJECTOR<br>140 MG/ML           | 3                  | ST; QL (6 per 28 days)            |
| REPATHA SYRINGE<br>SUBCUTANEOUS SYRINGE 140<br>MG/ML                  | 3                  | ST; QL (6 per 28 days)            |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)   | 1                  |                                   |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)            | 1                  |                                   |
| <i>simvastatin oral tablet 5 mg, 80 mg</i>                            | 1                  |                                   |
| <b>Diuréticos</b>   |                    |                                   |
| <i>amiloride oral tablet 5 mg</i>                                     | 1                  |                                   |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>              | 2                  |                                   |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                      | 2                  |                                   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                        | 2                  |                                   |
| <i>furosemide injection solution 10 mg/ml</i>                         | 1                  |                                   |
| <i>furosemide injection syringe 10 mg/ml</i>                          | 1                  |                                   |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>        | 2                  |                                   |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)             | 1                  |                                   |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                       | 1                  |                                   |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>          | 1                  |                                   |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                         | 1                  |                                   |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))    | 5                  | PA; NM; NDS; QL (120 per 30 days) |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                     | 2                  |                                   |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>        |
|--|--------------------|----------------------------------|
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)   | 1                  |                                  |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>   | 2                  |                                  |
| <i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque) | 5                  | PA; NM; NDS; QL (56 per 28 days) |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>   | 1                  |                                  |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>  | 1                  |                                  |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>   | 1                  |                                  |
| <b>Inhibidores de enzima convertidora de angiotensina</b>  |                    |                                  |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)   | 1                  |                                  |
| <i>benazepril oral tablet 5 mg</i>   | 1                  |                                  |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)  | 2                  |                                  |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>  | 2                  |                                  |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>   | 2                  |                                  |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)  | 1                  |                                  |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)  | 2                  |                                  |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>   | 2                  |                                  |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>  | 2                  |                                  |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>   | 2                  |                                  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)   | 1                  |                                  |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)  | 1                  |                                  |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>   | 2                  |                                  |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>   | 2                  |                                  |

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| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|--------------------|---------------------------|
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                            | 1                  |                           |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 2                  |                           |
| <i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)                       | 1                  |                           |
| <i>ramipril oral capsule 10 mg</i>  | 1                  |                           |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                  | 2                  |                           |

### **Inhibidores del sistema renina-angiotensina-aldosterona**

|  |   |                         |
|--|---|-------------------------|
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | 2 |                         |
| <i>eplerenone oral tablet 25 mg</i> (Inspra)           | 2 |                         |
| <i>eplerenone oral tablet 50 mg</i>                    | 2 |                         |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG               | 3 | PA; QL (30 per 30 days) |

### **Vasodilatadores**

|   |   |  |
|---|---|--|
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>   | 2 |  |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)                                      | 2 |  |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>  | 2 |  |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | 1 |  |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>  | 2 |  |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | 2 |  |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2 |  |

## **AGENTES DENTALES Y ORALES**

### **Agentes dentales y orales**

|   |   |  |
|---|---|--|
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)                               | 4 |  |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard) | 1 |  |
| <i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))               | 1 |  |
| <i>dentagel dental gel 1.1 %</i> (fluoride (sodium))                        | 1 |  |
| <i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)                        | 1 |  |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)                  | 1 |  |

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|---|-----------------------------|-------------|--------------------|
| <i>periogard mucous membrane mouthwash 0.12 %</i>       | (chlorhexidine gluconate)   | 1           |                    |
| <i>pilocarpine hcl oral tablet 5 mg</i>                 | (Salagen (pilocarpine))     | 2           |                    |
| <i>pilocarpine hcl oral tablet 7.5 mg</i>               | (Salagen (pilocarpine))     | 4           |                    |
| <i>sf 5000 plus dental cream 1.1 %</i>                  | (fluoride (sodium))         | 1           |                    |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | (Denta 5000 Plus Sensitive) | 1           |                    |
| <i>triamcinolone acetonide dental paste 0.1 %</i>       | (Kourzeq)                   | 2           |                    |

## AGENTES DERMATOLÓGICOS

### Agentes antiinflamatorios dermatológicos

|   |                         |   |  |
|---|-------------------------|---|--|
| <i>ala-cort topical cream 1 %</i>                         | (hydrocortisone)        | 2 |  |
| <i>betamethasone dipropionate topical cream 0.05 %</i>    |                         | 2 |  |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>   |                         | 2 |  |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> |                         | 2 |  |
| <i>betamethasone valerate topical cream 0.1 %</i>         |                         | 2 |  |
| <i>betamethasone valerate topical lotion 0.1 %</i>        |                         | 2 |  |
| <i>betamethasone valerate topical ointment 0.1 %</i>      |                         | 2 |  |
| <i>betamethasone, augmented topical cream 0.05 %</i>      |                         | 2 |  |
| <i>betamethasone, augmented topical gel 0.05 %</i>        |                         | 2 |  |
| <i>betamethasone, augmented topical lotion 0.05 %</i>     |                         | 2 |  |
| <i>betamethasone, augmented topical ointment 0.05 %</i>   | (Diprolene (augmented)) | 2 |  |
| <i>clobetasol scalp solution 0.05 %</i>                   |                         | 2 |  |
| <i>clobetasol topical cream 0.05 %</i>                    |                         | 2 |  |
| <i>clobetasol topical gel 0.05 %</i>                      |                         | 4 |  |
| <i>clobetasol topical lotion 0.05 %</i>                   | (Clobex)                | 4 |  |
| <i>clobetasol topical ointment 0.05 %</i>                 |                         | 2 |  |
| <i>clobetasol topical shampoo 0.05 %</i>                  | (Clobex)                | 2 |  |
| <i>clobetasol-emollient topical cream 0.05 %</i>          |                         | 2 |  |
| <i>clobetasol-emollient topical foam 0.05 %</i>           | (Tovet Emollient)       | 4 |  |
| <b>EUCRISA TOPICAL OINTMENT 2 %</b>                       |                         | 3 |  |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|--|--------------------|---------------------------|
| <i>fluocinolone topical cream 0.01 %</i>   | 2                  |                           |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar)                                | 2                  |                           |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar)                             | 2                  |                           |
| <i>fluocinonide topical cream 0.05 %</i>   | 2                  |                           |
| <i>fluocinonide topical gel 0.05 %</i>   | 2                  |                           |
| <i>fluocinonide topical ointment 0.05 %</i>  | 2                  |                           |
| <i>fluocinonide topical solution 0.05 %</i>  | 2                  |                           |
| <i>fluticasone propionate topical cream 0.05 %</i>                                 | 2                  |                           |
| <i>halobetasol propionate topical cream 0.05 %</i>                                 | 2                  |                           |
| <i>halobetasol propionate topical ointment 0.05 %</i>                              | 2                  |                           |
| <i>hydrocortisone 2.5% cream</i>   | 2                  |                           |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                                 | 2                  |                           |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | 2                  |                           |
| <i>hydrocortisone topical lotion 2.5 %</i>   | 2                  |                           |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))                        | 1                  |                           |
| <i>hydrocortisone topical ointment 2.5 %</i>                                       | 1                  |                           |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                                 | 2                  |                           |
| <i>mometasone topical cream 0.1 %</i>  | 2                  |                           |
| <i>mometasone topical ointment 0.1 %</i>   | 2                  |                           |
| <i>mometasone topical solution 0.1 %</i>   | 2                  |                           |
| <i>pimecrolimus topical cream 1 %</i>  | 4                  | QL (100 per 30 days)      |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2                  |                           |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)  | 2                  |                           |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2                  |                           |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                                   | 2                  | QL (100 per 30 days)      |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>                        | 1                  |                           |
| <i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)                       | 1                  |                           |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>      |
|--|--------------------|--------------------------------|
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>           | 2                  |                                |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>  | 2                  |                                |
| <b>Agentes dermatológicos, otros</b>                                   |                    |                                |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                    | 2                  |                                |
| <i>acyclovir topical ointment 5 %</i> (Zovirax)                        | 4                  | QL (30 per 30 days)            |
| <i>ammonium lactate topical cream 12 %</i>                             | 2                  |                                |
| <i>ammonium lactate topical lotion 12 %</i> (AmLactin)                 | 2                  |                                |
| <i>calcipotriene scalp solution 0.005 %</i>                            | 2                  | QL (120 per 30 days)           |
| <i>calcipotriene topical cream 0.005 %</i>                             | 2                  | QL (120 per 30 days)           |
| <i>calcipotriene topical ointment 0.005 %</i>                          | 2                  | QL (120 per 30 days)           |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                         | 2                  |                                |
| <i>fluorouracil topical solution 2 %</i>                               | 2                  |                                |
| <i>fluorouracil topical solution 5 %</i>                               | 4                  |                                |
| <i>imiquimod topical cream in packet 5 %</i>                           | 2                  | QL (24 per 30 days)            |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %                        | 5                  | ST; NM; NDS; QL (5 per 5 days) |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>          | 5                  | NM; NDS                        |
| PANRETIN TOPICAL GEL 0.1 %   | 5                  | NM; NDS; QL (60 per 28 days)   |
| <i>podofilox topical solution 0.5 %</i>                                | 2                  |                                |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                  | 4                  | QL (180 per 30 days)           |
| VALCHLOR TOPICAL GEL 0.016 %   | 5                  | PA NSO; NM; NDS                |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin) | 2                  |                                |
| <b>Antibacterianos dermatológicos</b>                                  |                    |                                |
| <i>clindamycin phosphate topical solution 1 %</i>                      | 2                  | QL (180 per 30 days)           |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)          | 2                  |                                |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>                  | 4                  |                                |
| <i>erythromycin with ethanol topical solution 2 %</i>                  | 2                  |                                |
| <i>gentamicin topical cream 0.1 %</i>                                  | 2                  | QL (90 per 30 days)            |

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|--|--------------------|---------------------------|
| <i>gentamicin topical ointment 0.1 %</i>   | 2                  | QL (120 per 30 days)      |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan)  | 2                  |                           |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)  | 2                  |                           |
| <i>metronidazole topical gel 1 %</i> (Metrogel)  | 4                  |                           |
| <i>mupirocin topical ointment 2 %</i> (Centany)  | 1                  | QL (220 per 30 days)      |
| <i>rosadan topical cream 0.75 %</i> (metronidazole)  | 2                  |                           |
| <i>selenium sulfide topical lotion 2.5 %</i>   | 2                  |                           |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD)   | 2                  |                           |
| <i>ssd topical cream 1 %</i> (silver sulfadiazine)   | 4                  |                           |
| <b>Escabicidas y pediculicidas</b>   |                    |                           |
| <i>malathion topical lotion 0.5 %</i> (Ovide)  | 4                  |                           |
| <i>permethrin topical cream 5 %</i>  | 2                  | QL (60 per 30 days)       |
| <b>Retinoides dermatológicos</b>   |                    |                           |
| <i>adapalene topical cream 0.1 %</i> (Differin)  | 4                  |                           |
| ALTRENO TOPICAL LOTION 0.05 %  | 4                  | PA                        |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)  | 2                  |                           |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)  | 2                  | PA                        |
| <b>AGENTES GASTROINTESTINALES</b>  |                    |                           |
| <b>Agentes antiulcerosos y supresores de ácidos</b>  |                    |                           |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>                                    | 4                  |                           |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>  | 2                  |                           |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole)) | 2                  | QL (30 per 30 days)       |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)                      | 2                  | QL (60 per 30 days)       |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)         | 4                  | ST; QL (30 per 30 days)   |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)                | 4                  | ST; QL (60 per 30 days)   |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)  | 1                  |                           |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)   | 1                  |                           |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))           | 2                  | QL (30 per 30 days)       |

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|--|--------------------------------|--------------------|----------------------------|
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>             | (Prevacid)                     | 2                  | QL (60 per 30 days)        |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                            | (Cytotec)                      | 2                  |                            |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> |                                | 1                  |                            |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>             | (Protonix)                     | 1                  | QL (30 per 30 days)        |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>             | (Protonix)                     | 1                  | QL (60 per 30 days)        |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>              | (AcipHex)                      | 2                  | QL (30 per 30 days)        |
| <i>sucralfate oral tablet 1 gram</i>                                       | (Carafate)                     | 2                  |                            |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG  |                                | 4                  | PA                         |
| <b>Agentes gastrointestinales, otros</b>                                   |                                |                    |                            |
| <i>carglumic acid oral tablet, dispersible 200 mg</i>                      | (Carbaglu)                     | 5                  | PA; NM; NDS                |
| <i>constulose oral solution 10 gram/15 ml</i>                              | (lactulose)                    | 2                  |                            |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>                               | (Gastrocrom)                   | 2                  |                            |
| <i>dicyclomine oral capsule 10 mg</i>                                      |                                | 2                  |                            |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                |                                | 2                  |                            |
| <i>dicyclomine oral tablet 20 mg</i>                                       |                                | 2                  |                            |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                     | (Lomotil)                      | 2                  | PA-HRM; AGE (Max 64 Years) |
| <i>enulose oral solution 10 gram/15 ml</i>                                 | (lactulose)                    | 2                  |                            |
| <i>generlac oral solution 10 gram/15 ml</i>                                | (lactulose)                    | 2                  |                            |
| <i>glycopyrrolate oral tablet 1 mg</i>                                     | (Robinul)                      | 2                  |                            |
| <i>glycopyrrolate oral tablet 2 mg</i>                                     | (Robinul Forte)                | 2                  |                            |
| <i>kionex oral suspension 15 gram/60 ml</i>                                | (sodium polystyrene sulfonate) | 2                  |                            |
| <i>lactulose oral solution 10 gram/15 ml</i>                               | (Constulose)                   | 2                  |                            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                              |                                | 3                  | QL (30 per 30 days)        |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                              |                                | 3                  |                            |
| <i>loperamide oral capsule 2 mg</i>  | (Anti-Diarrheal (loperamide))  | 2                  |                            |

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|---|--------------------|----------------------------------|
| <i>lubiprostone oral capsule 24 mcg</i>   | 2                  | QL (60 per 30 days)              |
| <i>lubiprostone oral capsule 8 mcg</i> (Amitiza)                                    | 2                  | QL (120 per 30 days)             |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                   | 2                  |                                  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)                          | 1                  |                                  |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG   | 3                  | QL (30 per 30 days)              |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i>                             | 2                  |                                  |
| <i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (Kionex)          | 2                  |                                  |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>                         | 2                  |                                  |
| TRULANCE ORAL TABLET 3 MG   | 3                  | QL (30 per 30 days)              |
| <i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)                               | 5                  | NM; NDS                          |
| <i>ursodiol oral capsule 300 mg</i>   | 2                  |                                  |
| <i>ursodiol oral tablet 250 mg</i>  | 2                  |                                  |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                                     | 2                  |                                  |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM               | 3                  |                                  |
| XERMELO ORAL TABLET 250 MG  | 5                  | PA; NM; NDS; QL (84 per 28 days) |
| <b>Quelantes de fosfato</b>   |                    |                                  |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                           | 2                  |                                  |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                            | 2                  |                                  |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)       | 2                  |                                  |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)                             | 2                  |                                  |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                                     | 2                  |                                  |
| <b>Laxantes</b>   |                    |                                  |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes) | 2                  |                                  |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes) | 2                  |                                  |
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)                   | 2                  |                                  |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G) | 2                  |                                  |

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|---|--------------------|---------------------------|
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)                               | 2                  |                           |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 2                  |                           |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>          | 2                  |                           |

## **AGENTES GENITOURINARIOS**

### **Agentes genitourinarios, misceláneos**

|   |   |                     |
|---|---|---------------------|
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | 2 | QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)                      | 2 |                     |
| <i>finasteride oral tablet 5 mg</i> (Proscar)                         | 1 |                     |
| <i>tamsulosin oral capsule 0.4 mg</i>                                 | 1 |                     |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                 | 1 |                     |

### **Antiespasmódicos, urinarios**

|   |   |  |
|---|---|--|
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>               | 2 |  |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg</i> (Toviaz)            | 4 |  |
| <i>fesoterodine oral tablet extended release 24 hr 8 mg</i> (Toviaz)            | 2 |  |
| <i>flavoxate oral tablet 100 mg</i>   | 2 |  |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)          | 2 |  |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                 | 2 |  |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                     | 2 |  |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 2 |  |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)                           | 2 |  |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>                | 2 |  |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                       | 2 |  |
| <i>trospium oral tablet 20 mg</i>   | 2 |  |

| Nombre del Medicamento  | En el Nivel                    | Requisitos/Límites              |
|---|--------------------------------|---------------------------------|
| <b>AGENTES HORMONALES, ESTIMULANTES/SUSTITUYENTES/MODIFICADORES</b>   |                                |                                 |
| <b>Agentes tiroideos y antitiroideos</b>  |                                |                                 |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | (Levo-T)                       | 1                               |
| <i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | (liothyronine)                 | 2                               |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | (Liomny)                       | 2                               |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  |                                | 1                               |
| <i>propylthiouracil oral tablet 50 mg</i>   |                                | 2                               |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG  |                                | 5<br>PA; NM; NDS                |
| <b>Andrógenos</b>   |                                |                                 |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>   |                                | 2                               |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i>  |                                | 2<br>PA                         |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>  | (Depo-Testosterone)            | 2<br>PA                         |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>  |                                | 2<br>PA                         |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>   |                                | 2<br>PA; QL (5 per 28 days)     |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>  | (Vogelxo)                      | 4<br>PA; QL (300 per 30 days)   |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>  | (AndroGel)                     | 4<br>PA; QL (150 per 30 days)   |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>   |                                | 4<br>PA; QL (300 per 30 days)   |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>  | (Vogelxo)                      | 4<br>PA; QL (300 per 30 days)   |
| <b>Estrógenos y antiestrógenos</b>  |                                |                                 |
| <i>abigale lo oral tablet 0.5-0.1 mg</i>  | (estradiol-norethindrone acet) | 1                               |
| <i>abigale oral tablet 1-0.5 mg</i>   | (estradiol-norethindrone acet) | 2<br>PA-HRM; AGE (Max 64 Years) |

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|--|--------------------|----------------------------|
| <i>conjugated estrogens oral tablet</i> (Premarin)<br>0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg   | 2                  |                            |
| <i>estradiol oral tablet</i> 0.5 mg, 1 mg, 2 mg  | 1                  |                            |
| <i>estradiol transdermal patch</i> (Dotti)<br>semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr              | 2                  | QL (8 per 28 days)         |
| <i>estradiol transdermal patch weekly</i> (Climara)<br>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr | 2                  | QL (4 per 28 days)         |
| <i>estradiol vaginal cream</i> 0.01 % (0.1 mg/gram) (Estrace)  | 2                  |                            |
| <i>estradiol vaginal tablet</i> 10 mcg (Yuvaferm)  | 4                  | QL (18 per 28 days)        |
| <i>estradiol-norethindrone acet oral tablet</i> 0.5-0.1 mg (Abigale Lo)  | 2                  | PA-HRM; AGE (Max 64 Years) |
| <i>estradiol-norethindrone acet oral tablet</i> 1-0.5 mg (Abigale)   | 2                  | PA-HRM; AGE (Max 64 Years) |
| <i>mimvey oral tablet</i> 1-0.5 mg (estradiol-norethindrone acet)  | 2                  | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM   | 3                  |                            |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)   | 3                  | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG  | 3                  | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet</i> 60 mg (Evista)   | 2                  |                            |
| <i>yuvaferm vaginal tablet</i> 10 mcg (estradiol)  | 4                  | QL (18 per 28 days)        |
| <b>Glucocorticoides/mineralocorticoides</b>  |                    |                            |
| <i>dexamethasone oral solution</i> 0.5 mg/5 ml   | 2                  |                            |
| <i>dexamethasone oral tablet</i> 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg   | 2                  |                            |
| <i>dexamethasone sodium phosphate injection solution</i> 10 mg/ml, 4 mg/ml   | 1                  |                            |
| <i>fludrocortisone oral tablet</i> 0.1 mg  | 2                  |                            |
| <i>hydrocortisone oral tablet</i> 10 mg, 20 mg, 5 mg (Cortef)  | 2                  |                            |
| <i>methylprednisolone acetate injection suspension</i> 40 mg/ml (Depo-Medrol)  | 2                  |                            |

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|---|--------------------|---------------------------------------|
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                                      | 2                  |                                       |
| <i>methylprednisolone oral tablet 32 mg</i>   | 2                  |                                       |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))                                  | 1                  |                                       |
| <i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>  | 2                  | PA BvD                                |
| <i>prednisolone oral solution 15 mg/5 ml</i>  | 2                  | PA BvD                                |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 2                  | PA BvD                                |
| <i>prednisone oral solution 5 mg/5 ml</i>   | 2                  | PA BvD                                |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                 | 1                  | PA BvD                                |
| <i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>                 | 2                  |                                       |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)                                | 2                  |                                       |
| <b>Pituitarios</b>  |                    |                                       |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML   | 5                  | PA; NM; NDS; QL (35 per 28 days)      |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>   | 2                  |                                       |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>                                     | 2                  |                                       |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)  | 2                  |                                       |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML   | 5                  | PA; NM; NDS                           |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)                               | 5                  | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG   | 5                  | PA NSO; NM; NDS                       |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG  | 5                  | PA NSO; NM; NDS                       |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG                                  | 5                  | PA; NM; NDS                           |

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|--|--------------------|--|
| LUPRON DEPOT-PED<br>INTRAMUSCULAR SYRINGE KIT<br>45 MG   | 5                  | PA; NM; NDS                              |
| NORDITROPIN FLEXPRO<br>SUBCUTANEOUS PEN INJECTOR<br>10 MG/1.5 ML (6.7 MG/ML), 15<br>MG/1.5 ML (10 MG/ML), 30<br>MG/3 ML (10 MG/ML), 5 MG/1.5<br>ML (3.3 MG/ML) | 5                  | PA; NM; NDS                              |
| <i>octreotide acetate injection solution</i><br><i>1,000 mcg/ml</i>  | 5                  | NM; NDS                                  |
| <i>octreotide acetate injection solution</i> (Sandostatin)<br><i>100 mcg/ml, 50 mcg/ml, 500</i><br><i>mcg/ml</i>   | 4                  |  |
| <i>octreotide acetate injection solution</i><br><i>200 mcg/ml</i>  | 4                  |  |
| ORGOVYX ORAL TABLET 120 MG   | 5                  | PA NSO; NM; NDS                          |
| ORILISSA ORAL TABLET 150 MG  | 5                  | PA; NM; NDS; QL (28<br>per 28 days)      |
| ORILISSA ORAL TABLET 200 MG  | 5                  | PA; NM; NDS; QL (56<br>per 28 days)      |
| SEROSTIM SUBCUTANEOUS<br>RECON SOLN 4 MG, 5 MG, 6<br>MG  | 5                  | PA; NM; NDS                              |
| SIGNIFOR SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML (1 ML),<br>0.6 MG/ML (1 ML), 0.9 MG/ML<br>(1 ML)   | 5                  | PA; NM; NDS; QL (60<br>per 30 days)      |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 60<br>MG/0.2 ML  | 5                  | PA NSO; NM; NDS; QL<br>(0.2 per 28 days) |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 90<br>MG/0.3 ML  | 5                  | PA NSO; NM; NDS; QL<br>(0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS<br>RECON SOLN 10 MG, 15 MG, 20<br>MG, 25 MG, 30 MG   | 5                  | PA; NM; NDS                              |
| <b>Progestinas</b>   |                    |  |
| DEPO-SUBQ PROVERA 104<br>SUBCUTANEOUS SYRINGE 104<br>MG/0.65 ML  | 3                  | QL (0.65 per 84 days)                    |
| <i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)  | 2                  |  |
| <i>medroxyprogesterone</i><br><i>intramuscular suspension 150</i><br><i>mg/ml</i> (Depo-Provera)   | 2                  |  |
| <i>medroxyprogesterone</i> (Depo-Provera)<br><i>intramuscular syringe 150 mg/ml</i>  | 2                  |  |

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|---|--------------------|-------------------------------|
| <i>medroxyprogesterone oral tablet</i> (Provera)<br>10 mg, 2.5 mg, 5 mg                 | 1                  |                               |
| <i>megestrol oral suspension</i> 400<br>mg/10 ml (40 mg/ml), 625 mg/5<br>ml (125 mg/ml) | 2                  | PA-HRM; AGE (Max 64<br>Years) |
| <i>norethindrone acetate oral tablet</i> 5 (Gallifrey)<br>mg                            | 2                  |                               |
| <i>progesterone micronized oral</i> (Prometrium)<br><i>capsule</i> 100 mg, 200 mg       | 2                  |                               |

## **AGENTES INMUNOLÓGICOS**

### **Agentes inmunológicos**

|  |   |  |
|--|---|--|
| <i>adalimumab-aaty subcutaneous</i> (Yuflyma(CF)<br><i>auto-injector, kit</i> 40 mg/0.4 ml<br>Autoinjector)      | 5 | PA; NM; NDS                            |
| <i>adalimumab-aaty subcutaneous</i> (adalimumab-aaty(CF) AI<br><i>auto-injector, kit</i> 80 mg/0.8 ml<br>Crohns) | 5 | PA; NM; NDS                            |
| <i>adalimumab-aaty subcutaneous</i> (Yuflyma(CF))<br><i>syringe kit</i> 20 mg/0.2 ml, 40<br>mg/0.4 ml            | 5 | PA; NM; NDS                            |
| <i>adalimumab-aaty(cf) ai crohns</i> (adalimumab-aaty)<br><i>subcutaneous auto-injector, kit</i><br>80 mg/0.8 ml | 5 | PA; NM; NDS                            |
| ARCALYST SUBCUTANEOUS<br>RECON SOLN 220 MG   | 5 | PA; NM; NDS                            |
| ASTAGRAF XL ORAL (tacrolimus)<br>CAPSULE,EXTENDED RELEASE<br>24HR 0.5 MG, 1 MG                                   | 4 | PA BvD                                 |
| ASTAGRAF XL ORAL (tacrolimus)<br>CAPSULE,EXTENDED RELEASE<br>24HR 5 MG   | 5 | PA BvD; NM; NDS                        |
| <i>azathioprine oral tablet</i> 50 mg (Imuran)   | 2 | PA BvD                                 |
| <i>azathioprine sodium injection</i><br><i>recon soln</i> 100 mg   | 2 | PA BvD                                 |
| BENLYSTA SUBCUTANEOUS<br>AUTO-INJECTOR 200 MG/ML   | 5 | PA; NM; NDS; QL (8 per<br>28 days)     |
| BENLYSTA SUBCUTANEOUS<br>SYRINGE 200 MG/ML   | 5 | PA; NM; NDS; QL (8 per<br>28 days)     |
| BESREMI SUBCUTANEOUS<br>SYRINGE 500 MCG/ML   | 5 | PA NSO; NM; NDS; QL<br>(2 per 28 days) |
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG<br>(200 MG X 2 VIALS)                                       | 5 | PA; NM; NDS                            |
| CIMZIA STARTER KIT<br>SUBCUTANEOUS SYRINGE KIT<br>400 MG/2 ML (200 MG/ML X 2)                                    | 5 | PA; NM; NDS                            |

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|---|--------------------|---------------------------|
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)  | 5                  | PA; NM; NDS               |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML  | 5                  | PA; NM; NDS               |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML   | 5                  | PA; NM; NDS               |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML  | 5                  | PA; NM; NDS               |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML   | 5                  | PA; NM; NDS               |
| <i>cyclosporine intravenous solution</i> (Sandimmune)<br>250 mg/5 ml  | 2                  | PA BvD                    |
| <i>cyclosporine modified oral capsule</i> (Gengraf)<br>100 mg, 25 mg  | 2                  | PA BvD                    |
| <i>cyclosporine modified oral capsule</i><br>50 mg  | 2                  | PA BvD                    |
| <i>cyclosporine modified oral solution</i> (Neoral)<br>100 mg/ml  | 2                  | PA BvD                    |
| <i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)   | 2                  | PA BvD                    |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)      | 5                  | PA; NM; NDS               |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)       | 5                  | PA; NM; NDS               |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)                    | 5                  | PA; NM; NDS               |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | 5                  | PA; NM; NDS               |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML  | 5                  | PA; NM; NDS               |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML                             | 5                  | PA; NM; NDS               |

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|---|--------------------|--|
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)  | 5                  | PA; NM; NDS                                |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)   | 5                  | PA; NM; NDS                                |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML   | 5                  | PA; NM; NDS                                |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                                 | 5                  | PA; NM; NDS                                |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)                                      | 5                  | PA; NM; NDS                                |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> (Zortress)                            | 2                  | PA BvD                                     |
| <i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)              | 5                  | PA BvD; NM; NDS                            |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)  | 5                  | PA BvD; NM; NDS                            |
| <i>engraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)                                | 2                  | PA BvD                                     |
| <i>engraf oral solution 100 mg/ml</i> (cyclosporine modified)                                   | 2                  | PA BvD                                     |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML                                       | 5                  | PA; NM; NDS                                |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML   | 5                  | PA; NM; NDS                                |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)                 | 5                  | PA; NM; NDS                                |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)                                 | 5                  | PA; NM; NDS                                |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                        | 5                  | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                       | 5                  | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML   | 5                  | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML  | 5                  | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 5                  | PA; NM; NDS; Only NDCs starting with 00074 |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>                        |
|--|--------------------|--|
| HUMIRA(CF) PEN CROHNS-UC-HS<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 80 MG/0.8 ML                                   | 5                  | PA; NM; NDS; Only<br>NDCs starting with<br>00074 |
| HUMIRA(CF) PEN PEDIATRIC UC<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 80 MG/0.8 ML                                   | 5                  | PA; NM; NDS; Only<br>NDCs starting with<br>00074 |
| HUMIRA(CF) PEN PSOR-UV-ADOL<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML-40<br>MG/0.4 ML                | 5                  | PA; NM; NDS; Only<br>NDCs starting with<br>00074 |
| HUMIRA(CF) PEN<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.4 ML, 80 MG/0.8<br>ML                               | 5                  | PA; NM; NDS; Only<br>NDCs starting with<br>00074 |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20<br>MG/0.2 ML, 40 MG/0.4 ML                             | 5                  | PA; NM; NDS; Only<br>NDCs starting with<br>00074 |
| <i>infliximab intravenous recon soln</i><br><i>100 mg</i> (Remicade)   | 5                  | PA; NM; NDS                                      |
| KINERET SUBCUTANEOUS<br>SYRINGE 100 MG/0.67 ML   | 5                  | PA; NM; NDS                                      |
| <i>leflunomide oral tablet 10 mg, 20</i><br><i>mg</i> (Arava)  | 2                  |  |
| <i>mycophenolate mofetil (hcl)</i><br><i>intravenous recon soln 500 mg</i> (CellCept Intravenous)              | 2                  | PA BvD   |
| <i>mycophenolate mofetil oral capsule</i><br><i>250 mg</i> (CellCept)  | 2                  | PA BvD   |
| <i>mycophenolate mofetil oral</i><br><i>suspension for reconstitution</i><br><i>200 mg/ml</i> (CellCept)       | 5                  | PA BvD; NM; NDS                                  |
| <i>mycophenolate mofetil oral tablet</i><br><i>500 mg</i> (CellCept)   | 2                  | PA BvD   |
| <i>mycophenolate sodium oral</i><br><i>tablet, delayed release (dr/ec) 180</i><br><i>mg, 360 mg</i> (Myfortic) | 4                  | PA BvD   |
| NIKTIMVO INTRAVENOUS<br>SOLUTION 50 MG/ML  | 5                  | PA NSO; NM; NDS                                  |
| NULOJIX INTRAVENOUS RECON<br>SOLN 250 MG   | 5                  | PA BvD; NM; NDS                                  |
| ORENCIA (WITH MALTOSE)<br>INTRAVENOUS RECON SOLN<br>250 MG   | 5                  | PA; NM; NDS                                      |
| ORENCIA CLICKJECT<br>SUBCUTANEOUS<br>AUTO-INJECTOR 125 MG/ML   | 5                  | PA; NM; NDS                                      |

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|--|--------------------|-----------------------------------|
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML   | 5                  | PA; NM; NDS                       |
| OTEZLA ORAL TABLET 20 MG, 30 MG  | 5                  | PA; NM; NDS                       |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)  | 5                  | PA; NM; NDS                       |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG  | 5                  | PA; NM; NDS                       |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG   | 5                  | PA; NM; NDS                       |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)  | 4                  | PA BvD                            |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG   | 4                  | PA BvD                            |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 4                  | ST                                |
| REZUROCK ORAL TABLET 200 MG  | 5                  | PA NSO; NM; NDS                   |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML  | 5                  | PA; NM; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG  | 5                  | PA; NM; NDS                       |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML   | 5                  | PA; NM; NDS                       |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML  | 3                  | PA                                |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)  | 3                  | PA                                |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)  | 5                  | PA; NM; NDS                       |
| <i>sirolimus oral solution 1 mg/ml</i>   | 2                  | PA BvD                            |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>  | 2                  | PA BvD                            |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML  | 5                  | PA; NM; NDS                       |

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|---|--------------------|-----------------------------------|
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML   | 5                  | PA; NM; NDS                       |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML  | 5                  | PA; NM; NDS                       |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)         | 5                  | PA; NM; NDS                       |
| <i>tacrolimus intravenous solution 5 mg/ml</i> (Prograf)  | 2                  | PA BvD                            |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)   | 2                  | PA BvD                            |
| TAVNEOS ORAL CAPSULE 10 MG  | 5                  | PA; NM; NDS; QL (180 per 30 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)  | 5                  | PA; NM; NDS                       |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML  | 5                  | PA; NM; NDS                       |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML                                | 5                  | PA; NM; NDS                       |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML   | 5                  | PA; NM; NDS                       |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML   | 5                  | PA; NM; NDS                       |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML   | 5                  | PA; NM; NDS                       |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 5                  | PA; NM; NDS                       |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML   | 5                  | PA; NM; NDS                       |
| <i>ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i> (Otulfi)                        | 3                  | PA                                |
| XELJANZ ORAL SOLUTION 1 MG/ML   | 5                  | PA; NM; NDS                       |
| XELJANZ ORAL TABLET 10 MG, 5 MG   | 5                  | PA; NM; NDS                       |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG  | 5                  | PA; NM; NDS                       |

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|---|--------------------|---------------------------|
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML  | 5                  | PA; NM; NDS               |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML   | 3                  | PA                        |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML  | 3                  | PA                        |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML  | 5                  | PA; NM; NDS               |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)           | 5                  | PA; NM; NDS               |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty) | 5                  | PA; NM; NDS               |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)                     | 5                  | PA; NM; NDS               |
| <b>Vacunas</b>  |                    |                           |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML  | 3                  | \$0 copay                 |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML  | 3                  |                           |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML               | 3                  | \$0 copay                 |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML                  | 3                  | \$0 copay                 |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML                                | 3                  | \$0 copay                 |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG                               | 3                  | \$0 copay                 |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML  | 3                  | \$0 copay                 |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML  | 3                  | \$0 copay                 |

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|---|--------------------|---------------------------|
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE<br>2.5-8-5 LF-MCG-LF/0.5ML                           | 3                  | \$0 copay                 |
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION<br>15-10-5 LF-MCG-LF/0.5ML       | 3                  |                           |
| DENGVAXIA (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP4.5-6<br>CCID50/0.5 ML | 3                  | QL (3 per 365 days)       |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML  | 3                  | PA BvD; \$0 copay         |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/ML   | 3                  | PA BvD; \$0 copay         |
| ENGERIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                          | 3                  | PA BvD; \$0 copay         |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SUSPENSION<br>0.5 ML                                       | 3                  | \$0 copay                 |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML  | 3                  | \$0 copay                 |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML                                    | 3                  | \$0 copay                 |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT/0.5<br>ML                               | 3                  |                           |
| HEPLISAV-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/0.5 ML                                      | 3                  | PA BvD; \$0 copay         |
| HIBERIX (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                      | 3                  |                           |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN<br>2.5 UNIT                          | 3                  | PA BvD; \$0 copay         |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE<br>25-58-10 LF-MCG-LF/0.5ML                   | 3                  |                           |
| IPOL INJECTION SUSPENSION<br>40-8-32 UNIT/0.5 ML  | 3                  | \$0 copay                 |
| IXIARO (PF) INTRAMUSCULAR<br>SYRINGE 6 MCG/0.5 ML   | 3                  | \$0 copay                 |
| JYNNEOS (PF) SUBCUTANEOUS<br>SUSPENSION 0.5X TO 3.95X<br>10EXP8 UNIT/0.5                    | 3                  | \$0 copay                 |

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|---|--------------------|---------------------------|
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML                             | 3                  |                           |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML                                       | 3                  | \$0 copay                 |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML                                     | 3                  | \$0 copay                 |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML                           | 3                  | \$0 copay                 |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML                        | 3                  | \$0 copay                 |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML  | 3                  | \$0 copay                 |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML                      | 3                  |                           |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML                                   | 3                  |                           |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML  | 3                  | \$0 copay                 |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 3                  | \$0 copay                 |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML                       | 3                  | \$0 copay                 |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML                                    | 3                  | \$0 copay                 |
| PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG     | 3                  | \$0 copay                 |
| PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML               | 3                  | \$0 copay                 |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML                            | 3                  |                           |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>         |
|--|--------------------|-----------------------------------|
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION<br>10EXP3.4-4.2- 3.3CCID50/0.5ML | 3                  | \$0 copay                         |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION<br>10EXP3-4.3-3- 3.99 TCID50/0.5 | 3                  |                                   |
| QUADRACEL (PF)<br>INTRAMUSCULAR SUSPENSION<br>15 LF-48 MCG- 5 LF UNIT/0.5ML                    | 3                  |                                   |
| QUADRACEL (PF)<br>INTRAMUSCULAR SYRINGE 15<br>LF-48 MCG- 5 LF UNIT/0.5ML                       | 3                  |                                   |
| RABAVERT (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 2.5 UNIT                       | 3                  | PA BvD; \$0 copay                 |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML, 40 MCG/ML, 5<br>MCG/0.5 ML        | 3                  | PA BvD; \$0 copay                 |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML                         | 3                  | PA BvD; \$0 copay                 |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML   | 3                  |                                   |
| ROTARIX ORAL SUSPENSION FOR<br>RECONSTITUTION 10EXP6<br>CCID50/ML                              | 3                  |                                   |
| ROTATEQ VACCINE ORAL<br>SOLUTION 2 ML  | 3                  |                                   |
| SHINGRIX (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 50 MCG/0.5<br>ML               | 3                  | \$0 copay; QL (2 per 365<br>days) |
| SHINGRIX (PF) INTRAMUSCULAR<br>SYRINGE 50 MCG/0.5 ML   | 3                  | \$0 copay; QL (2 per 365<br>days) |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5<br>ML  | 3                  | \$0 copay                         |
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML                         | 3                  | \$0 copay                         |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                                       | 3                  | \$0 copay                         |
| TICOVAC INTRAMUSCULAR<br>SYRINGE 1.2 MCG/0.25 ML   | 3                  |                                   |

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|---|-----------------------------------|---------------------------|-----------|
| TICOVAC INTRAMUSCULAR<br>SYRINGE 2.4 MCG/0.5 ML   | 3                                 | \$0 copay                 |           |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML  | 3                                 | \$0 copay                 |           |
| TWINRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT- 20<br>MCG/ML  | 3                                 | \$0 copay                 |           |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML   | 3                                 | \$0 copay                 |           |
| TYPHIM VI INTRAMUSCULAR<br>SYRINGE 25 MCG/0.5 ML  | (typhoid vi polysacch<br>vaccine) | 3                         | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML   | 3                                 |                           |           |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 50 UNIT/ML   | 3                                 | \$0 copay                 |           |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML  | 3                                 |                           |           |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 50 UNIT/ML  | 3                                 | \$0 copay                 |           |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350<br>UNIT/0.5 ML  | 3                                 | \$0 copay                 |           |
| VAXCHORA VACCINE ORAL<br>SUSPENSION FOR<br>RECONSTITUTION 4X10EXP8<br>TO 2X 10EXP9 CF UNIT  | 3                                 | \$0 copay                 |           |
| VIMKUNYA INTRAMUSCULAR<br>SYRINGE 40 MCG/0.8 ML   | 3                                 | \$0 copay                 |           |
| VIVOTIF ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 2 BILLION<br>UNIT  | 3                                 | \$0 copay                 |           |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML, 10 EXP4.74<br>UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3                                 | \$0 copay                 |           |

## **AGENTES OFTÁLMICOS**

### **Agentes antiglaucoma**

|  |   |  |
|--|---|--|
| <i>acetazolamide oral capsule,<br/>extended release 500 mg</i> | 2 |  |
| <i>acetazolamide oral tablet 125 mg,<br/>250 mg</i>            | 2 |  |
| <i>acetazolamide sodium injection<br/>recon soln 500 mg</i>    | 2 |  |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|--------------------|---------------------------|
| <i>betaxolol ophthalmic (eye) drops</i><br>0.5 %                          | 4                  |                           |
| <i>brimonidine ophthalmic (eye) drops</i> (Alphagan P)<br>0.1 %           | 4                  |                           |
| <i>brimonidine ophthalmic (eye) drops</i> (Alphagan P)<br>0.15 %          | 2                  |                           |
| <i>brimonidine ophthalmic (eye) drops</i><br>0.2 %                        | 2                  |                           |
| <i>brimonidine-timolol ophthalmic (eye) drops</i> 0.2-0.5 % (Combigan)    | 4                  |                           |
| <i>brinzolamide ophthalmic (eye) drops,suspension</i> 1 % (Azopt)         | 2                  |                           |
| <i>carteolol ophthalmic (eye) drops</i> 1 %                               | 2                  |                           |
| <i>dorzolamide ophthalmic (eye) drops</i> 2 %                             | 2                  |                           |
| <i>dorzolamide-timolol ophthalmic (eye) drops</i> 22.3-6.8 mg/ml (Cosopt) | 2                  |                           |
| <i>latanoprost ophthalmic (eye) drops</i> 0.005 % (Xalatan)               | 1                  | QL (2.5 per 25 days)      |
| <i>levobunolol ophthalmic (eye) drops</i><br>0.5 %                        | 2                  |                           |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)                       | 3                  | QL (2.5 per 25 days)      |
| <i>methazolamide oral tablet</i> 25 mg,<br>50 mg                          | 4                  |                           |
| <i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 %               | 2                  |                           |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %                                   | 3                  | QL (2.5 per 25 days)      |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %                             | 3                  | QL (2.5 per 25 days)      |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                       | 3                  |                           |
| <i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 %               | 1                  |                           |
| <i>timolol ophthalmic (eye) drops</i> 0.5 % (Betimol)                     | 1                  |                           |
| <i>travoprost ophthalmic (eye) drops</i> 0.004 % (Travatan Z)             | 4                  | QL (2.5 per 25 days)      |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %                                    | 4                  | QL (5 per 30 days)        |

| Nombre del Medicamento   | En el Nivel | Requisitos/Límites                |
|--|-------------|-----------------------------------|
| <b>AGENTES PARA EL SISTEMA NERVIOSO CENTRAL</b>  |             |                                   |
| <b>Agentes para el sistema nervioso central</b>  |             |                                   |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>   | 2           | QL (60 per 30 days)               |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>   | 2           | QL (30 per 30 days)               |
| AUSTEDO ORAL TABLET 12 MG, 9 MG  | 5           | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG   | 5           | PA; NM; NDS; QL (60 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG  | 5           | PA; NM; NDS; QL (90 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG   | 5           | PA; NM; NDS; QL (60 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG   | 5           | PA; NM; NDS; QL (30 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG   | 5           | PA; NM; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 5           | PA; NM; NDS                       |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML  | 5           | PA; NM; NDS; QL (1 per 28 days)   |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML   | 5           | PA; NM; NDS; QL (1 per 28 days)   |
| BETASERON SUBCUTANEOUS KIT 0.3 MG  | 5           | PA; NM; NDS; QL (15 per 30 days)  |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)   | 2           | PA; QL (60 per 30 days)           |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)          | 2           | QL (30 per 30 days)               |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)         | 2           | QL (60 per 30 days)               |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)      | 2           | QL (60 per 30 days)               |

| <b>Nombre del Medicamento</b>  |                                  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>         |
|--|----------------------------------|--------------------|-----------------------------------|
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>                   | (Tecfidera)                      | 2                  | PA; QL (14 per 7 days)            |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | (Tecfidera)                      | 2                  | PA                                |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>                   | (Tecfidera)                      | 5                  | PA; NM; NDS; QL (60 per 30 days)  |
| <i> fingolimod oral capsule 0.5 mg</i>   | (Gilenya)                        | 5                  | PA; NM; NDS; QL (30 per 30 days)  |
| <i> glatiramer subcutaneous syringe 20 mg/ml</i>                                       | (Glatopa)                        | 5                  | PA; NM; NDS; QL (30 per 30 days)  |
| <i> glatiramer subcutaneous syringe 40 mg/ml</i>                                       | (Glatopa)                        | 5                  | PA; NM; NDS; QL (12 per 28 days)  |
| <i> glatopa subcutaneous syringe 20 mg/ml</i>  | (glatiramer)                     | 5                  | PA; NM; NDS; QL (30 per 30 days)  |
| <i> glatopa subcutaneous syringe 40 mg/ml</i>  | (glatiramer)                     | 5                  | PA; NM; NDS; QL (12 per 28 days)  |
| <i> guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>           | (Intuniv ER)                     | 2                  |                                   |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)            |                                  | 5                  | PA; NM; NDS                       |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG  |                                  | 5                  | PA; NM; NDS; QL (30 per 30 days)  |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG                           |                                  | 5                  | PA; NM; NDS; QL (30 per 30 days)  |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                                    |                                  | 5                  | PA; NM; NDS; QL (1.2 per 28 days) |
| <i> lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                          |                                  | 1                  |                                   |
| <i> lithium carbonate oral tablet 300 mg</i>   |                                  | 1                  |                                   |
| <i> lithium carbonate oral tablet extended release 300 mg</i>                          | (Lithobid)                       | 2                  |                                   |
| <i> lithium carbonate oral tablet extended release 450 mg</i>                          |                                  | 2                  |                                   |
| <i> lithium citrate oral solution 8 meq/5 ml</i>                                       |                                  | 2                  |                                   |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG   | (cladribine(multiple sclerosis)) | 5                  | PA; NM; NDS                       |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG  | (cladribine(multiple sclerosis)) | 5                  | PA; NM; NDS                       |

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| <b>Nombre del Medicamento</b>   |                                  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>         |
|---|----------------------------------|--------------------|-----------------------------------|
| MAVENCLAD (5 TABLET PACK)<br>ORAL TABLET 10 MG                          | (cladribine(multiple sclerosis)) | 5                  | PA; NM; NDS                       |
| MAVENCLAD (6 TABLET PACK)<br>ORAL TABLET 10 MG                          | (cladribine(multiple sclerosis)) | 5                  | PA; NM; NDS                       |
| MAVENCLAD (7 TABLET PACK)<br>ORAL TABLET 10 MG                          | (cladribine(multiple sclerosis)) | 5                  | PA; NM; NDS                       |
| MAVENCLAD (8 TABLET PACK)<br>ORAL TABLET 10 MG                          | (cladribine(multiple sclerosis)) | 5                  | PA; NM; NDS                       |
| MAVENCLAD (9 TABLET PACK)<br>ORAL TABLET 10 MG                          | (cladribine(multiple sclerosis)) | 5                  | PA; NM; NDS                       |
| MAYZENT ORAL TABLET 0.25 MG   |                                  | 5                  | PA; NM; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG  |                                  | 5                  | PA; NM; NDS; QL (30 per 30 days)  |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)  |                                  | 3                  | PA                                |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) |                                  | 5                  | PA; NM; NDS                       |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>          | (Methylin)                       | 2                  | QL (900 per 30 days)              |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>               | (Ritalin)                        | 2                  | QL (90 per 30 days)               |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML                       |                                  | 5                  | PA; NM; NDS; QL (1 per 28 days)   |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML         |                                  | 5                  | PA; NM; NDS                       |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML                            |                                  | 5                  | PA; NM; NDS; QL (1 per 28 days)   |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML              |                                  | 5                  | PA; NM; NDS                       |
| <i>riluzole oral tablet 50 mg</i>                                       |                                  | 2                  |                                   |
| <i>tetrabenazine oral tablet 12.5 mg</i>                                | (Xenazine)                       | 2                  | PA; QL (112 per 28 days)          |
| <i>tetrabenazine oral tablet 25 mg</i>                                  | (Xenazine)                       | 5                  | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG                     |                                  | 5                  | PA; NM; NDS; QL (120 per 30 days) |

| Nombre del Medicamento  | En el Nivel | Requisitos/Límites                    |
|---|-------------|---------------------------------------|
| <b>AGENTES PARA EL TRACTO RESPIRATORIO</b>                            |             |                                       |
| <b>Agentes para el tracto respiratorio, otros</b>                     |             |                                       |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>     | 2           | PA BvD                                |
| ALYFTREK ORAL TABLET<br>10-50-125 MG                                  | 5           | PA; NM; NDS; QL (60 per 30 days)      |
| ALYFTREK ORAL TABLET 4-20-50 MG                                       | 5           | PA; NM; NDS; QL (90 per 30 days)      |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG              | 5           | NM; NDS; QL (560 per 28 days)         |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>       | 2           | PA BvD                                |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                       | 5           | PA; NM; NDS; QL (1 per 28 days)       |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML                   | 5           | PA; NM; NDS; QL (1 per 28 days)       |
| JASCAYD ORAL TABLET 18 MG, 9 MG                                       | 5           | PA; NM; NDS; QL (60 per 30 days)      |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5           | PA; NM; NDS; QL (56 per 28 days)      |
| KALYDECO ORAL TABLET 150 MG   | 5           | PA; NM; NDS; QL (56 per 28 days)      |
| <i>nintedanib oral capsule 100 mg, 150 mg</i> (Ofev)                  | 5           | PA; NM; NDS; QL (60 per 30 days)      |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                           | 5           | PA; NM; LA; NDS; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                                 | 5           | PA; NM; LA; NDS; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                                 | 5           | PA; NM; LA; NDS; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                              | 5           | PA; NM; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)                         | 5           | PA; NM; NDS; QL (60 per 30 days)      |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                            | 5           | PA; NM; NDS; QL (112 per 28 days)     |
| <i>pirfenidone oral capsule 267 mg</i>                                | 5           | PA; NM; NDS; QL (270 per 30 days)     |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet)                       | 5           | PA; NM; NDS; QL (270 per 30 days)     |
| <i>pirfenidone oral tablet 534 mg</i>                                 | 5           | PA; NM; NDS; QL (90 per 30 days)      |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>        |
|--|--------------------|----------------------------------|
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet)  | 5                  | PA; NM; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML  | 5                  | PA BvD; NM; NDS                  |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp)  | 2                  | QL (28 per 28 days)              |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp)  | 2                  | QL (30 per 30 days)              |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)                                      | 5                  | PA; NM; NDS; QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)   | 5                  | PA; NM; NDS; QL (84 per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)   | 5                  | PA; NM; NDS; QL (1 per 21 days)  |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML   | 5                  | PA; NM; NDS                      |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG  | 5                  | PA; NM; NDS                      |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML   | 5                  | PA; NM; NDS                      |
| <b>Antiinflamatorios, corticosteroides inhalados</b>   |                    |                                  |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | 3                  | QL (12 per 30 days)              |
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION   | 3                  | QL (32.1 per 30 days)            |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)                | 3                  | QL (30 per 30 days)              |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)                              | 3                  | QL (60 per 30 days)              |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE   | 3                  | QL (60 per 30 days)              |

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|---|----------------------------------|-----------------------------------|
| <i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>  | (budesonide-formoterol)          | 4<br>QL (30.9 per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>                                   | (Pulmicort)                      | 2<br>PA BvD; QL (120 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                         | (Breyna)                         | 4<br>QL (30.6 per 30 days)        |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>  |                                  | 4<br>QL (12 per 30 days)          |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>  |                                  | 4<br>QL (24 per 30 days)          |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>   |                                  | 4<br>QL (21.2 per 30 days)        |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>          | (Wixela Inhub)                   | 2<br>QL (60 per 30 days)          |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>                            | (fluticasone propion-salmeterol) | 2<br>QL (60 per 30 days)          |
| <b>Antileucotrienos</b>   |                                  |                                   |
| <i>montelukast oral tablet 10 mg</i>  | (Singulair)                      | 1                                 |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>   | (Singulair)                      | 2                                 |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>   | (Accolate)                       | 4                                 |
| <b>Broncodilatadores</b>  |                                  |                                   |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION   |                                  | 3<br>QL (32.1 per 30 days)        |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>  | (Ventolin HFA)                   | 2<br>QL (17 per 30 days)          |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>  |                                  | 2<br>QL (13.4 per 30 days)        |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>  |                                  | 2<br>QL (36 per 30 days)          |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i> |                                  | 2<br>PA BvD                       |

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| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b>             | <b>Requisitos/Límites</b>    |
|---|--------------------------------|------------------------------|
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION                              | (umeclidinium-vilanterol)<br>3 | QL (60 per 30 days)          |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                                    | (ipratropium bromide)<br>4     | QL (25.8 per 28 days)        |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                       | 3                              | QL (10.7 per 30 days)        |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION   | 3                              | QL (8 per 30 days)           |
| <i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i>                      | (Atrovent HFA)<br>2            | QL (25.8 per 28 days)        |
| <i>ipratropium bromide inhalation solution 0.02 %</i>   | 2                              | PA BvD                       |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 2                              | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                                      | 3                              | QL (60 per 30 days)          |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION   | 3                              | QL (4 per 30 days)           |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION  | 3                              | QL (4 per 30 days)           |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION  | 3                              | QL (4 per 30 days)           |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION  | 3                              | QL (4 per 28 days)           |
| <i>theophylline oral solution 80 mg/15 ml</i>   | 2                              |                              |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>           | 4                              |                              |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                           | 2                              |                              |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>                        | (Spiriva with HandiHaler)<br>2 | QL (30 per 30 days)          |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG                 | 3                              | QL (60 per 30 days)          |

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|---|-------------|-----------------------|
| <b>AGENTES PARA EL TRATAMIENTO CONTRA LA ADICCIÓN/ABUSO DE SUSTANCIAS</b>                               |             |                       |
| <b>Agentes para el tratamiento contra la adicción/abuso de sustancias</b>                               |             |                       |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>  | 2           |                       |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>   | 2           |                       |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)              | 4           |                       |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>  | 2           |                       |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>                          | 2           |                       |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>  | 2           |                       |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION  | 3           | QL (4 per 30 days)    |
| <i>naloxone injection solution 0.4 mg/ml</i>  | 2           |                       |
| <i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>                     | 2           |                       |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)  | 2           | QL (4 per 30 days)    |
| <i>naltrexone oral tablet 50 mg</i>   | 2           |                       |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML   | 4           | QL (240 per 180 days) |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)  | 2           | QL (336 per 365 days) |
| <i>varenicline tartrate oral tablet 1 mg (56 pack)</i>  | 2           | QL (336 per 365 days) |
| <i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box) | 2           |                       |

## AGENTES PARA LA ENFERMEDAD INFLAMATORIA INTESTINAL

### Agentes para la enfermedad inflamatoria intestinal

|  |   |         |
|--|---|---------|
| <i>alose tron oral tablet 0.5 mg</i> (Lotronex)  | 2 |         |
| <i>alose tron oral tablet 1 mg</i> (Lotronex)    | 5 | NM; NDS |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | 2 |         |

| Nombre del Medicamento  | En el Nivel | Requisitos/Límites   |
|---|-------------|----------------------|
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>                         | 4           |                      |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)                                 | 2           |                      |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)                           | 2           |                      |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)                     | 2           |                      |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)             | 4           |                      |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)              | 4           | QL (120 per 30 days) |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                                  | 2           |                      |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs) | 4           |                      |

## AGENTES PARA LAS ENFERMEDADES ÓSEAS METABÓLICAS

### Agentes para las enfermedades óseas metabólicas

|  |   |                                 |
|--|---|---------------------------------|
| <i>alendronate oral solution 70 mg/75 ml</i>                                       | 4 | QL (300 per 28 days)            |
| <i>alendronate oral tablet 10 mg</i>   | 1 | QL (30 per 30 days)             |
| <i>alendronate oral tablet 35 mg</i>   | 1 | QL (4 per 28 days)              |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                                     | 1 | QL (4 per 28 days)              |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>             | 2 |                                 |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                   | 2 |                                 |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)                              | 2 | QL (60 per 30 days)             |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                                     | 2 | QL (120 per 30 days)            |
| <i>ibandronate oral tablet 150 mg</i>  | 2 | QL (1 per 28 days)              |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 5 | PA; NM; NDS; QL (2 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                            | 5 | PA; NM; NDS                     |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                            | 4 |                                 |
| <i>paricalcitol oral capsule 4 mcg</i>   | 4 |                                 |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG                               | 5 | NM; NDS; QL (60 per 30 days)    |

| Nombre del Medicamento  | En el Nivel | Requisitos/Límites                 |
|---|-------------|------------------------------------|
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML  | 3           | QL (1 per 180 days)                |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity) | 5           | PA; NM; NDS; QL (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)                         | 5           | PA; NM; NDS; QL (1.56 per 30 days) |

## AGENTES PARA LOS OJOS, OÍDOS, NARIZ, GARGANTA

### Agentes antiinfecciosos para ojos, oídos, nariz y garganta

|   |   |                     |
|---|---|---------------------|
| <i>acetic acid otic (ear) solution 2 %</i>  | 2 |                     |
| <i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)                      | 2 |                     |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>   | 2 |                     |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)                          | 2 |                     |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>   | 2 |                     |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>  | 2 | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>   | 2 | QL (3.5 per 4 days) |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>   | 2 |                     |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>  | 2 |                     |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>  | 2 |                     |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)  | 2 |                     |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %   | 4 |                     |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)       | 2 |                     |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)      | 2 |                     |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 2 |                     |

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| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b>              | <b>Requisitos/Límites</b>        |
|---|---------------------------------|----------------------------------|
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | 2                               |                                  |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>  | 2                               |                                  |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>       | 2                               |                                  |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>               | 2                               |                                  |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>                 | (neomycin-bacitracin-poly-hc)   | 2                                |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>                  | (neomycin-bacitracin-polymyxin) | 2                                |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>   | (Ocuflax)                       | 2                                |
| <i>ofloxacin otic (ear) drops 0.3 %</i>   |                                 | 2                                |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                               | (bacitracin-polymyxin b)        | 2                                |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>            |                                 | 1                                |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                                     |                                 | 2                                |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                                  |                                 | 2                                |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>               |                                 | 2                                |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>  |                                 | 1                                |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                 |                                 | 2                                |
| <i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>                      | (Zylet)                         | 2                                |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>  |                                 | 4                                |
| XDEMYV OPTHALMIC (EYE) DROPS 0.25 %   |                                 | 5                                |
| ZIRGAN OPTHALMIC (EYE) GEL 0.15 %   |                                 | 4                                |
|   |                                 | PA; NM; NDS; QL (10 per 42 days) |

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| Nombre del Medicamento   | En el Nivel | Requisitos/Límites   |
|--|-------------|----------------------|
| <b>Agentes antiinflamatorios de ojos, oídos, nariz y garganta</b>  |             |                      |
| <i>bromfenac ophthalmic (eye) drops</i> (Prolensa)<br>0.07 %   | 2           |                      |
| <i>cyclosporine ophthalmic (eye)</i> (Restasis)<br><i>dropperette</i> 0.05 %                                       | 2           | QL (60 per 30 days)  |
| <i>dexamethasone sodium phosphate</i><br><i>ophthalmic (eye) drops</i> 0.1 %                                       | 2           |                      |
| <i>diclofenac sodium ophthalmic (eye)</i><br><i>drops</i> 0.1 %  | 2           |                      |
| <i>difluprednate ophthalmic (eye)</i> (Durezol)<br><i>drops</i> 0.05 %   | 4           |                      |
| EYSUVIS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %  | 3           | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol</i><br>25 mcg (0.025 %)   | 4           | QL (50 per 25 days)  |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil)<br><i>drops</i> 0.01 %                                 | 2           |                      |
| <i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm)<br><i>drops,suspension</i> 0.1 %                           | 2           |                      |
| <i>flurbiprofen sodium ophthalmic</i><br><i>(eye) drops</i> 0.03 %   | 2           |                      |
| <i>fluticasone propionate nasal</i> (24 Hour Allergy Relief)<br><i>spray,suspension</i> 50<br><i>mcg/actuation</i> | 1           | QL (16 per 30 days)  |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %  | 3           |                      |
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %  | 3           | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops</i> (Acular)<br>0.5 %  | 2           | QL (10 per 25 days)  |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %   | 3           | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %  | 3           | QL (5 per 16 days)   |
| <i>loteprednol etabonate ophthalmic</i> (Lotemax)<br><i>(eye) drops,gel</i> 0.5 %                                  | 4           | QL (10 per 14 days)  |
| <i>loteprednol etabonate ophthalmic</i> (Alrex)<br><i>(eye) drops,suspension</i> 0.2 %                             | 2           | ST                   |
| <i>loteprednol etabonate ophthalmic</i><br><i>(eye) drops,suspension</i> 0.5 %                                     | 4           | QL (15 per 19 days)  |
| <i>mometasone nasal</i> (Allergy Nasal<br><i>spray,non-aerosol</i> 50<br><i>mcg/actuation</i> (mometasone))        | 4           | QL (34 per 30 days)  |
| <i>prednisolone acetate ophthalmic</i> (Pred Forte)<br><i>(eye) drops,suspension</i> 1 %                           | 4           |                      |

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| Nombre del Medicamento   | En el Nivel | Requisitos/Límites  |
|--|-------------|---------------------|
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                       | 3           | QL (60 per 30 days) |
| <b>Agentes para ojos, oídos, nariz y garganta, misceláneos</b>                   |             |                     |
| <i>atropine ophthalmic (eye) drops 1 %</i>                                       | 2           |                     |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>                       | 2           | QL (60 per 30 days) |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)  | 2           | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                                  | 2           |                     |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                       | 2           |                     |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                  | 4           |                     |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>              | 2           | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>              | 2           | QL (15 per 10 days) |
| MIEBO (PF) OPHTHALMIC (EYE)<br>DROPS 100 %                                       | 3           | QL (12 per 28 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)   | 2           |                     |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad)) | 2           |                     |

## AGENTES PARA TRASTORNOS DEL SUEÑO

### Agentes para trastornos del sueño

|  |   |                                       |
|--|---|---------------------------------------|
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 2 | PA; QL (30 per 30 days)               |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                         | 3 | QL (30 per 30 days)                   |
| <i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)                        | 2 | QL (30 per 30 days)                   |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)              | 2 | QL (30 per 30 days)                   |
| <i>modafinil oral tablet 100 mg</i> (Provigil)                         | 2 | PA; QL (30 per 30 days)               |
| <i>modafinil oral tablet 200 mg</i> (Provigil)                         | 2 | PA; QL (60 per 30 days)               |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)                  | 5 | PA; NM; LA; NDS; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                               | 2 | QL (30 per 30 days)                   |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)                       | 1 | QL (30 per 30 days)                   |

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| Nombre del Medicamento   | En el Nivel | Requisitos/Límites                    |
|--|-------------|---------------------------------------|
| <b>AGENTES TERAPÉUTICOS MISCELÁNEOS</b>                                    |             |                                       |
| <b>Agentes terapéuticos misceláneos</b>                                    |             |                                       |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                             | 5           | PA; NM; NDS                           |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION                            | 3           |                                       |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                        | 5           | PA; NM; NDS                           |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>              | 1           |                                       |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                      | 5           | NM; NDS                               |
| <i>glucagon emergency kit (human) injection recon soln 1 mg</i>            | 3           |                                       |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)       | 5           | PA; NM; NDS; QL (180 per 30 days)     |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3           |                                       |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML   | 3           |                                       |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML                                    | 3           |                                       |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>                             | 2           |                                       |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>                       | 1           |                                       |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>            | 2           |                                       |
| <i>mesna oral tablet 400 mg</i> (Mesnex)                                   | 5           | NM; NDS                               |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)                  | 2           | QL (30 per 30 days)                   |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)                 | 2           |                                       |
| THALOMID ORAL CAPSULE 100 MG   | 5           | PA NSO; NM; NDS; QL (120 per 30 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG                                       | 5           | PA NSO; NM; NDS; QL (56 per 28 days)  |
| THALOMID ORAL CAPSULE 50 MG  | 5           | PA NSO; NM; NDS; QL (224 per 28 days) |
| TYBOST ORAL TABLET 150 MG  | 3           | QL (30 per 30 days)                   |
| VEOZAH ORAL TABLET 45 MG   | 4           | PA; QL (30 per 30 days)               |

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|---|-------------|----------------------------------|
| VOWST ORAL CAPSULE 1 X<br>10EXP6 TO 3 X 10EXP7 CELL | 5           | PA; NM; NDS; QL (12 per 30 days) |

## AGENTES VASODILATADORES

### Agentes vasodilatadores

|   |   |                                      |
|---|---|--------------------------------------|
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                    | 5 | PA; NM; NDS; QL (90 per 30 days)     |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))                            | 2 | PA; QL (60 per 30 days)              |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)                                    | 5 | PA; NM; LA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG   | 5 | PA; NM; NDS; QL (30 per 30 days)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                         | 2 | PA; QL (360 per 30 days)             |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)                               | 1 | EX; CB (6 EA per 30 days)            |
| <i>tadalafil oral tablet 2.5 mg</i>   | 2 | PA; QL (30 per 30 days)              |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)  | 2 | PA; QL (30 per 30 days)              |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NM; NDS; QL (60 per 30 days)     |
| UPTRAVI ORAL TABLET 200 MCG   | 5 | PA; NM; NDS; QL (240 per 30 days)    |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)                                | 5 | PA; NM; NDS                          |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG      | 5 | PA; NM; NDS                          |

## ANALGÉSICOS

### Agentes antiinflamatorios no esteroideos

|  |   |                         |
|--|---|-------------------------|
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | 2 | QL (60 per 30 days)     |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)  | 4 | PA; QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i>                          | 2 | QL (120 per 30 days)    |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>     | 2 |                         |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>    | 2 |                         |

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|---|--------------------|---|
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>                               | 2                  | QL (120 per 30 days)                            |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>                               | 2                  | QL (60 per 30 days)                             |
| <i>diclofenac sodium topical drops 1.5 %</i>  | 2                  | QL (300 per 30 days)                            |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>         | 5                  | PA; NM; NDS; QL (224 per 28 days)               |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50) | 2                  |   |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75) | 2                  |   |
| <i>etodolac oral capsule 200 mg, 300 mg</i>   | 2                  |   |
| <i>etodolac oral tablet 400 mg</i> (Lodine)   | 2                  |   |
| <i>etodolac oral tablet 500 mg</i>  | 2                  |   |
| <i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)  | 2                  |   |
| <i>ibu oral tablet 400 mg</i> (ibuprofen)   | 1                  | QL (240 per 30 days)                            |
| <i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)   | 1                  |   |
| <i>ibuprofen oral tablet 400 mg</i> (IBU)   | 1                  | QL (240 per 30 days)                            |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)   | 1                  |   |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>   | 2                  | PA-HRM; AGE (Max 64 Years)                      |
| <i>ketorolac oral tablet 10 mg</i>  | 2                  | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>  | 1                  |   |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>  | 2                  |   |
| <i>naproxen oral tablet 250 mg, 375 mg</i>  | 1                  |   |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)   | 1                  |   |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)                         | 2                  |   |
| <i>sulindac oral tablet 150 mg, 200 mg</i>  | 2                  |   |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>                        |
|---|--------------------|--|
| <b>Analgésicos, misceláneos</b>   |                    |  |
| <i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml</i>  | 1                  | QL (4500 per 30 days)                            |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>   | 1                  | QL (4500 per 30 days)                            |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>   | 2                  | QL (360 per 30 days)                             |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 2                  | QL (180 per 30 days)                             |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans) | 2                  | QL (4 per 28 days)                               |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>   | 2                  | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)   | 4                  | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>  | 4                  | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>   | 2                  | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)  | 2                  | QL (180 per 30 days)                             |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)   | 2                  | QL (360 per 30 days)                             |
| <i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)   | 2                  | QL (240 per 30 days)                             |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>                      | 5                  | PA; NM; NDS; QL (120 per 30 days)                |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>  | 2                  | PA; QL (120 per 30 days)                         |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>                        | 2                  | QL (10 per 30 days)                              |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>                       | 2                  | QL (2700 per 30 days)                            |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>  | 2                  | QL (180 per 30 days)                             |

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|---|--------------------|---------------------------|
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>                     | 2                  | QL (240 per 30 days)      |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)              | 2                  | QL (180 per 30 days)      |
| <i>methadone oral tablet 10 mg</i>  | 2                  | QL (120 per 30 days)      |
| <i>methadone oral tablet 5 mg</i>   | 2                  | QL (180 per 30 days)      |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>          | 2                  | PA; QL (180 per 30 days)  |
| <i>morphine oral solution 10 mg/5 ml</i>                                  | 2                  | QL (700 per 30 days)      |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>                        | 2                  | QL (300 per 30 days)      |
| MORPHINE ORAL TABLET 15 MG  | 4                  | QL (180 per 30 days)      |
| MORPHINE ORAL TABLET 30 MG  | 4                  | QL (120 per 30 days)      |
| <i>morphine oral tablet extended release 100 mg</i>                       | 2                  | QL (60 per 30 days)       |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)     | 2                  | QL (90 per 30 days)       |
| <i>morphine oral tablet extended release 200 mg</i>                       | 4                  | QL (60 per 30 days)       |
| <i>morphine oral tablet extended release 60 mg</i> (MS Contin)            | 2                  | QL (60 per 30 days)       |
| <i>oxycodone oral capsule 5 mg</i>  | 2                  | QL (180 per 30 days)      |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>                                  | 2                  | QL (180 per 30 days)      |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)                    | 2                  | QL (120 per 30 days)      |
| <i>oxycodone oral tablet 20 mg</i>  | 2                  | QL (120 per 30 days)      |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)            | 2                  | QL (180 per 30 days)      |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 2                  | QL (360 per 30 days)      |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)           | 2                  | QL (240 per 30 days)      |
| <i>tramadol oral tablet 50 mg</i>   | 1                  | QL (240 per 30 days)      |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                     | 2                  | QL (300 per 30 days)      |

## **ANESTÉSICOS**

### **Anestésicos locales**

|  |   |                         |
|--|---|-------------------------|
| <i>dermacinrx lidocan 5% patch outer</i> (lidocaine)                 | 2 | PA; QL (90 per 30 days) |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl) | 2 | QL (30 per 30 days)     |
| <i>lidocaine 2% viscous soln</i>                                     | 2 |                         |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>                       | 2 | QL (30 per 30 days)     |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|--|--------------------|---------------------------|
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)       | 2                  | QL (30 per 30 days)       |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan) | 2                  | PA; QL (90 per 30 days)   |
| <i>lidocaine topical ointment 5 %</i>                                      | 2                  | PA; QL (240 per 30 days)  |
| <i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)      | 2                  |                           |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                        | 2                  | PA; QL (30 per 30 days)   |
| <i>lidocan iii topical adhesive patch,medicated 5 %</i> (lidocaine)        | 2                  | PA; QL (90 per 30 days)   |
| <i>tridacaine ii topical adhesive patch,medicated 5 %</i> (lidocaine)      | 2                  | PA; QL (90 per 30 days)   |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %                              | 3                  | PA; QL (90 per 30 days)   |

## ANTAGONISTAS DE METALES PESADOS

### Antagonistas de metales pesados

|  |   |                                   |
|--|---|-----------------------------------|
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | 5 | PA; NM; NDS                       |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)                      | 2 | PA                                |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)                          | 5 | PA; NM; NDS                       |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                     | 5 | PA; NM; NDS; QL (240 per 30 days) |

## ANTIBACTERIANOS

### Aminoglicósidos

|  |   |                                     |
|--|---|-------------------------------------|
| <i>amikacin injection solution 500 mg/2 ml</i>                               | 2 |                                     |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                | 5 | PA; NM; NDS; QL (235.2 per 28 days) |
| <i>gentamicin injection solution 40 mg/ml</i>                                | 2 |                                     |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>           | 2 |                                     |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | 2 |                                     |
| <i>neomycin oral tablet 500 mg</i>   | 2 |                                     |
| <i>streptomycin intramuscular recon soln 1 gram</i>                          | 5 | NM; NDS                             |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>     |
|---|--------------------|-------------------------------|
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                                   | 5                  | NM; NDS; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)     | 5                  | PA BvD; NM; NDS               |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>                               | 2                  |                               |
| <b>Antibacteriales, misceláneos</b>   |                    |                               |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)                       | 2                  |                               |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>        | 2                  |                               |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)                           | 2                  |                               |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)     | 5                  | NM; NDS                       |
| <i>daptomycin intravenous recon soln 350 mg, 500 mg</i>                                       | 5                  | NM; NDS                       |
| <i>fosfomicin tromethamine oral packet 3 gram</i>   | 2                  |                               |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)                   | 2                  |                               |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                       | 5                  | NM; NDS                       |
| <i>linezolid oral tablet 600 mg</i>   | 2                  |                               |
| <i>methenamine hippurate oral tablet 1 gram</i>   | 2                  |                               |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)        | 2                  |                               |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>   | 1                  |                               |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                                 | 2                  | QL (120 per 30 days)          |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)                          | 2                  | QL (60 per 30 days)           |
| <i>trimethoprim oral tablet 100 mg</i>  | 2                  |                               |
| <i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i> | 2                  |                               |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin)  | 2                  | QL (56 per 14 days)           |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin)  | 2                  | QL (112 per 14 days)          |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>        |
|---|--------------------|----------------------------------|
| XIFAXAN ORAL TABLET 200 MG  | 3                  | PA; QL (9 per 30 days)           |
| XIFAXAN ORAL TABLET 550 MG  | 5                  | PA; NM; NDS; QL (90 per 30 days) |
| <b>Antibióticos betalactámicos misceláneos</b>                                |                    |                                  |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)                | 2                  |                                  |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                         | 5                  | PA; NM; LA; NDS                  |
| <i>ertapenem injection recon soln 1 gram</i>                                  | 2                  |                                  |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>                      | 2                  |                                  |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)        | 2                  |                                  |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i>                        | 2                  |                                  |
| <i>meropenem intravenous recon soln 2 gram</i>                                | 4                  |                                  |
| <b>Cefalosporinas</b>   |                    |                                  |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                   | 2                  |                                  |
| <i>cefadroxil oral capsule 500 mg</i>   | 2                  |                                  |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 2                  |                                  |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i>                          | 2                  |                                  |
| <i>cefazolin intravenous recon soln 10 gram</i>                               | 2                  |                                  |
| <i>cefdinir oral capsule 300 mg</i>   | 2                  |                                  |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>   | 2                  |                                  |
| <i>cefepime injection recon soln 1 gram, 2 gram</i>                           | 2                  |                                  |
| <i>cefixime oral capsule 400 mg</i>   | 4                  |                                  |
| <i>cefixime oral tablet 400 mg</i>  | 4                  |                                  |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>               | 2                  |                                  |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                 | 4                  |                                  |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                   | 2                  |                                  |

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| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b>    |
|---|--------------------|------------------------------|
| <i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i> (Teflaro)                          | 5                  | NM; NDS                      |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)                            | 2                  |                              |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>                     | 2                  |                              |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>   | 2                  |                              |
| <i>cefuroxime sodium injection recon soln 750 mg</i>  | 2                  |                              |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>                                  | 2                  |                              |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>   | 1                  |                              |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                       | 2                  |                              |
| <i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)                            | 2                  |                              |
| <b>Macrólidos</b>   |                    |                              |
| <i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)                                       | 2                  |                              |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>                                  | 2                  |                              |
| <i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)                      | 2                  |                              |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>                            | 1                  |                              |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)  | 1                  |                              |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                   | 2                  |                              |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>  | 2                  |                              |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | 4                  |                              |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)      | 4                  |                              |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>  | 4                  |                              |
| <i>fidaxomicin oral tablet 200 mg</i> (Dificid)   | 5                  | NM; NDS; QL (20 per 10 days) |

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| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|--------------------|---------------------------|
| <b>Penicilinas</b>  |                    |                           |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>  | 1                  |                           |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>  | 1                  |                           |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>   | 1                  |                           |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>   | 2                  |                           |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>    | 2                  |                           |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)        | 2                  |                           |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 2                  |                           |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>                                     | 2                  |                           |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)                                     | 2                  |                           |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                           | 4                  |                           |
| <i>ampicillin oral capsule 500 mg</i>   | 2                  |                           |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>                                     | 2                  |                           |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)                       | 2                  |                           |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML              | 4                  |                           |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>  | 2                  |                           |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT               | 4                  |                           |

| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|--|--------------------|---------------------------|
| LENTOCILIN S INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 1.2 MILLION<br>UNIT                           | 4                  |                           |
| <i>nafcillin injection recon soln 1<br/>gram, 10 gram, 2 gram</i>  | 2                  |                           |
| <i>penicillin g potassium injection</i> (Pfizerpen-G)<br><i>recon soln 20 million unit</i>                   | 2                  |                           |
| <i>penicillin g procaine intramuscular<br/>syringe 1.2 million unit/2 ml,<br/>600,000 unit/ml</i>            | 2                  |                           |
| <i>penicillin v potassium oral recon<br/>soln 125 mg/5 ml, 250 mg/5 ml</i>                                   | 2                  |                           |
| <i>penicillin v potassium oral tablet<br/>250 mg, 500 mg</i>   | 1                  |                           |
| <i>piperacillin-tazobactam<br/>intravenous recon soln 2.25<br/>gram, 3.375 gram, 4.5 gram,<br/>40.5 gram</i> | 2                  |                           |
| <b>Quinolonas</b>  |                    |                           |
| <i>ciprofloxacin hcl oral tablet 250</i> (Cipro)<br><i>mg, 500 mg</i>  | 1                  |                           |
| <i>ciprofloxacin hcl oral tablet 750 mg</i>  | 1                  |                           |
| <i>ciprofloxacin in 5 % dextrose<br/>intravenous piggyback 200<br/>mg/100 ml, 400 mg/200 ml</i>              | 2                  |                           |
| <i>levofloxacin in d5w intravenous<br/>piggyback 250 mg/50 ml, 500<br/>mg/100 ml, 750 mg/150 ml</i>          | 2                  |                           |
| <i>levofloxacin oral solution 250<br/>mg/10 ml</i>   | 4                  |                           |
| <i>levofloxacin oral tablet 250 mg, 500<br/>mg, 750 mg</i>   | 1                  |                           |
| <i>moxifloxacin 400 mg/250 ml bag<br/>suv, p/f, inner</i>  | 2                  |                           |
| <i>moxifloxacin oral tablet 400 mg</i>   | 2                  |                           |
| <i>moxifloxacin-sod.chloride(iso)<br/>intravenous piggyback 400<br/>mg/250 ml</i>                            | 2                  |                           |
| <b>Sulfonamidas</b>  |                    |                           |
| <i>sulfadiazine oral tablet 500 mg</i>   | 2                  |                           |
| <i>sulfamethoxazole-trimethoprim</i> (Sulfatrim)<br><i>oral suspension 200-40 mg/5 ml</i>                    | 2                  |                           |
| <i>sulfamethoxazole-trimethoprim</i> (Bactrim)<br><i>oral tablet 400-80 mg</i>                               | 1                  |                           |

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|--|--------------------|---------------------------|
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)     | 1                  |                           |
| <b>Tetraciclinas</b>   |                    |                           |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                             | 4                  |                           |
| <i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)          | 2                  |                           |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)          | 2                  |                           |
| <i>doxycycline hyclate oral capsule 100 mg</i>                               | 2                  |                           |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)                     | 2                  |                           |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                         | 2                  |                           |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)            | 2                  |                           |
| <i>doxycycline monohydrate oral capsule 50 mg</i>                            | 2                  |                           |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 2                  |                           |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                  | 2                  |                           |
| <i>doxycycline monohydrate oral tablet 50 mg</i>                             | 2                  |                           |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                         | 2                  |                           |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                              | 4                  |                           |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)                    | 2                  |                           |

## **ANTICONCEPTIVOS**

### **Anticonceptivos**

|  |   |  |
|--|---|--|
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)       | 2 |  |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)    | 2 |  |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 2 |  |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                      | 2 |  |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)  | 2 |  |

| <b>Nombre del Medicamento</b>   |                                  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|----------------------------------|--------------------|---------------------------|
| <i>apri oral tablet 0.15-0.03 mg</i>  | (desogestrel-ethinyl estradiol)  | 2                  |                           |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                                     | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                         | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                             | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                  | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>       | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>           | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                       | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| <i>ayuna oral tablet 0.15-0.03 mg</i>   | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                 | (desog-e.estradiol/e.estradiol)  | 2                  |                           |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                   | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>        | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>            | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>camila oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))  | 2                  |                           |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                               | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                | (norgestrel-ethinyl estradiol)   | 2                  |                           |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                      | (desogestrel-ethinyl estradiol)  | 2                  |                           |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | (norethindrone-ethin estradiol)  | 2                  |                           |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   |                                  | 2                  |                           |
| <i>deblitane oral tablet 0.35 mg</i>  | (norethindrone (contraceptive))  | 2                  |                           |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28))                  | 2                  |                           |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>                 | (Apri)                           | 2                  |                           |

| <b>Nombre del Medicamento</b>   | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|--------------------|---------------------------|
| <i>dolishale oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)   | 2                  |                           |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)   | 2                  |                           |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)                                    | 2                  | QL (1 per 28 days)        |
| <i>emzahh oral tablet 0.35 mg</i> (norethindrone (contraceptive))   | 2                  |                           |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)                                 | 4                  | QL (1 per 28 days)        |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)                          | 2                  |                           |
| <i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)   | 2                  |                           |
| <i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))  | 2                  |                           |
| <i>estarylla oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)   | 2                  |                           |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))                                     | 2                  |                           |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Valtya)   | 2                  |                           |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)                                    | 2                  | QL (1 per 28 days)        |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                                       | 2                  |                           |
| <i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)  | 1                  |                           |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)                         | 2                  |                           |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)              | 2                  |                           |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)                  | 2                  |                           |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)                                   | 2                  | QL (1 per 28 days)        |
| <i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))  | 2                  |                           |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)                   | 2                  | QL (91 per 84 days)       |
| <i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))   | 2                  |                           |

| <b>Nombre del Medicamento</b>   |                                  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|----------------------------------|--------------------|---------------------------|
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>     | (levonorgestrel-ethinyl estrad)  | 2                  | QL (91 per 84 days)       |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                                | (desogestrel-ethinyl estradiol)  | 2                  |                           |
| <i>jencycla oral tablet 0.35 mg</i>                                     | (norethindrone (contraceptive))  | 1                  |                           |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>       | (levonorgestrel-ethinyl estrad)  | 4                  | QL (91 per 84 days)       |
| <i>juleber oral tablet 0.15-0.03 mg</i>                                 | (desogestrel-ethinyl estradiol)  | 2                  |                           |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                      | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>                          | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>    | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>        | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>               | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>             | (desog-e.estradiol/e.estradiol)  | 2                  |                           |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>                         | (ethynodiol diac-eth estradiol)  | 2                  |                           |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>                         | (ethynodiol diac-eth estradiol)  | 2                  |                           |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>                            | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG |                                  | 4                  |                           |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                      | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>                          | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>               | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>    | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>        | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (levonorg-eth estrad triphasic)  | 2                  |                           |

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|---|----------------------------------|--------------------|---------------------------|
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>          | (Balcoltra)                      | 4                  |                           |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                          | (Afirmelle)                      | 2                  |                           |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                           | (Altavera (28))                  | 2                  |                           |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>                         | (Amethyst (28))                  | 2                  |                           |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia)                        | 2                  | QL (91 per 84 days)       |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (Enpresse)                       | 2                  |                           |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>   | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG                   |                                  | 3                  |                           |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                                      | (norgestrel-ethinyl estradiol)   | 2                  |                           |
| <i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                    | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>lutera (28) oral tablet 0.1-20 mg-mcg</i>  | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| <i>lyleq oral tablet 0.35 mg</i>  | (norethindrone (contraceptive))  | 2                  |                           |
| <i>lyza oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))  | 2                  |                           |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>   | (levonorgestrel-ethinyl estrad)  | 2                  |                           |
| <i>meleya oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))  | 2                  |                           |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                    | (norethindrone ac-eth estradiol) | 2                  |                           |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                         | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>              | (norethindrone-e.estradiol-iron) | 2                  |                           |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                  | (norethindrone-e.estradiol-iron) | 2                  |                           |

| <b>Nombre del Medicamento</b>   |                                  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|----------------------------------|--------------------|---------------------------|
| <i>mili oral tablet 0.25-0.035 mg</i>   | (norgestimate-ethinyl estradiol) | 2                  |                           |
| MIRENA INTRAUTERINE<br>INTRAUTERINE DEVICE 21<br>MCG/24HR (UP TO 8 YRS) 52<br>MG  |                                  | 4                  |                           |
| <i>mono-linyah oral tablet 0.25-0.035 mg</i>                                      | (norgestimate-ethinyl estradiol) | 1                  |                           |
| NEXPLANON SUBDERMAL<br>IMPLANT 68 MG  |                                  | 3                  |                           |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>   | (Xulane)                         | 2                  | QL (3 per 28 days)        |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                          | (Jencycla)                       | 2                  |                           |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>      | (Aurovela Fe 1-20 (28))          | 2                  |                           |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>    | (Aurovela Fe 1.5/30 (28))        | 2                  |                           |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>  | (Tilia Fe)                       | 2                  |                           |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>     | (Tri-Lo-Estarylla)               | 2                  |                           |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | (Tri-Estarylla)                  | 2                  |                           |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>                   | (Mono-Linyah)                    | 2                  |                           |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>                             |                                  | 2                  |                           |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                                  | (norethindrone-ethin estradiol)  | 2                  |                           |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                       |                                  | 2                  |                           |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>                                    | (norethindrone-ethin estradiol)  | 2                  |                           |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                         |                                  | 2                  |                           |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i>   | (norgestimate-ethinyl estradiol) | 2                  |                           |
| <i>orquidea oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))  | 2                  |                           |

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|---|---------------------------------------|--------------------|---------------------------|
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>              | (desog-<br>e.estradiol/e.estradiol)   | 2                  |                           |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                 | (levonorgestrel-ethinyl<br>estradiol) | 2                  |                           |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                            | (desogestrel-ethinyl<br>estradiol)    | 2                  |                           |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>        | (levonorgestrel-ethinyl<br>estradiol) | 2                  | QL (91 per 84 days)       |
| <i>sharobel oral tablet 0.35 mg</i>                                       | (norethindrone<br>(contraceptive))    | 2                  |                           |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>              | (desog-<br>e.estradiol/e.estradiol)   | 2                  |                           |
| SKYLA INTRAUTERINE<br>INTRAUTERINE DEVICE 14<br>MCG/24 HR (3 YRS) 13.5 MG |                                       | 4                  |                           |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i>                            | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                   | (levonorgestrel-ethinyl<br>estradiol) | 2                  |                           |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                | (norethindrone-<br>e.estradiol-iron)  | 2                  |                           |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>      | (norethindrone-<br>e.estradiol-iron)  | 2                  |                           |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                | (norethindrone-<br>e.estradiol-iron)  | 2                  |                           |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>          | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>           | (norethindrone-<br>e.estradiol-iron)  | 2                  |                           |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>             | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>           | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>              | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>                | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>            | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>               | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>               | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>      | (norgestimate-ethinyl<br>estradiol)   | 2                  |                           |

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| <b>Nombre del Medicamento</b>                                  |                                   | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|--|-----------------------------------|--------------------|---------------------------|
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (levonorg-eth estrad triphasic)   | 2                  |                           |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>  | (norgestimate-ethinyl estradiol)  | 2                  |                           |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | (norgestimate-ethinyl estradiol)  | 2                  |                           |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>                   | (norgestrel-ethinyl estradiol)    | 2                  |                           |
| <i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>            |                                   | 4                  |                           |
| <i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>             | (ethynodiol diac-eth estradiol)   | 2                  |                           |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                        | (levonorgestrel-ethinyl estrad)   | 2                  |                           |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>   | (desog- e.estradiol/e.estradiol)  | 2                  |                           |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>    | (desog- e.estradiol/e.estradiol)  | 2                  |                           |
| <i>vylibra oral tablet 0.25-0.035 mg</i>                       | (norgestimate-ethinyl estradiol)  | 2                  |                           |
| <i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>     | (norethindrone- e.estradiol-iron) | 2                  |                           |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>        | (norelgestromin- ethin.estradiol) | 2                  | QL (3 per 28 days)        |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>        | (norelgestromin- ethin.estradiol) | 2                  | QL (3 per 28 days)        |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>                 | (ethynodiol diac-eth estradiol)   | 2                  |                           |

## **ANTICONVULSIVOS**

### **Anticonvulsivos**

|   |                |   |                              |
|---|----------------|---|------------------------------|
| <i>brivaracetam intravenous solution 50 mg/5 ml</i>                           | (Briviact)     | 5 | NM; NDS; QL (80 per 30 days) |
| <i>brivaracetam oral solution 10 mg/ml</i>                                    | (Briviact)     | 2 | QL (600 per 30 days)         |
| <i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>            | (Briviact)     | 5 | NM; NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML                                      | (brivaracetam) | 5 | NM; NDS; QL (80 per 30 days) |
| <i>carbamazepine 100 mg/5 ml cup outer 100 mg/5 ml (5 ml)</i>                 |                | 2 |                              |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | (Carbatrol)    | 2 |                              |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                              | (Tegretol)     | 2 |                              |

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|--|--------------------|---------------------------------------|
| <i>carbamazepine oral tablet 200 mg</i> (Tegretol)   | 2                  |                                       |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | 2                  |                                       |
| <i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>                                    | 2                  |                                       |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)   | 2                  | QL (480 per 30 days)                  |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)  | 2                  | QL (60 per 30 days)                   |
| DIACOMIT ORAL CAPSULE 250 MG   | 5                  | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG  | 5                  | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG  | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>                                   | 2                  |                                       |
| <i>diazepam rectal kit 2.5 mg</i>  | 4                  |                                       |
| DILANTIN ORAL CAPSULE 30 MG  | 4                  |                                       |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)             | 2                  |                                       |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)            | 2                  |                                       |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)     | 2                  |                                       |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG                                       | 5                  | ST; NM; NDS; QL (90 per 30 days)      |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG                                       | 5                  | ST; NM; NDS; QL (60 per 30 days)      |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML  | 5                  | PA NSO; NM; NDS                       |
| <i>epitol oral tablet 200 mg</i> (carbamazepine)   | 2                  |                                       |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)                                   | 5                  | ST; NM; NDS; QL (30 per 30 days)      |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)                                   | 5                  | ST; NM; NDS; QL (60 per 30 days)      |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)   | 2                  |                                       |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                                     | 2                  |                                       |

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|--|--------------------|---------------------------|
| <i>felbamate oral suspension 600 mg/5 ml</i>   | 2                  |                           |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)                                     | 2                  |                           |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML   | 5                  | PA NSO; NM; NDS           |
| <i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)        | 2                  |                           |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)                                  | 2                  | QL (360 per 30 days)      |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin)  | 2                  | QL (270 per 30 days)      |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                                    | 2                  | QL (2160 per 30 days)     |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin)   | 2                  | QL (180 per 30 days)      |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin)   | 2                  | QL (120 per 30 days)      |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)                               | 2                  | QL (200 per 5 days)       |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)  | 2                  | QL (1200 per 30 days)     |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)                       | 2                  | QL (60 per 30 days)       |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)                   | 1                  |                           |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)                | 2                  |                           |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT) | 2                  |                           |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)                             | 2                  |                           |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra)                                      | 2                  |                           |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)                 | 2                  |                           |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)         | 2                  |                           |
| <i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)                           | 2                  | ST                        |
| <i>levetiracetam oral tablet for suspension 500 mg</i> (Spritam)                           | 4                  | ST                        |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG                                  | 4                  | QL (10 per 30 days)       |
| <i>methsuximide oral capsule 300 mg</i> (Celontin)   | 2                  |                           |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                      | 4                  | QL (10 per 30 days)       |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>         |
|--|--------------------|-----------------------------------|
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)                          | 2                  |                                   |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)                              | 2                  |                                   |
| <i>perampanel oral suspension 0.5 mg/ml</i> (Fycompa)  | 5                  | ST; NM; NDS; QL (720 per 30 days) |
| <i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)                                       | 5                  | ST; NM; NDS; QL (30 per 30 days)  |
| <i>perampanel oral tablet 2 mg</i> (Fycompa)   | 2                  | ST; QL (30 per 30 days)           |
| <i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)   | 5                  | ST; NM; NDS; QL (60 per 30 days)  |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | 2                  | PA NSO-HRM; AGE (Max 64 Years)    |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2                  | PA NSO-HRM; AGE (Max 64 Years)    |
| <i>phenytek oral capsule 200 mg, 300 mg</i> (phenytoin sodium extended)                          | 2                  |                                   |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)                                      | 2                  |                                   |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)                                 | 2                  |                                   |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)                         | 2                  |                                   |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)                          | 2                  |                                   |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>  | 2                  |                                   |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>   | 2                  |                                   |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)              | 2                  | QL (90 per 30 days)               |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)   | 2                  | QL (60 per 30 days)               |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)  | 2                  | QL (900 per 30 days)              |
| <i>primidone oral tablet 125 mg</i>  | 2                  |                                   |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)  | 2                  |                                   |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel)  | 5                  | ST; NM; NDS                       |
| <i>rufinamide oral tablet 200 mg</i> (Banzel)  | 2                  | ST                                |
| <i>rufinamide oral tablet 400 mg</i> (Banzel)  | 5                  | ST; NM; NDS                       |
| SEZABY INTRAVENOUS RECON SOLN 100 MG   | 5                  | PA BvD; NM; NDS                   |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b>             |
|--|--------------------|---------------------------------------|
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG  | 4                  | ST                                    |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG (levetiracetam)  | 4                  | ST                                    |
| SUBVENITE ORAL SUSPENSION 10 MG/ML   | 4                  | PA NSO                                |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)   | 1                  |                                       |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG  | 5                  | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>  | 2                  |                                       |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)  | 2                  |                                       |
| <i>topiramate oral capsule, sprinkle 50 mg</i>   | 2                  |                                       |
| <i>topiramate oral solution 25 mg/ml</i> (Eprontia)  | 2                  | ST                                    |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)   | 1                  |                                       |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>   | 2                  |                                       |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>  | 2                  |                                       |
| <i>valproic acid oral capsule 250 mg</i>   | 2                  |                                       |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 5                  | NM; NDS; QL (10 per 30 days)          |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone)   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin)   | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)  | 5                  | PA NSO; NM; NDS; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)                                       | 5                  | NM; NDS; QL (56 per 28 days)          |

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|---|--------------------|--|
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG   | 5                  | NM; NDS; QL (30 per 30 days)           |
| XCOPRI ORAL TABLET 150 MG, 200 MG   | 5                  | NM; NDS; QL (60 per 30 days)           |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)                          | 4                  |  |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 5                  | NM; NDS                                |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML  | 4                  |  |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)   | 2                  |  |
| <i>zonisamide oral capsule 50 mg</i>  | 2                  |  |
| ZTALMY ORAL SUSPENSION 50 MG/ML   | 5                  | PA NSO; NM; NDS; QL (1080 per 30 days) |

## **ANTIDEPRESIVOS**

### **Antidepresivos**

|   |   |                      |
|---|---|----------------------|
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                     | 2 |                      |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                       | 2 |                      |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG   | 5 | ST; NM; NDS          |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>  | 2 |                      |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)          | 2 |                      |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 2 |                      |
| <i>citalopram oral solution 10 mg/5 ml</i>  | 2 |                      |
| <i>citalopram oral tablet 10 mg</i> (Celexa)  | 1 | QL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)   | 1 | QL (30 per 30 days)  |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                                | 4 |                      |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)   | 4 |                      |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                     | 4 |                      |

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|---|--------------------|---|
| <i>desvenlafaxine succinate oral tablet</i> (Pristiq)<br><i>extended release 24 hr 100 mg,</i><br><i>25 mg, 50 mg</i> | 2                  | QL (30 per 30 days)                     |
| <i>doxepin oral capsule 10 mg, 100</i><br><i>mg, 150 mg, 25 mg, 50 mg, 75</i><br><i>mg</i>                            | 2                  |   |
| <i>doxepin oral concentrate 10 mg/ml</i>  | 2                  |   |
| DRIZALMA SPRINKLE ORAL<br>CAPSULE, DELAYED REL<br>SPRINKLE 20 MG, 30 MG, 60<br>MG                                     | 4                  | ST; QL (60 per 30 days)                 |
| DRIZALMA SPRINKLE ORAL<br>CAPSULE, DELAYED REL<br>SPRINKLE 40 MG  | 4                  | ST; QL (30 per 30 days)                 |
| <i>duloxetine oral capsule, delayed</i><br><i>release(dr/ec) 20 mg, 30 mg, 60</i><br><i>mg</i>                        | 2                  | QL (60 per 30 days)                     |
| EMSAM TRANSDERMAL PATCH 24<br>HOUR 12 MG/24 HR, 6 MG/24<br>HR, 9 MG/24 HR   | 5                  | ST; NM; NDS; QL (30<br>per 30 days)     |
| <i>escitalopram oxalate oral solution</i><br><i>5 mg/5 ml</i>   | 2                  |   |
| <i>escitalopram oxalate oral tablet 10</i> (Lexapro)<br><i>mg, 20 mg, 5 mg</i>  | 1                  |   |
| EXXUA ORAL TABLET EXTENDED<br>RELEASE 24 HR 18.2 MG, 36.3<br>MG, 54.5 MG, 72.6 MG                                     | 5                  | PA NSO; NM; NDS; QL<br>(30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL<br>24HR DOSE PACK 18.2 MG (32<br>TABS)   | 5                  | PA NSO; NM; NDS                         |
| FETZIMA ORAL CAPSULE, EXT REL<br>24HR DOSE PACK 20 MG (2)- 40<br>MG (26)  | 4                  | ST                                      |
| FETZIMA ORAL<br>CAPSULE, EXTENDED RELEASE<br>24 HR 120 MG, 20 MG, 40 MG,<br>80 MG                                     | 4                  | ST; QL (30 per 30 days)                 |
| <i>fluoxetine oral capsule 10 mg, 20</i> (Prozac)<br><i>mg</i>  | 1                  |   |
| <i>fluoxetine oral capsule 40 mg</i>  | 1                  |   |
| <i>fluoxetine oral solution 20 mg/5 ml</i><br><i>(4 mg/ml)</i>  | 2                  |   |
| <i>fluvoxamine oral tablet 100 mg, 25</i><br><i>mg, 50 mg</i>   | 2                  |   |
| <i>imipramine hcl oral tablet 10 mg,</i><br><i>25 mg, 50 mg</i>   | 2                  |   |
| MARPLAN ORAL TABLET 10 MG   | 4                  |   |

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|---|--------------------|--|
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                                       | 2                  |  |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>  | 2                  |  |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)         | 2                  |  |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                         | 2                  |  |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                                | 1                  |  |
| <i>nortriptyline oral solution 10 mg/5 ml</i>   | 4                  |  |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                    | 4                  | PA NSO-HRM; AGE (Max 64 Years)         |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                        | 1                  | PA NSO-HRM; AGE (Max 64 Years)         |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 4                  | PA NSO-HRM; AGE (Max 64 Years)         |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>   | 2                  |  |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)  | 2                  |  |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>  | 4                  |  |
| RALDESY ORAL SOLUTION 10 MG/ML  | 5                  | PA NSO; NM; NDS; QL (1200 per 30 days) |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)  | 2                  |  |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                 | 1                  |  |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)               | 5                  | PA NSO; NM; NDS                        |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)  | 4                  |  |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                  | 1                  |  |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                       | 4                  |  |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG   | 3                  | QL (30 per 30 days)                    |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)                  | 2                  | QL (30 per 30 days)                    |

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|--|-------------|--------------------------------------|
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 2           | QL (90 per 30 days)                  |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                | 2           |                                      |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                        | 2           | QL (30 per 30 days)                  |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG   | 5           | PA NSO; NM; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG  | 5           | PA NSO; NM; NDS; QL (14 per 14 days) |

## ANTIFÚNGICOS

### Antifúngicos

|   |   |                       |
|---|---|-----------------------|
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML  | 4 | PA BvD                |
| <i>amphotericin b injection recon soln 50 mg</i>  | 2 | PA BvD                |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome) | 5 | PA BvD; NM; NDS       |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)   | 2 | QL (180 per 30 days)  |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)   | 2 | QL (19.8 per 30 days) |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))                         | 4 | QL (180 per 30 days)  |
| <i>clotrimazole mucous membrane troche 10 mg</i>  | 2 |                       |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))                         | 2 |                       |
| <i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))                  | 2 |                       |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                                  | 2 | QL (90 per 30 days)   |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG  | 5 | NM; NDS               |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG   | 5 | PA; NM; NDS           |
| <i>econazole nitrate topical cream 1 %</i>  | 2 | QL (170 per 30 days)  |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>   | 2 |                       |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i>                            | 2 |                       |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)                 | 2 |                       |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                              | 2 |                       |

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|---|--------------------|---------------------------|
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                              | 5                  | NM; NDS                   |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                             | 2                  |                           |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                      | 4                  |                           |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>                 | 4                  |                           |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                                    | 2                  |                           |
| <i>ketoconazole oral tablet 200 mg</i>  | 2                  |                           |
| <i>ketoconazole topical cream 2 %</i>   | 2                  | QL (180 per 30 days)      |
| <i>ketoconazole topical shampoo 2 %</i>   | 2                  | QL (360 per 30 days)      |
| <i>miconazole-3 vaginal suppository 200 mg</i>  | 2                  |                           |
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)                             | 2                  | QL (60 per 30 days)       |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                       | 2                  |                           |
| <i>nystatin oral tablet 500,000 unit</i>  | 2                  |                           |
| <i>nystatin topical cream 100,000 unit/gram</i>                                       | 2                  | QL (60 per 30 days)       |
| <i>nystatin topical ointment 100,000 unit/gram</i>                                    | 2                  | QL (60 per 30 days)       |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)                             | 2                  | QL (60 per 30 days)       |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                      | 2                  |                           |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>                | 2                  |                           |
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin)                             | 2                  | QL (60 per 30 days)       |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>                       | 5                  | PA; NM; NDS               |
| <i>terbinafine hcl oral tablet 250 mg</i>   | 1                  |                           |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)                          | 5                  | PA BvD; NM; NDS           |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 5                  | PA; NM; NDS               |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>   | 4                  |                           |

| Nombre del Medicamento  | En el Nivel | Requisitos/Límites |
|---|-------------|--------------------|
| <b>ANTIISTAMÍNICOS</b>  |             |                    |
| <b>Antihistamínicos</b>   |             |                    |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>              | 2           |                    |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)        | 1           |                    |
| <b>ANTIINFECIOSOS (PIEL Y MEMBRANAS MUCOSAS)</b>                    |             |                    |
| <b>Antiinfecciosos (piel y membranas mucosas)</b>                   |             |                    |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)            | 4           |                    |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole) | 4           |                    |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                       | 2           |                    |
| <i>terconazole vaginal suppository 80 mg</i>                        | 4           |                    |
| <b>ANTIMICOBACTERIANOS</b>  |             |                    |
| <b>Antimicobacterianos</b>  |             |                    |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                            | 2           |                    |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                        | 2           |                    |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                         | 1           |                    |
| PRIFTIN ORAL TABLET 150 MG  | 4           |                    |
| <i>pyrazinamide oral tablet 500 mg</i>                              | 2           |                    |
| <i>rifabutin oral capsule 150 mg</i>                                | 4           |                    |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin)             | 2           |                    |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                         | 2           |                    |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                   | 5           | PA; NM; NDS        |
| TRECTOR ORAL TABLET 250 MG  | 4           |                    |
| <b>ANTIVIRALES (SISTÉMICOS)</b>                                     |             |                    |
| <b>Antirretrovirales</b>  |             |                    |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)                     | 2           |                    |
| <i>abacavir oral tablet 300 mg</i>                                  | 2           |                    |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                   | 2           |                    |
| APTIVUS ORAL CAPSULE 250 MG   | 5           | NM; NDS            |
| <i>atazanavir oral capsule 150 mg</i>                               | 2           |                    |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)             | 2           |                    |

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|---|--------------------|-------------------------------|
| BIKTARVY ORAL TABLET<br>30-120-15 MG, 50-200-25 MG  | 5                  | NM; NDS; QL (30 per 30 days)  |
| CABENUVA INTRAMUSCULAR<br>SUSPENSION,EXTENDED<br>RELEASE 400 MG/2 ML- 600<br>MG/2 ML, 600 MG/3 ML- 900<br>MG/3 ML | 5                  | NM; NDS                       |
| <i>cabotegravir intramuscular<br/>suspension,extended release 400<br/>mg/2 ml (200 mg/ml)</i>                     | 5                  | NM; NDS; QL (24 per 365 days) |
| <i>cabotegravir intramuscular (Apretude)<br/>suspension,extended release 600<br/>mg/3 ml (200 mg/ml)</i>          | 5                  | NM; NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300<br>MG  | 5                  | NM; NDS                       |
| <i>darunavir oral tablet 600 mg (Prezista)</i>  | 2                  |                               |
| <i>darunavir oral tablet 800 mg (Prezista)</i>  | 5                  | NM; NDS                       |
| DELSTRIGO ORAL TABLET<br>100-300-300 MG   | 5                  | NM; NDS                       |
| DESCOVY ORAL TABLET 120-15<br>MG, 200-25 MG   | 5                  | NM; NDS                       |
| <i>didanosine oral capsule,delayed<br/>release(dr/ec) 250 mg, 400 mg</i>  | 2                  |                               |
| DOVATO ORAL TABLET 50-300<br>MG   | 5                  | NM; NDS                       |
| EDURANT ORAL TABLET 25 MG (rilpivirine hcl)   | 5                  | NM; NDS                       |
| EDURANT PED ORAL TABLET FOR<br>SUSPENSION 2.5 MG  | 5                  | NM; NDS                       |
| <i>efavirenz oral capsule 200 mg, 50<br/>mg</i>   | 2                  |                               |
| <i>efavirenz oral tablet 600 mg</i>   | 2                  |                               |
| <i>efavirenz-emtricitabin-tenofovir oral<br/>tablet 600-200-300 mg</i>  | 2                  |                               |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral<br/>tablet 400-300-300 mg</i>                          | 5                  | NM; NDS                       |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral (Symfi)<br/>tablet 600-300-300 mg</i>                  | 5                  | NM; NDS                       |
| <i>emtricitabine oral capsule 200 mg (Emtriva)</i>  | 2                  |                               |
| <i>emtricitabine-tenofovir (tdf) oral (Truvada)<br/>tablet 100-150 mg, 167-250 mg,<br/>200-300 mg</i>             | 2                  |                               |
| <i>emtricitabine-tenofovir (tdf) oral (Truvada)<br/>tablet 133-200 mg</i>   | 5                  | NM; NDS                       |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral (Complera)<br/>tablet 200-25-300 mg</i>           | 5                  | NM; NDS                       |

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|--|--------------------|---------------------------|
| EMTRIVA ORAL SOLUTION 10 MG/ML                                     | 4                  |                           |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)                      | 4                  |                           |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)           | 5                  | NM; NDS                   |
| EVOTAZ ORAL TABLET 300-150 MG                                      | 5                  | NM; NDS                   |
| <i>fosamprenavir oral tablet 700 mg</i>                            | 5                  | NM; NDS                   |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                               | 5                  | NM; NDS                   |
| GENVOYA ORAL TABLET 150-150-200-10 MG                              | 5                  | NM; NDS                   |
| INTELENCE ORAL TABLET 25 MG  | 4                  |                           |
| ISENTRESS HD ORAL TABLET 600 MG                                    | 5                  | NM; NDS                   |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                             | 5                  | NM; NDS                   |
| ISENTRESS ORAL TABLET 400 MG                                       | 5                  | NM; NDS                   |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG                              | 5                  | NM; NDS                   |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG                               | 3                  |                           |
| JULUCA ORAL TABLET 50-25 MG  | 5                  | NM; NDS                   |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)        | 4                  | QL (480 per 30 days)      |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                  | 2                  |                           |
| <i>lamivudine oral tablet 100 mg</i>                               | 2                  |                           |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)              | 2                  |                           |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                | 2                  |                           |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                    | 4                  |                           |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 2                  | QL (480 per 30 days)      |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)         | 2                  | QL (300 per 30 days)      |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)         | 2                  | QL (120 per 30 days)      |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)            | 5                  | NM; NDS                   |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                       | 2                  | QL (1200 per 30 days)     |
| <i>nevirapine oral tablet 200 mg</i>                               | 2                  | QL (60 per 30 days)       |

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|--|--------------------|---------------------------|
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>  | 2                  | QL (90 per 30 days)       |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>  | 2                  | QL (30 per 30 days)       |
| NORVIR ORAL POWDER IN PACKET 100 MG  | 4                  |                           |
| NORVIR ORAL SOLUTION 80 MG/ML  | 4                  |                           |
| ODEFSEY ORAL TABLET 200-25-25 MG   | 5                  | NM; NDS                   |
| PIFELTRO ORAL TABLET 100 MG  | 5                  | NM; NDS                   |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG  | 5                  | NM; NDS                   |
| PREZISTA ORAL SUSPENSION 100 MG/ML   | 5                  | NM; NDS                   |
| PREZISTA ORAL TABLET 150 MG  | 5                  | NM; NDS                   |
| PREZISTA ORAL TABLET 75 MG   | 4                  |                           |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML   | 4                  |                           |
| REYATAZ ORAL POWDER IN PACKET 50 MG  | 5                  | NM; NDS                   |
| <i>rilpivirine hcl oral tablet 25 mg</i> (Edurant)   | 5                  | NM; NDS                   |
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | 5                  | NM; NDS                   |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)   | 2                  |                           |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG  | 5                  | NM; NDS                   |
| SELZENTRY ORAL SOLUTION 20 MG/ML   | 5                  | NM; NDS                   |
| SELZENTRY ORAL TABLET 25 MG  | 3                  |                           |
| SELZENTRY ORAL TABLET 75 MG  | 5                  | NM; NDS                   |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>   | 2                  |                           |
| STRIBILD ORAL TABLET 150-150-200-300 MG  | 5                  | NM; NDS                   |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)                                    | 5                  | NM; NDS                   |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML   | 5                  | PA BvD; NM; NDS           |
| SYMTUZA ORAL TABLET 800-150-200-10 MG  | 5                  | NM; NDS                   |

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|--|--------------------|----------------------------------|
| TEMIXYS ORAL TABLET 300-300 MG                                   | 5                  | NM; NDS                          |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 2                  |                                  |
| TIVICAY ORAL TABLET 10 MG  | 4                  |                                  |
| TIVICAY ORAL TABLET 25 MG, 50 MG                                 | 5                  | NM; NDS                          |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                       | 5                  | NM; NDS                          |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                | 5                  | NM; NDS; QL (30 per 30 days)     |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                 | 4                  |                                  |
| TRIZIVIR ORAL TABLET 300-150-300 MG                              | 5                  | NM; NDS                          |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)         | 5                  | NM; NDS                          |
| VEMLIDY ORAL TABLET 25 MG  | 5                  | NM; NDS; QL (30 per 30 days)     |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                              | 5                  | NM; NDS                          |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                      | 5                  | NM; NDS                          |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                        | 5                  | NM; NDS                          |
| VOCABRIA ORAL TABLET 30 MG                                       | 4                  |                                  |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                 | 2                  |                                  |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                 | 2                  |                                  |
| <i>zidovudine oral tablet 300 mg</i>                             | 2                  |                                  |
| <b>Antivirales HCV</b>   |                    |                                  |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG                       | 5                  | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG                         | 5                  | PA; NM; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG                                    | 5                  | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)          | 5                  | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG                      | 5                  | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                         | 5                  | PA; NM; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG                                    | 5                  | PA; NM; NDS; QL (28 per 28 days) |

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|---|--------------------|----------------------------------|
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)                   | 5                  | PA; NM; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG                                       | 5                  | PA; NM; NDS; QL (28 per 28 days) |
| <b>Antivirales, misceláneos</b>   |                    |                                  |
| LIVTENCITY ORAL TABLET 200 MG   | 5                  | PA; NM; NDS                      |
| <i>oseltamivir oral capsule 30 mg</i>                                   | 2                  | QL (84 per 180 days)             |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu)                         | 2                  | QL (48 per 180 days)             |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu)                         | 2                  | QL (42 per 180 days)             |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 2                  | QL (540 per 180 days)            |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)                | 2                  | QL (20 per 5 days)               |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)                  | 2                  | QL (11 per 28 days)              |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG              | 2                  | QL (30 per 5 days)               |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | 5                  | PA; NM; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | 4                  | QL (60 per 180 days)             |
| <b>Interferones</b>   |                    |                                  |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                | 5                  | PA; NM; NDS                      |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                             | 5                  | PA; NM; NDS                      |
| <b>Nucleósidos y nucleótidos</b>  |                    |                                  |
| <i>acyclovir oral capsule 200 mg</i>                                    | 1                  |                                  |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                            | 4                  |                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                             | 2                  |                                  |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>                   | 2                  | PA BvD                           |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)                             | 2                  |                                  |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)                   | 2                  |                                  |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                   | 2                  |                                  |
| <i>ribavirin oral tablet 200 mg</i>                                     | 2                  |                                  |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)                | 2                  |                                  |

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|--|-------------|--------------------|
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte) | 5           | NM; NDS            |
| <i>valganciclovir oral tablet 450 mg</i>                 | 2           |                    |

## CHAPERONAS/COFACTORES ENZIMÁTICOS

### Chaperonas/cofactores enzimáticos

|   |   |                                  |
|---|---|----------------------------------|
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
|---|---|----------------------------------|

## DERIVADOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN

### Agentes hematológicos, misceláneos

|   |   |  |
|---|---|--|
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | 2 |  |
| <i>anagrelide oral capsule 1 mg</i>             | 2 |  |
| <i>tranexamic acid oral tablet 650 mg</i>       | 2 |  |

### Anticoagulantes

|   |   |                              |
|---|---|------------------------------|
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)          | 3 | QL (60 per 30 days)          |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)              | 3 |                              |
| ELIQUIS ORAL TABLET 2.5 MG  | 3 | QL (60 per 30 days)          |
| ELIQUIS ORAL TABLET 5 MG  | 3 | QL (74 per 30 days)          |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) | 3 | QL (960 per 30 days)         |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG                                   | 3 | QL (120 per 30 days)         |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)             | 2 | QL (60 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)      | 2 | QL (48 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)                     | 2 | QL (18 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)                     | 2 | QL (24 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)                     | 2 | QL (36 per 30 days)          |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)                   | 5 | NM; NDS; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)                  | 2 | QL (15 per 30 days)          |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)                    | 5 | NM; NDS; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)                  | 5 | NM; NDS; QL (18 per 30 days) |

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|--|--------------------|-----------------------------------|
| <i>heparin (porcine) injection solution<br/>1,000 unit/ml, 10,000 unit/ml,<br/>20,000 unit/ml, 5,000 unit/ml</i> | 2                  |                                   |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg,<br/>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,<br/>7.5 mg</i> (warfarin)         | 1                  |                                   |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)  | 2                  | QL (600 per 30 days)              |
| <i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)  | 2                  | QL (60 per 30 days)               |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg,<br/>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,<br/>7.5 mg</i> (Jantoven)         | 1                  |                                   |
| XARELTO DVT-PE TREAT 30D<br>START ORAL TABLETS,DOSE<br>PACK 15 MG (42)- 20 MG (9)                                | 3                  |                                   |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)   | 3                  | QL (600 per 30 days)              |
| XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)   | 3                  | QL (30 per 30 days)               |
| XARELTO ORAL TABLET 15 MG (rivaroxaban)  | 3                  | QL (60 per 30 days)               |
| XARELTO ORAL TABLET 2.5 MG (rivaroxaban)   | 3                  | ST; QL (60 per 30 days)           |
| <b>Inhibidores de agregación plaquetaria</b>   |                    |                                   |
| <i>aspirin-dipyridamole oral capsule,<br/>er multiphase 12 hr 25-200 mg</i>                                      | 2                  |                                   |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>  | 2                  |                                   |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)  | 1                  |                                   |
| <i>dipyridamole oral tablet 25 mg, 50 mg,<br/>75 mg</i>  | 2                  | PA-HRM; AGE (Max 64 Years)        |
| <i>pentoxifylline oral tablet extended release 400 mg</i>  | 2                  |                                   |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)   | 2                  | QL (30 per 30 days)               |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)  | 2                  |                                   |
| <b>Modificadores de formación sanguínea</b>  |                    |                                   |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG   | 5                  | PA; NM; NDS; QL (60 per 30 days)  |
| <i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)  | 5                  | PA; NM; NDS; QL (90 per 30 days)  |
| <i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)  | 5                  | PA; NM; NDS; QL (180 per 30 days) |
| <i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)  | 5                  | PA; NM; NDS; QL (90 per 30 days)  |
| <i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)  | 5                  | PA; NM; NDS; QL (30 per 30 days)  |

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|---|--------------------|----------------------------------|
| <i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)  | 5                  | PA; NM; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT   | 5                  | PA; NM; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT   | 5                  | PA; NM; NDS; QL (20 per 30 days) |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML  | 5                  | PA; NM; NDS                      |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 5                  | PA; NM; NDS                      |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5                  | PA; NM; NDS                      |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3                  | PA; QL (12 per 28 days)          |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML  | 3                  | PA; QL (4 per 28 days)           |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML   | 5                  | PA; NM; NDS                      |

## DISPOSITIVOS

### Dispositivos

|  |                                |   |        |
|--|--------------------------------|---|--------|
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"                      | (pen needle, diabetic)         | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"                      | (pen needle, diabetic)         | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"                       | (pen needle, diabetic)         | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | (pen needle, diabetic)         | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"                      | (pen needle, diabetic)         | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16"                     | (pen needle, diabetic)         | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32"                     | (pen needle, diabetic)         | 2 | PA; ST |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"                | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"                | (insulin syringe-needle u-100) | 2 | PA; ST |

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|--|-------------------------------------|---------------------------|
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16       | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"    | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16    | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"            | (pen needle, diabetic)<br>2         | PA; ST                    |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"           | (pen needle, diabetic)<br>2         | PA; ST                    |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"           | (pen needle, diabetic)<br>2         | PA; ST                    |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"          | (pen needle, diabetic)<br>2         | PA; ST                    |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"          | (pen needle, diabetic)<br>2         | PA; ST                    |
| ALCOHOL PADS TOPICAL PADS, MEDICATED                   | (alcohol swabs)<br>1                | PA; ST                    |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED             | (alcohol swabs)<br>1                | PA; ST                    |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED                  | (alcohol swabs)<br>1                | PA; ST                    |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"           | (pen needle, diabetic)<br>2         | PA; ST                    |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"           | (pen needle, diabetic)<br>2         | PA; ST                    |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"         | (pen needle, diabetic, safety)<br>2 | PA; ST                    |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"        | 2                                   | PA; ST                    |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"        | 2                                   | PA; ST                    |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"  | 2                                   | PA; ST                    |

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|--|-----------------------------------|---------------------------|--------|
| ASSURE ID PEN NEEDLE<br>30GX3/16" 30 GAUGE X 3/16"                               | 2                                 | PA; ST                    |        |
| ASSURE ID PEN NEEDLE<br>30GX5/16" 30 GAUGE X 5/16"                               | 2                                 | PA; ST                    |        |
| ASSURE ID PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"                               | (pen needle, diabetic,<br>safety) | 2                         | PA; ST |
| ASSURE ID PRO PEN NDL 30G<br>5MM 30 GAUGE X 3/16"                                | 2                                 | PA; ST                    |        |
| ASSURE ID SYR 0.5 ML<br>31GX15/64" 0.5 ML 31 GAUGE X<br>15/64"                   | 2                                 | PA; ST                    |        |
| ASSURE ID SYR 1 ML 31GX15/64"<br>1 ML 31 GAUGE X 15/64"                          | 2                                 | PA; ST                    |        |
| AUTOSHIELD DUO PEN NDL 30G<br>5MM 30 GAUGE X 3/16"                               | 2                                 | PA; ST                    |        |
| BD AUTOSHIELD DUO NDL<br>5MMX30G 30 GAUGE X 3/16"                                | 2                                 | PA; ST                    |        |
| BD ECLIPSE 30GX1/2" SYRINGE 1<br>ML 30 GAUGE X 1/2"                              | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD ECLIPSE NEEDLE 30GX1/2"<br>(OTC) 30 X 1/2 "                                   | 2                                 | PA; ST                    |        |
| BD INS SYR 0.3 ML 8MMX31G(1/2)<br>0.3 ML 31 GAUGE X 5/16"                        | 2                                 | PA; ST                    |        |
| BD INS SYR UF 0.3 ML<br>12.7MMX30G 0.3 ML 30 GAUGE<br>X 1/2"                     | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD INS SYR UF 0.5 ML<br>12.7MMX30G NOT FOR RETAIL<br>SALE 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD INSULIN SYR 1 ML<br>27GX12.7MM 1 ML 27 GAUGE X<br>1/2"                        | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD INSULIN SYR 1 ML 27GX5/8"<br>MICRO-FINE 1 ML 27 GAUGE X<br>5/8"               | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD LO-DOSE ULTRA-FINE<br>SYRINGE 0.5 ML 29 GAUGE X<br>1/2"                       | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD NANO 2 GEN PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                                | (pen needle, diabetic)            | 2                         | PA; ST |
| BD SAFETGLD INS 0.3 ML 29G<br>13MM 0.3 ML 29 GAUGE X 1/2"                        | 2                                 | PA; ST                    |        |
| BD SAFETYGLD INS 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"                       | 2                                 | PA; ST                    |        |
| BD SAFETYGLD INS 0.5 ML 30G<br>8MM 0.5 ML 30 GAUGE X 5/16"                       | 2                                 | PA; ST                    |        |

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|---|-----------------------------------|---------------------------|--------|
| BD SAFETYGLD INS 1 ML 29G<br>13MM 1 ML 29 GAUGE X 1/2"        | 2                                 | PA; ST                    |        |
| BD SAFETYGLID INS 1 ML<br>6MMX31G 1 ML 31 GAUGE X<br>15/64"   | 2                                 | PA; ST                    |        |
| BD SAFETYGLIDE SYRINGE<br>27GX5/8 1 ML 27 GAUGE X 5/8"        | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD SAFTYGLD INS 0.3 ML<br>6MMX31G 0.3 ML 31 GAUGE X<br>15/64" | 2                                 | PA; ST                    |        |
| BD SAFTYGLD INS 0.5 ML 29G<br>13MM 0.5 ML 29 GAUGE X 1/2"     | 2                                 | PA; ST                    |        |
| BD SAFTYGLD INS 0.5 ML<br>6MMX31G 0.5 ML 31 GAUGE X<br>15/64" | 2                                 | PA; ST                    |        |
| BD SINGLE USE SWAB  | (alcohol swabs)                   | 1                         | PA; ST |
| BD UF MICRO PEN NEEDLE<br>6MMX32G 32 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| BD UF MINI PEN NEEDLE<br>5MMX31G 31 GAUGE X 3/16"             | (pen needle, diabetic)            | 2                         | PA; ST |
| BD UF NANO PEN NEEDLE<br>4MMX32G 32 GAUGE X 5/32"             | (pen needle, diabetic)            | 2                         | PA; ST |
| BD UF ORIG PEN NDL<br>12.7MMX29G 29 GAUGE X 1/2"              | (pen needle, diabetic)            | 2                         | PA; ST |
| BD UF SHORT PEN NEEDLE<br>8MMX31G 31 GAUGE X 5/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| BD VEO INS 0.3 ML 6MMX31G<br>(1/2) 0.3 ML 31 GAUGE X 15/64"   | 2                                 | PA; ST                    |        |
| BD VEO INS SYRING 1 ML<br>6MMX31G 1 ML 31 GAUGE X<br>15/64"   | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD VEO INS SYRN 0.3 ML<br>6MMX31G 0.3 ML 31 GAUGE X<br>15/64" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BD VEO INS SYRN 0.5 ML<br>6MMX31G 1/2 ML 31 GAUGE X<br>15/64" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| BORDERED GAUZE 2"X2" 2 X 2 "                                  | (gauze bandage)                   | 1                         | PA; ST |
| CAREFINE PEN NEEDLE 12.7MM<br>29G 29 GAUGE X 1/2"             | (pen needle, diabetic)            | 2                         | PA; ST |
| CAREFINE PEN NEEDLE 4MM 32G<br>32 GAUGE X 5/32"               | (pen needle, diabetic)            | 2                         | PA; ST |
| CAREFINE PEN NEEDLE 5MM 32G<br>32 GAUGE X 3/16"               | (pen needle, diabetic)            | 2                         | PA; ST |
| CAREFINE PEN NEEDLE 6MM 31G<br>31 GAUGE X 1/4"                | (pen needle, diabetic)            | 2                         | PA; ST |

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|--|--|---------------------------|
| CAREFINE PEN NEEDLE 8MM 30G<br>30 GAUGE X 5/16"                        | (pen needle, diabetic)<br>2            | PA; ST                    |
| CAREFINE PEN NEEDLES 6MM<br>32G 32 GAUGE X 1/4"                        | (pen needle, diabetic)<br>2            | PA; ST                    |
| CAREFINE PEN NEEDLES 8MM<br>31G 31 GAUGE X 5/16"                       | (pen needle, diabetic)<br>2            | PA; ST                    |
| CARETOUCH ALCOHOL 70% PREP<br>PAD                                      | (alcohol swabs)<br>1                   | PA; ST                    |
| CARETOUCH PEN NEEDLE 29G<br>12MM 29 GAUGE X 1/2"                       | (pen needle, diabetic)<br>2            | PA; ST                    |
| CARETOUCH PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"                       | (pen needle, diabetic)<br>2            | PA; ST                    |
| CARETOUCH PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| CARETOUCH PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| CARETOUCH PEN NEEDLE<br>32GX3/16" 32 GAUGE X 3/16"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| CARETOUCH PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| CARETOUCH SYR 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16"           | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| CARETOUCH SYR 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16"           | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| CARETOUCH SYR 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16"           | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| CARETOUCH SYR 1 ML 28GX5/16"<br>1 ML 28 X 5/16"                        | 2                                      | PA; ST                    |
| CARETOUCH SYR 1 ML 29GX5/16"<br>1 ML 29 GAUGE X 5/16                   | 2                                      | PA; ST                    |
| CARETOUCH SYR 1 ML 30GX5/16"<br>1 ML 30 GAUGE X 5/16                   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| CARETOUCH SYR 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16                   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| CLICKFINE PEN NEEDLE<br>32GX5/32" 32GX4MM, STERILE<br>32 GAUGE X 5/32" | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ 0.3 ML 31G 15/64"<br>0.3 ML 31 GAUGE X 15/64"               | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| COMFORT EZ 0.5 ML 31G 15/64"<br>1/2 ML 31 GAUGE X 15/64"               | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |

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|--|--|---------------------------|
| COMFORT EZ INS 0.3 ML<br>30GX1/2" 0.3 ML 30 GAUGE X<br>1/2"                          | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| COMFORT EZ INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16"                        | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| COMFORT EZ INS 1 ML 31G<br>15/64" 1 ML 31 GAUGE X 15/64"                             | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| COMFORT EZ INS 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16                                | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| COMFORT EZ INSULIN SYR 0.3 ML<br>0.3 ML 31 GAUGE X 5/16"                             | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| COMFORT EZ INSULIN SYR 0.5 ML<br>0.5 ML 30 GAUGE X 5/16", 0.5<br>ML 31 GAUGE X 5/16" | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| COMFORT EZ PEN NEEDLE 12MM<br>29G 29 GAUGE X 1/2"                                    | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 4MM<br>32G SINGLE USE, MICRO 32<br>GAUGE X 5/32"              | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 4MM<br>33G 33 GAUGE X 5/32"                                   | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 5MM<br>31G MINI 31 GAUGE X 3/16"                              | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 5MM<br>32G SINGLE USE,MINI,HRI 32<br>GAUGE X 3/16"            | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 5MM<br>33G 33 GAUGE X 3/16"                                   | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 6MM<br>31G 31 GAUGE X 1/4"                                    | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 6MM<br>32G 32 GAUGE X 1/4"                                    | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 6MM<br>33G 33 GAUGE X 1/4"                                    | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 8MM<br>31G SHORT 31 GAUGE X 5/16"                             | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 8MM<br>32G 32 GAUGE X 5/16"                                   | (pen needle, diabetic)<br>2            | PA; ST                    |
| COMFORT EZ PEN NEEDLES 8MM<br>33G 33 GAUGE X 5/16"                                   | 2                                      | PA; ST                    |
| COMFORT EZ PRO PEN NDL 30G<br>8MM 30 GAUGE X 5/16"                                   | 2                                      | PA; ST                    |
| COMFORT EZ PRO PEN NDL 31G<br>4MM 31 GAUGE X 5/32"                                   | (pen needle, diabetic,<br>safety)<br>2 | PA; ST                    |

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|---|-----------------------------------|---------------------------|
| COMFORT EZ PRO PEN NDL 31G<br>5MM 31 GAUGE X 3/16"          | (pen needle, diabetic,<br>safety) | 2<br>PA; ST               |
| COMFORT EZ SYR 0.3 ML<br>29GX1/2" 0.3 ML 29 GAUGE X<br>1/2" | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 0.5 ML<br>28GX1/2" 1/2 ML 28 GAUGE X<br>1/2" | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 0.5 ML<br>29GX1/2" 0.5 ML 29 GAUGE X<br>1/2" | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 0.5 ML<br>30GX1/2" 0.5 ML 30 GAUGE X<br>1/2" | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 1 ML 27G<br>12.7MM 1 ML 27 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 1 ML 28GX1/2"<br>1 ML 28 GAUGE X 1/2"        | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 1 ML 29GX1/2"<br>1 ML 29 GAUGE X 1/2"        | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 1 ML 30GX1/2"<br>1 ML 30 GAUGE X 1/2"        | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT EZ SYR 1 ML 30GX5/16"<br>1 ML 30 GAUGE X 5/16       | (insulin syringe-needle<br>u-100) | 2<br>PA; ST               |
| COMFORT POINT PEN NDL<br>31GX1/3" 31 GAUGE X 1/3"           |                                   | 2<br>PA; ST               |
| COMFORT POINT PEN NDL<br>31GX1/6" 31 GAUGE X 1/6"           |                                   | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 31G<br>4MM 31 GAUGE X 5/32"           | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 31G<br>5MM 31 GAUGE X 3/16"           | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 31G<br>6MM 31 GAUGE X 1/4"            | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 31G<br>8MM 31 GAUGE X 5/16"           | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 32G<br>4MM 32 GAUGE X 5/32"           | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 32G<br>5MM 32 GAUGE X 3/16"           | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 32G<br>6MM 32 GAUGE X 1/4"            | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 32G<br>8MM 32 GAUGE X 5/16"           | (pen needle, diabetic)            | 2<br>PA; ST               |
| COMFORT TOUCH PEN NDL 33G<br>4MM 33 GAUGE X 5/32"           | (pen needle, diabetic)            | 2<br>PA; ST               |

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|--|-------------------------------------|---------------------------|
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"                  | (pen needle, diabetic)<br>2         | PA; ST                    |
| COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"                 | (pen needle, diabetic)<br>2         | PA; ST                    |
| CURAD GAUZE PADS 2" X 2" 2 X 2 "                               | (gauze bandage)<br>1                | PA; ST                    |
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM                              | (alcohol swabs)<br>1                | PA; ST                    |
| CURITY GAUZE PADS 2 X 2 "                                      | (gauze bandage)<br>1                | PA; ST                    |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "                  | 1                                   | PA; ST                    |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "              | (gauze bandage)<br>1                | PA; ST                    |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "                      | 1                                   | PA; ST                    |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "                         | 1                                   | PA; ST                    |
| DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"    | 2                                   | PA; ST                    |
| DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"    | 2                                   | PA; ST                    |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"          | 2                                   | PA; ST                    |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"          | 2                                   | PA; ST                    |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"           | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"  | 2                                   | PA; ST                    |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"           | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64" | 2                                   | PA; ST                    |
| DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"  | 2                                   | PA; ST                    |
| DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"     | (insulin syringe-needle u-100)<br>2 | PA; ST                    |

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| <b>Nombre del Medicamento</b>  | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|--|--------------------|---------------------------|
| DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)    | 2                  | PA; ST                    |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"                                      | 2                  | PA; ST                    |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"                                      | 2                  | PA; ST                    |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"                                     | 2                  | PA; ST                    |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"                                      | 2                  | PA; ST                    |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"                                      | 2                  | PA; ST                    |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)        | 2                  | PA; ST                    |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)       | 2                  | PA; ST                    |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)        | 2                  | PA; ST                    |
| DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)  | 2                  | PA; ST                    |
| DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 2                  | PA; ST                    |
| DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)  | 2                  | PA; ST                    |
| DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)    | 2                  | PA; ST                    |
| DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)          | 2                  | PA; ST                    |
| DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"  | 2                  | PA; ST                    |
| DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)      | 2                  | PA; ST                    |
| DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)     | 2                  | PA; ST                    |

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|---|--------------------|---------------------------|
| DROPLET INS SYR 1 ML 31G 8MM (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100) | 2                  | PA; ST                    |
| DROPLET MICRON 34G X 9/64" 34<br>GAUGE X 9/64"                                      | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 29G 10MM<br>29 GAUGE X 3/8"                                      | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 29G 12MM (pen needle, diabetic)<br>29 GAUGE X 1/2"               | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 30G 8MM (pen needle, diabetic)<br>30 GAUGE X 5/16"               | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 31G 5MM (pen needle, diabetic)<br>31 GAUGE X 3/16"               | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 31G 6MM (pen needle, diabetic)<br>31 GAUGE X 1/4"                | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 31G 8MM (pen needle, diabetic)<br>31 GAUGE X 5/16"               | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 32G 4MM (pen needle, diabetic)<br>32 GAUGE X 5/32"               | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 32G 5MM (pen needle, diabetic)<br>32 GAUGE X 3/16"               | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 32G 6MM (pen needle, diabetic)<br>32 GAUGE X 1/4"                | 2                  | PA; ST                    |
| DROPLET PEN NEEDLE 32G 8MM (pen needle, diabetic)<br>32 GAUGE X 5/16"               | 2                  | PA; ST                    |
| DROPSAFE ALCOHOL 70% PREP (alcohol swabs)<br>PADS                                   | 1                  | PA; ST                    |
| DROPSAFE INS SYR 0.3 ML 31G<br>6MM 0.3 ML 31 GAUGE X<br>15/64"                      | 2                  | PA; ST                    |
| DROPSAFE INS SYR 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"                          | 2                  | PA; ST                    |
| DROPSAFE INS SYR 0.5 ML 31G<br>6MM 0.5 ML 31 GAUGE X<br>15/64"                      | 2                  | PA; ST                    |
| DROPSAFE INS SYR 0.5 ML 31G<br>8MM 0.5 ML 31 GAUGE X 5/16"                          | 2                  | PA; ST                    |
| DROPSAFE INSUL SYR 1 ML 31G<br>6MM 1 ML 31 GAUGE X 15/64"                           | 2                  | PA; ST                    |
| DROPSAFE INSUL SYR 1 ML 31G<br>8MM 1 ML 31 GAUGE X 5/16"                            | 2                  | PA; ST                    |
| DROPSAFE INSULN 1 ML 29G<br>12.5MM 1 ML 29 GAUGE X 1/2"                             | 2                  | PA; ST                    |
| DROPSAFE PEN NEEDLE 31G 4MM (pen needle, diabetic,<br>31 GAUGE X 5/32" safety)      | 2                  | PA; ST                    |
| DROPSAFE PEN NEEDLE 31G 5MM (pen needle, diabetic,<br>31 GAUGE X 3/16" safety)      | 2                  | PA; ST                    |

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|---|-----------------------------------|---------------------------|--------|
| DROPSAFE PEN NEEDLE 31G 8MM<br>31 GAUGE X 5/16"   | 2                                 | PA; ST                    |        |
| DROPSAFE PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"   | 2                                 | PA; ST                    |        |
| DRUG MART ULTRA COMFORT<br>SYR 0.3 ML 29 GAUGE X 1/2",<br>0.3 ML 31 GAUGE X 5/16", 0.5<br>ML 30 GAUGE X 5/16", 0.5 ML<br>31 GAUGE X 5/16", 1 ML 29<br>GAUGE X 1/2", 1 ML 30 GAUGE<br>X 5/16 | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY CMFT SFTY PEN NDL 31G<br>5MM 31 GAUGE X 3/16"  | (pen needle, diabetic,<br>safety) | 2                         | PA; ST |
| EASY CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"   |                                   | 2                         | PA; ST |
| EASY CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"  |                                   | 2                         | PA; ST |
| EASY COMFORT 0.3 ML 31G 1/2"<br>0.3 ML 31 X 1/2"  |                                   | 2                         | PA; ST |
| EASY COMFORT 0.3 ML 31G 5/16"<br>0.3 ML 31 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY COMFORT 0.3 ML SYRINGE<br>0.3 ML 30 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY COMFORT 0.5 ML 30GX1/2"<br>0.5 ML 30 GAUGE X 1/2"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY COMFORT 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16"   | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY COMFORT 0.5 ML<br>32GX5/16" 1/2 ML 32 GAUGE X<br>5/16"   |                                   | 2                         | PA; ST |
| EASY COMFORT 0.5 ML SYRINGE<br>0.5 ML 30 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY COMFORT 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16   | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY COMFORT 1 ML 32GX5/16"<br>1 ML 32 GAUGE X 5/16"  |                                   | 2                         | PA; ST |
| EASY COMFORT ALCOHOL 70%<br>PAD   | (alcohol swabs)                   | 1                         | PA; ST |
| EASY COMFORT INSULIN 1 ML<br>SYR 1 ML 30 GAUGE X 5/16   | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY COMFORT PEN NDL 29G<br>4MM 29 GAUGE X 5/32"  |                                   | 2                         | PA; ST |
| EASY COMFORT PEN NDL 29G<br>5MM 29 GAUGE X 3/16"  |                                   | 2                         | PA; ST |
| EASY COMFORT PEN NDL<br>31GX1/4" 31 GAUGE X 1/4"  | (pen needle, diabetic)            | 2                         | PA; ST |

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|--|--|---------------------------|
| EASY COMFORT PEN NDL<br>31GX3/16" 31 GAUGE X 3/16"           | (pen needle, diabetic)<br>2            | PA; ST                    |
| EASY COMFORT PEN NDL<br>31GX5/16" 31 GAUGE X 5/16"           | (pen needle, diabetic)<br>2            | PA; ST                    |
| EASY COMFORT PEN NDL<br>32GX5/32" 32 GAUGE X 5/32"           | (pen needle, diabetic)<br>2            | PA; ST                    |
| EASY COMFORT PEN NDL 33G<br>4MM 33 GAUGE X 5/32"             | (pen needle, diabetic)<br>2            | PA; ST                    |
| EASY COMFORT PEN NDL 33G<br>5MM 33 GAUGE X 3/16"             | (pen needle, diabetic)<br>2            | PA; ST                    |
| EASY COMFORT PEN NDL 33G<br>6MM 33 GAUGE X 1/4"              | (pen needle, diabetic)<br>2            | PA; ST                    |
| EASY COMFORT SYR 0.5 ML 29G<br>8MM 1/2 ML 29 X5/16 "         | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY COMFORT SYR 1 ML 29G<br>8MM 1 ML 29 GAUGE X 5/16        | 2                                      | PA; ST                    |
| EASY COMFORT SYR 1 ML<br>30GX1/2" 1 ML 30 GAUGE X<br>1/2"    | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY GLIDE INS 0.3 ML 31GX6MM<br>0.3 ML 31 GAUGE X 15/64"    | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY GLIDE INS 0.5 ML 31GX6MM<br>1/2 ML 31 GAUGE X 15/64"    | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY GLIDE INS 1 ML 31GX6MM 1<br>ML 31 GAUGE X 15/64"        | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY GLIDE PEN NEEDLE 4MM<br>33G 33 GAUGE X 5/32"            | (pen needle, diabetic)<br>2            | PA; ST                    |
| EASY TOUCH 0.3 ML SYR<br>30GX1/2" 0.3 ML 30 GAUGE X<br>1/2"  | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY TOUCH 0.5 ML SYR<br>27GX1/2" 1/2 ML 27 GAUGE X<br>1/2"  | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY TOUCH 0.5 ML SYR<br>29GX1/2" 0.5 ML 29 GAUGE X<br>1/2"  | 2                                      | PA; ST                    |
| EASY TOUCH 0.5 ML SYR<br>30GX1/2" 0.5 ML 30 GAUGE X<br>1/2"  | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| EASY TOUCH 0.5 ML SYR<br>30GX5/16 0.5 ML 30 GAUGE X<br>5/16" | 2                                      | PA; ST                    |
| EASY TOUCH 1 ML SYR 29GX1/2"<br>1 ML 29 GAUGE X 1/2"         | 2                                      | PA; ST                    |
| EASY TOUCH 1 ML SYR 30GX1/2"<br>1 ML 30 GAUGE X 1/2"         | 2                                      | PA; ST                    |

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|--|--------------------|---------------------------|
| EASY TOUCH ALCOHOL 70%<br>PADS GAMMA-STERILIZED (alcohol swabs)  | 1                  | PA; ST                    |
| EASY TOUCH AUTO 0.5 ML 30G<br>6MM 0.5 ML 30 GAUGE X 1/4"   | 2                  | PA; ST                    |
| EASY TOUCH AUTO 0.5 ML 30G<br>8MM 0.5 ML 30 GAUGE X 5/16"  | 2                  | PA; ST                    |
| EASY TOUCH AUTORET 1 ML 30G<br>6MM 1 ML 30 GAUGE X 1/4"  | 2                  | PA; ST                    |
| EASY TOUCH AUTORET 1 ML 30G<br>8MM 1 ML 30 GAUGE X 5/16"   | 2                  | PA; ST                    |
| EASY TOUCH FLIPLOK 1 ML<br>27GX0.5 1 ML 27 GAUGE X 1/2"  | 2                  | PA; ST                    |
| EASY TOUCH INS 0.5 ML 30G<br>8MM 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle<br>u-100)                             | 2                  | PA; ST                    |
| EASY TOUCH INS 0.5 ML 31G<br>8MM 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle<br>u-100)                             | 2                  | PA; ST                    |
| EASY TOUCH INS 1 ML 27G 1/2" 1<br>ML 27 GAUGE X 1/2" (insulin syringe-needle<br>u-100)                                 | 2                  | PA; ST                    |
| EASY TOUCH INS 1 ML 28G<br>12.7MM 1 ML 28 GAUGE X 1/2" (insulin syringe-needle<br>u-100)                               | 2                  | PA; ST                    |
| EASY TOUCH INS 1 ML 29G<br>12.7MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle<br>u-100)                               | 2                  | PA; ST                    |
| EASY TOUCH INS SYR 1 ML 30G<br>8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle<br>u-100)                              | 2                  | PA; ST                    |
| EASY TOUCH INS SYR 1 ML 31G<br>8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle<br>u-100)                              | 2                  | PA; ST                    |
| EASY TOUCH INSULIN 1 ML<br>29GX1/2 1 ML 29 GAUGE X 1/2"  | 2                  | PA; ST                    |
| EASY TOUCH INSULIN 1 ML<br>30GX1/2 1 ML 30 GAUGE X 1/2"  | 2                  | PA; ST                    |
| EASY TOUCH INSULIN SYR 0.3 ML<br>0.3 ML 30 GAUGE X 5/16", 0.3<br>ML 31 GAUGE X 5/16" (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| EASY TOUCH INSULIN SYR 1 ML<br>RETRACTABLE 1 ML 30 GAUGE<br>X 1/2" (insulin syringe-needle<br>u-100)                   | 2                  | PA; ST                    |
| EASY TOUCH INSULN 1 ML<br>29GX1/2" 1 ML 29 GAUGE X<br>1/2"   | 2                  | PA; ST                    |
| EASY TOUCH INSULN 1 ML<br>30GX1/2" 1 ML 30 GAUGE X<br>1/2"   | 2                  | PA; ST                    |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X<br>5/16"  | 2                  | PA; ST                    |

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|---|-----------------------------------|---------------------------|--------|
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X<br>5/16"   | 2                                 | PA; ST                    |        |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X<br>5/16"   | 2                                 | PA; ST                    |        |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X<br>5/16"   | 2                                 | PA; ST                    |        |
| EASY TOUCH LUER LOK INSUL 1<br>ML                             | (insulin syringe<br>needleless)   | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>29GX1/2" 29 GAUGE X 1/2"             | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>30GX5/16 30 GAUGE X 5/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>31GX3/16 31 GAUGE X 3/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>31GX5/16 31 GAUGE X 5/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>32GX3/16 32 GAUGE X 3/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH PEN NEEDLE<br>32GX5/32 32 GAUGE X 5/32"            | (pen needle, diabetic)            | 2                         | PA; ST |
| EASY TOUCH SAF PEN NDL 29G<br>5MM 29 GAUGE X 3/16"            |                                   | 2                         | PA; ST |
| EASY TOUCH SAF PEN NDL 29G<br>8MM 29 GAUGE X 5/16"            |                                   | 2                         | PA; ST |
| EASY TOUCH SAF PEN NDL 30G<br>5MM 30 GAUGE X 3/16"            |                                   | 2                         | PA; ST |
| EASY TOUCH SAF PEN NDL 30G<br>8MM 30 GAUGE X 5/16"            |                                   | 2                         | PA; ST |
| EASY TOUCH SYR 0.5 ML 28G<br>12.7MM 1/2 ML 28 GAUGE X<br>1/2" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY TOUCH SYR 0.5 ML 29G<br>12.7MM 0.5 ML 29 GAUGE X<br>1/2" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY TOUCH SYR 1 ML 27G 16MM<br>1 ML 27 GAUGE X 5/8"          | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| EASY TOUCH UNI-SLIP SYR 1 ML                                  | (insulin syringe<br>needleless)   | 2                         | PA; ST |
| EASYLIFE ALCOHOL 70% PADS                                     | (alcohol swabs)                   | 1                         | PA; ST |

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|---|--------------------|---------------------------|
| EASYLIFE INS PEN NDL 29G 12MM (pen needle, diabetic)<br>29 GAUGE X 1/2"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 31G 4MM (pen needle, diabetic)<br>31 GAUGE X 5/32"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 31G 5MM (pen needle, diabetic)<br>31 GAUGE X 3/16"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 31G 6MM (pen needle, diabetic)<br>31 GAUGE X 1/4"                    | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 31G 8MM (pen needle, diabetic)<br>31 GAUGE X 5/16"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 32G 4MM (pen needle, diabetic)<br>32 GAUGE X 5/32"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 32G 5MM (pen needle, diabetic)<br>32 GAUGE X 3/16"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 32G 6MM (pen needle, diabetic)<br>32 GAUGE X 1/4"                    | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 32G 8MM (pen needle, diabetic)<br>32 GAUGE X 5/16"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 33G 4MM (pen needle, diabetic)<br>33 GAUGE X 5/32"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 33G 5MM (pen needle, diabetic)<br>33 GAUGE X 3/16"                   | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 33G 6MM (pen needle, diabetic)<br>33 GAUGE X 1/4"                    | 2                  | PA; ST                    |
| EASYLIFE INS PEN NDL 33G 8MM<br>33 GAUGE X 5/16"  | 2                  | PA; ST                    |
| EASYLIFE INS SYR 0.5 ML 30G (insulin syringe-needle<br>8MM 0.5 ML 30 GAUGE X 5/16" u-100) | 2                  | PA; ST                    |
| EASYLIFE INS SYR 1 ML 30G 8MM (insulin syringe-needle<br>1 ML 30 GAUGE X 5/16" u-100)     | 2                  | PA; ST                    |
| EASYLIFE INS SYR 1 ML 31G 8MM (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16" u-100)     | 2                  | PA; ST                    |
| EASYLIFE SAFTY PEN NDL 31G (pen needle, diabetic,<br>4MM 31 GAUGE X 5/32" safety)         | 2                  | PA; ST                    |
| EASYLIFE SAFTY PEN NDL 31G (pen needle, diabetic,<br>5MM 31 GAUGE X 3/16" safety)         | 2                  | PA; ST                    |
| EASYLIFE SYR 1 ML 30G 12.7MM 1 (insulin syringe-needle<br>ML 30 GAUGE X 1/2" u-100)       | 2                  | PA; ST                    |
| EASYTOUCH SAF PEN NDL 30G<br>6MM 30 GAUGE X 1/4"  | 2                  | PA; ST                    |
| EMBRACE PEN NEEDLE 29G (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2"                     | 2                  | PA; ST                    |
| EMBRACE PEN NEEDLE 30G 5MM (pen needle, diabetic)<br>30 GAUGE X 3/16"                     | 2                  | PA; ST                    |
| EMBRACE PEN NEEDLE 30G 8MM (pen needle, diabetic)<br>30 GAUGE X 5/16"                     | 2                  | PA; ST                    |

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|---|--------------------|---------------------------|
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                    | 2                  | PA; ST                    |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)                     | 2                  | PA; ST                    |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                    | 2                  | PA; ST                    |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                    | 2                  | PA; ST                    |
| EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"                           | 2                  | PA; ST                    |
| EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)       | 2                  | PA; ST                    |
| FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE   | 2                  | PA; ST                    |
| FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                  | PA; ST                    |
| FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                  | PA; ST                    |
| FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)     | 2                  | PA; ST                    |
| FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)     | 2                  | PA; ST                    |
| FT STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)                                       | 1                  | PA; ST                    |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)                                     | 1                  | PA; ST                    |
| GAUZE PADS 2"X2" STRL 2 X 2 " (Bordered Gauze)  | 1                  | PA; ST                    |
| GNP ALCOHOL SWAB STERILE, TWO PLY (Alcohol Pads)                                      | 1                  | PA; ST                    |
| GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4" (pen needle, diabetic)    | 2                  | PA; ST                    |
| GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic)  | 2                  | PA; ST                    |
| GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (1st Tier Unifine Pentips)                    | 2                  | PA; ST                    |
| GNP PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (1st Tier Unifine Pentips)                    | 2                  | PA; ST                    |
| GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (CareFine Pen Needle)                          | 2                  | PA; ST                    |
| GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                 | 2                  | PA; ST                    |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" (1/2)                 | 2                  | PA; ST                    |

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|---|-----------------------------------|---------------------------|--------|
| GNP ULT CMFRT 0.5 ML 29GX1/2"<br>1/2 ML 29                    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| GNP ULTRA COMFORT 0.5 ML SYR<br>1/2 ML 30 GAUGE               | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| GNP ULTRA COMFORT 1 ML<br>SYRINGE 1 ML 29 GAUGE               |                                   | 2                         | PA; ST |
| GNP ULTRA COMFORT 1 ML<br>SYRINGE 1 ML 30 GAUGE X<br>7/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| GNP ULTRA COMFORT 3/10 ML<br>SYR 0.3 ML 30                    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| HEALTHWISE INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| HEALTHWISE INS 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| HEALTHWISE INS 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| HEALTHWISE INS 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| HEALTHWISE INS 1 ML 30GX5/16"<br>1 ML 30 GAUGE X 5/16         | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| HEALTHWISE INS 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16         | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| HEALTHWISE PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"             | (pen needle, diabetic)            | 2                         | PA; ST |
| HEALTHWISE PEN NEEDLE 31G<br>8MM 31 GAUGE X 5/16"             | (pen needle, diabetic)            | 2                         | PA; ST |
| HEALTHWISE PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"             | (pen needle, diabetic)            | 2                         | PA; ST |
| HEALTHY ACCENTS PENTIP 4MM<br>32G 32 GAUGE X 5/32"            | (pen needle, diabetic)            | 2                         | PA; ST |
| HEALTHY ACCENTS PENTIP 5MM<br>31G 31 GAUGE X 3/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| HEALTHY ACCENTS PENTIP 6MM<br>31G 31 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| HEALTHY ACCENTS PENTIP 8MM<br>31G 31 GAUGE X 5/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| HEALTHY ACCENTS PENTP 12MM<br>29G 29 GAUGE X 1/2"             |                                   | 2                         | PA; ST |
| HEB INCONTROL ALCOHOL 70%<br>PADS                             | (alcohol swabs)                   | 1                         | PA; ST |

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|--|--|---------------------------|
| INCONTROL PEN NEEDLE 12MM<br>29G 29 GAUGE X 1/2"               | (pen needle, diabetic)<br>2              | PA; ST                    |
| INCONTROL PEN NEEDLE 4MM<br>32G 32 GAUGE X 5/32"               | (pen needle, diabetic)<br>2              | PA; ST                    |
| INCONTROL PEN NEEDLE 5MM<br>31G 31 GAUGE X 3/16"               | (pen needle, diabetic)<br>2              | PA; ST                    |
| INCONTROL PEN NEEDLE 6MM<br>31G 31 GAUGE X 1/4"                | (pen needle, diabetic)<br>2              | PA; ST                    |
| INCONTROL PEN NEEDLE 8MM<br>31G 31 GAUGE X 5/16"               | (pen needle, diabetic)<br>2              | PA; ST                    |
| INPEN (FOR HUMALOG) BLUE<br>SUBCUTANEOUS INSULIN PEN           | 3  |                           |
| INPEN (FOR HUMALOG) GREY<br>SUBCUTANEOUS INSULIN PEN           | 3  |                           |
| INPEN (FOR HUMALOG) PINK<br>SUBCUTANEOUS INSULIN PEN           | 3  |                           |
| INPEN (NOVOLOG OR FIASP)<br>BLUE SUBCUTANEOUS INSULIN<br>PEN   | 3  |                           |
| INPEN (NOVOLOG OR FIASP)<br>GREY SUBCUTANEOUS INSULIN<br>PEN   | 3  |                           |
| INPEN (NOVOLOG OR FIASP) PINK<br>SUBCUTANEOUS INSULIN PEN      | 3  |                           |
| INSULIN 1 ML SYRINGE 1 ML 29<br>GAUGE X 7/16"                  | 2  | PA; ST                    |
| INSULIN 1/2 ML SYRINGE 1/2 ML<br>29                            | (Utileit Insulin Syringe)<br>2           | PA; ST                    |
| INSULIN 1/2 ML SYRINGE 1/2 ML<br>30 GAUGE                      | 2  | PA; ST                    |
| INSULIN 3/10 ML SYRINGE 0.3 ML<br>30                           | (Ultra Comfort Insulin<br>Syringe)<br>2  | PA; ST                    |
| INSULIN SYR 0.3 ML 31GX1/4(1/2)<br>0.3 ML 31 GAUGE X 1/4"      | (UltiCare Insuln Syr(half<br>unit))<br>2 | PA; ST                    |
| INSULIN SYR 0.5 ML 28G 12.7MM<br>(OTC) 1/2 ML 28 GAUGE X 1/2"  | (Comfort EZ Insulin<br>Syringe)<br>2     | PA; ST                    |
| INSULIN SYRIN 0.5 ML 30GX1/2"<br>(RX) 0.5 ML 30 GAUGE X 1/2"   | (Comfort EZ Insulin<br>Syringe)<br>2     | PA; ST                    |
| INSULIN SYRING 0.5 ML 27G 1/2"<br>INNER 1/2 ML 27 GAUGE X 1/2" | (Easy Touch Insulin<br>Syringe)<br>2     | PA; ST                    |
| INSULIN SYRINGE 0.3 ML 0.3 ML<br>29 GAUGE                      | (insulin syringe-needle<br>u-100)<br>2   | PA; ST                    |
| INSULIN SYRINGE 0.3 ML 31GX1/4<br>0.3 ML 31 GAUGE X 1/4"       | (Sure Comfort Insulin<br>Syringe)<br>2   | PA; ST                    |
| INSULIN SYRINGE 0.5 ML 1/2 ML<br>29                            | (insulin syringe-needle<br>u-100)<br>2   | PA; ST                    |

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|---|--------------------|---------------------------|
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)                | 2                  | PA; ST                    |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE  | 2                  | PA; ST                    |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" (Comfort EZ Insulin Syringe)               | 2                  | PA; ST                    |
| INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" (BD SafetyGlide Syringe)                         | 2                  | PA; ST                    |
| INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)             | 2                  | PA; ST                    |
| INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)         | 2                  | PA; ST                    |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)                   | 2                  | PA; ST                    |
| INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16 (Advocate Syringes) | 2                  | PA; ST                    |
| INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML (Easy Touch Luer Lock Insulin)                              | 2                  | PA; ST                    |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)                      | 2                  | PA; ST                    |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)              | 2                  | PA; ST                    |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe)                             | 2                  | PA; ST                    |
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"                                       | 2                  | PA; ST                    |
| INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)                                  | 2                  | PA; ST                    |
| INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                                  | 2                  | PA; ST                    |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)                                | 2                  | PA; ST                    |
| INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                                  | 2                  | PA; ST                    |
| INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4" (pen needle, diabetic)                              | 2                  | PA; ST                    |
| IV ANTISEPTIC WIPES (alcohol swabs)   | 1                  | PA; ST                    |
| KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)  | 1                  | PA; ST                    |
| LISCO SPONGES 100/BAG 2 X 2 "   | 1                  | PA; ST                    |

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|--|-------------------------------------|---------------------------|
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"                             | (pen needle, diabetic)<br>2         | PA; ST                    |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE                   | 2                                   | PA; ST                    |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16"                          | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16                           | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"                                  | (pen needle, diabetic)<br>2         | PA; ST                    |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"               | (pen needle, diabetic)<br>2         | PA; ST                    |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"                       | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"                     | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"                     | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"                     | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"                       | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"                       | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"                     | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"                         | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"                         | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"                       | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"                            | 2                                   | PA; ST                    |
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"                      | 2                                   | PA; ST                    |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"                         | 2                                   | PA; ST                    |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"                         | 2                                   | PA; ST                    |

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| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"             | 2                  | PA; ST                    |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)                 | 2                  | PA; ST                    |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                  | PA; ST                    |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)     | 2                  | PA; ST                    |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)     | 2                  | PA; ST                    |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)    | 2                  | PA; ST                    |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"  | 2                  | PA; ST                    |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"  | 2                  | PA; ST                    |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)                    | 2                  | PA; ST                    |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)                   | 2                  | PA; ST                    |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)                   | 2                  | PA; ST                    |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" (pen needle, diabetic, safety)  | 2                  | PA; ST                    |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" (CareFine Pen Needle)                        | 2                  | PA; ST                    |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" (Comfort EZ Pen Needles)                     | 2                  | PA; ST                    |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (Advocate Pen Needle)                        | 2                  | PA; ST                    |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" (Comfort EZ Pen Needles)                     | 2                  | PA; ST                    |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" (Comfort EZ Pen Needles)                      | 2                  | PA; ST                    |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" (pen needle, diabetic)        | 2                  | PA; ST                    |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE (insulin syringe-needle u-100)          | 2                  | PA; ST                    |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)        | 2                  | PA; ST                    |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                  | PA; ST                    |

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| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                        | 2                  | PA; ST                    |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)          | 2                  | PA; ST                    |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                  | PA; ST                    |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)                           | 2                  | PA; ST                    |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)       | 2                  | PA; ST                    |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable))                              | 2                  | PA; ST                    |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                   | 2                  | PA; ST                    |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                         | 2                  | PA; ST                    |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                   | 2                  | PA; ST                    |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                         | 2                  | PA; ST                    |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)                    | 2                  | PA; ST                    |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                           | 2                  | PA; ST                    |
| MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                             | 2                  | PA; ST                    |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)                             | 2                  | PA; ST                    |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)                             | 2                  | PA; ST                    |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                                  | 2                  | PA; ST                    |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                                      | 2                  | PA; ST                    |
| NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)  | 2                  | PA; ST                    |
| NOVOFINE 30 NEEDLE   | 2                  | PA; ST                    |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)  | 2                  | PA; ST                    |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" (insulin syringe-needle u-100)                              | 2                  | PA; ST                    |
| NOVOTWIST NEEDLE 32 GAUGE X 1/5" (insulin syringe-needle u-100)  | 2                  | PA; ST                    |

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| OMNIPOD 5 (G6/LIBRE 2 PLUS)<br>SUBCUTANEOUS CARTRIDGE                                     | 3                  | QL (10 per 30 days)       |
| OMNIPOD 5 G6-G7 INTRO<br>KT(GEN5) SUBCUTANEOUS<br>CARTRIDGE                               | 3                  | QL (1 per 365 days)       |
| OMNIPOD 5 G6-G7 PODS (GEN 5)<br>SUBCUTANEOUS CARTRIDGE                                    | 3                  | QL (10 per 30 days)       |
| OMNIPOD 5<br>INTRO(G6/LIBRE2PLUS)<br>SUBCUTANEOUS CARTRIDGE                               | 3                  | QL (1 per 365 days)       |
| OMNIPOD CLASSIC PDM KIT(GEN<br>3)   | 3                  | QL (1 per 365 days)       |
| OMNIPOD CLASSIC PODS (GEN 3)<br>SUBCUTANEOUS CARTRIDGE                                    | 3                  | QL (10 per 30 days)       |
| OMNIPOD DASH INTRO KIT (GEN<br>4) SUBCUTANEOUS CARTRIDGE                                  | 3                  | QL (1 per 365 days)       |
| OMNIPOD DASH PDM KIT (GEN 4)  | 3                  | QL (1 per 365 days)       |
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE                                       | 3                  | QL (10 per 30 days)       |
| PC UNIFINE PENTIPS 8MM (pen needle, diabetic)<br>NEEDLE SHORT 31 GAUGE X<br>5/16"         | 2                  | PA; ST                    |
| PEN NEEDLE 30G 5MM OUTER 30 (Embrace Pen Needle)<br>GAUGE X 3/16"                         | 2                  | PA; ST                    |
| PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle)<br>GAUGE X 5/16"                        | 2                  | PA; ST                    |
| PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic)<br>GAUGE X 5/16"                         | 2                  | PA; ST                    |
| PEN NEEDLE 31G 8MM 31 GAUGE (1st Tier Unifine Pentips)<br>X 5/16"                         | 2                  | PA; ST                    |
| PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine Pentips)<br>GAUGE X 1/4"                   | 2                  | PA; ST                    |
| PEN NEEDLE 6MM 31G 6MM 31 (pen needle, diabetic)<br>GAUGE X 1/4"                          | 2                  | PA; ST                    |
| PEN NEEDLE, DIABETIC NEEDLE (1st Tier Unifine Pentips<br>29 GAUGE X 1/2" Plus)            | 2                  | PA; ST                    |
| PEN NEEDLES 12MM 29G (pen needle, diabetic)<br>29GX12MM,STRL 29 GAUGE X<br>1/2"           | 2                  | PA; ST                    |
| PEN NEEDLES 4MM 32G 32 (pen needle, diabetic)<br>GAUGE X 5/32"                            | 2                  | PA; ST                    |
| PEN NEEDLES 5MM 31G (pen needle, diabetic)<br>31GX5MM,STRL,MINI (OTC) 31<br>GAUGE X 3/16" | 2                  | PA; ST                    |

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|---|--|---------------------------|
| PEN NEEDLES 8MM 31G<br>31GX8MM,STRL,SHORT (OTC)<br>31 GAUGE X 5/16" | (pen needle, diabetic)<br>2            | PA; ST                    |
| PENTIPS PEN NEEDLE 29G 1/2" 29<br>GAUGE X 1/2"                      | (pen needle, diabetic)<br>2            | PA; ST                    |
| PENTIPS PEN NEEDLE 31G 1/4" 31<br>GAUGE X 1/4"                      | (pen needle, diabetic)<br>2            | PA; ST                    |
| PENTIPS PEN NEEDLE 31GX3/16"<br>MINI, 5MM 31 GAUGE X 3/16"          | (pen needle, diabetic)<br>2            | PA; ST                    |
| PENTIPS PEN NEEDLE 31GX5/16"<br>SHORT, 8MM 31 GAUGE X 5/16"         | (pen needle, diabetic)<br>2            | PA; ST                    |
| PENTIPS PEN NEEDLE 32G 1/4" 32<br>GAUGE X 1/4"                      | (pen needle, diabetic)<br>2            | PA; ST                    |
| PENTIPS PEN NEEDLE 32GX5/32"<br>4MM 32 GAUGE X 5/32"                | (pen needle, diabetic)<br>2            | PA; ST                    |
| PIP PEN NEEDLE 31G X 5MM 31<br>GAUGE X 3/16"                        | (pen needle, diabetic)<br>2            | PA; ST                    |
| PIP PEN NEEDLE 32G X 4MM 32<br>GAUGE X 5/32"                        | (pen needle, diabetic)<br>2            | PA; ST                    |
| PREFPLS INS SYR 1 ML 30GX5/16"<br>(OTC) 1 ML 30 GAUGE X 5/16        | (Advocate Syringes)<br>2               | PA; ST                    |
| PREVENT PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"                      | 2                                      | PA; ST                    |
| PREVENT PEN NEEDLE 31GX5/16"<br>31 GAUGE X 5/16"                    | 2                                      | PA; ST                    |
| PRO COMFORT 0.5 ML 30GX1/2"<br>0.5 ML 30 GAUGE X 1/2"               | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| PRO COMFORT 0.5 ML 30GX5/16"<br>0.5 ML 30 GAUGE X 5/16"             | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| PRO COMFORT 0.5 ML 31GX5/16"<br>0.5 ML 31 GAUGE X 5/16"             | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| PRO COMFORT 1 ML 30GX1/2" 1<br>ML 30 GAUGE X 1/2"                   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| PRO COMFORT 1 ML 30GX5/16" 1<br>ML 30 GAUGE X 5/16                  | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| PRO COMFORT 1 ML 31GX5/16" 1<br>ML 31 GAUGE X 5/16                  | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| PRO COMFORT ALCOHOL 70%<br>PADS                                     | (alcohol swabs)<br>1                   | PA; ST                    |
| PRO COMFORT PEN NDL 32G<br>8MM 32 GAUGE X 5/16"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| PRO COMFORT PEN NDL 32G X<br>1/4" 32 GAUGE X 1/4"                   | (pen needle, diabetic)<br>2            | PA; ST                    |
| PRO COMFORT PEN NDL 4MM<br>32G 32 GAUGE X 5/32"                     | (pen needle, diabetic)<br>2            | PA; ST                    |

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|--|-----------------------------------|--------------------|---------------------------|
| PRO COMFORT PEN NDL 5MM<br>32G 32 GAUGE X 3/16"                                  | (pen needle, diabetic)            | 2                  | PA; ST                    |
| PRO-COMFORT ALCOHOL 70%<br>PADS  | (alcohol swabs)                   | 1                  | PA; ST                    |
| PRODIGY INS SYR 1 ML 28GX1/2"<br>1 ML 28 GAUGE X 1/2"                            | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| PRODIGY SYRNG 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16"                     | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| PRODIGY SYRNGE 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16"                    | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| PURE CMFT SFTY PEN NDL 31G<br>5MM 31 GAUGE X 3/16"                               | (pen needle, diabetic,<br>safety) | 2                  | PA; ST                    |
| PURE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"                                |                                   | 2                  | PA; ST                    |
| PURE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                               |                                   | 2                  | PA; ST                    |
| PURE COMFORT ALCOHOL 70%<br>PADS   | (alcohol swabs)                   | 1                  | PA; ST                    |
| PURE COMFORT PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                                 | (pen needle, diabetic)            | 2                  | PA; ST                    |
| PURE COMFORT PEN NDL 32G<br>5MM 32 GAUGE X 3/16"                                 | (pen needle, diabetic)            | 2                  | PA; ST                    |
| PURE COMFORT PEN NDL 32G<br>6MM 32 GAUGE X 1/4"                                  | (pen needle, diabetic)            | 2                  | PA; ST                    |
| PURE COMFORT PEN NDL 32G<br>8MM 32 GAUGE X 5/16"                                 | (pen needle, diabetic)            | 2                  | PA; ST                    |
| RAYA SURE PEN NEEDLE 29G<br>12MM 29 GAUGE X 15/32"                               |                                   | 2                  | PA; ST                    |
| RAYA SURE PEN NEEDLE 31G<br>4MM 31 GAUGE X 5/32"                                 | (Comfort Touch Pen<br>Needle)     | 2                  | PA; ST                    |
| RAYA SURE PEN NEEDLE 31G<br>5MM 31 GAUGE X 13/64"                                |                                   | 2                  | PA; ST                    |
| RAYA SURE PEN NEEDLE 31G<br>6MM 31 GAUGE X 15/64"                                | (True-Comfort Pro Pen<br>Needle)  | 2                  | PA; ST                    |
| RELION INS SYR 0.3 ML 31GX6MM<br>0.3 ML 31 GAUGE X 15/64"                        | (Comfort EZ Insulin<br>Syringe)   | 2                  | PA; ST                    |
| RELION INS SYR 0.5 ML 31GX6MM<br>1/2 ML 31 GAUGE X 15/64"                        | (Comfort EZ Insulin<br>Syringe)   | 2                  | PA; ST                    |
| RELION INS SYR 1 ML 31GX15/64"<br>1 ML 31 GAUGE X 15/64"                         | (Comfort EZ Insulin<br>Syringe)   | 2                  | PA; ST                    |
| SAFESNAP INS SYR UNITS-100 0.3<br>ML 30GX5/16", 10X10 0.3 ML 30<br>GAUGE X 5/16" |                                   | 2                  | PA; ST                    |

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|--|---------------------------------|---------------------------|--------|
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"  | 2                               | PA; ST                    |        |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"  | 2                               | PA; ST                    |        |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"  | 2                               | PA; ST                    |        |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"  | 2                               | PA; ST                    |        |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"   | (Comfort EZ PRO Safety Pen Ndl) | 2                         | PA; ST |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"   | (pen needle, diabetic, safety)  | 2                         | PA; ST |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"  |                                 | 2                         | PA; ST |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"  |                                 | 2                         | PA; ST |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"  |                                 | 2                         | PA; ST |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"  |                                 | 2                         | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"   |                                 | 2                         | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"   |                                 | 2                         | PA; ST |
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"  |                                 | 2                         | PA; ST |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"   |                                 | 2                         | PA; ST |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"  |                                 | 2                         | PA; ST |
| NEEDLES, INSULIN DISP., SAFETY   | (insulin syringe-needle u-100)  | 2                         | PA; ST |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"           | (insulin syringe-needle u-100)  | 2                         | PA; ST |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100)  | 2                         | PA; ST |

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|--|-------------------------------------|---------------------------|
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"   | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"                                   | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE COMFORT ALCOHOL PREP PADS   | (alcohol swabs)<br>1                | PA; ST                    |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"   | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"   | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"  | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"  | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"  | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"                         | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |

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|--|--|---------------------------|
| SURE-JECT INSUL SYR U100 1 ML<br>1 ML 29 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16 | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| SURE-JECT INSULIN SYRINGE 1 ML<br>1 ML 31 GAUGE X 5/16                         | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| SURE-PREP ALCOHOL PREP PADS  | (alcohol swabs)<br>1                   | PA; ST                    |
| TECHLITE 0.3 ML 29GX12MM (1/2)<br>0.3 ML 29 GAUGE X 1/2"                       | 2                                      | PA; ST                    |
| TECHLITE 0.3 ML 30GX8MM (1/2)<br>0.3 ML 30 GAUGE X 5/16"                       | 2                                      | PA; ST                    |
| TECHLITE 0.3 ML 31GX6MM (1/2)<br>0.3 ML 31 GAUGE X 15/64"                      | 2                                      | PA; ST                    |
| TECHLITE 0.3 ML 31GX8MM (1/2)<br>0.3 ML 31 GAUGE X 5/16"                       | 2                                      | PA; ST                    |
| TECHLITE 0.5 ML 30GX12MM (1/2)<br>0.5 ML 30 GAUGE X 1/2"                       | 2                                      | PA; ST                    |
| TECHLITE 0.5 ML 30GX8MM (1/2)<br>0.5 ML 30 GAUGE X 5/16"                       | 2                                      | PA; ST                    |
| TECHLITE 0.5 ML 31GX6MM (1/2)<br>0.5 ML 31 GAUGE X 15/64"                      | 2                                      | PA; ST                    |
| TECHLITE 0.5 ML 31GX8MM (1/2)<br>0.5 ML 31 GAUGE X 5/16"                       | 2                                      | PA; ST                    |
| TECHLITE INS SYR 1 ML<br>29GX12MM 1 ML 29 GAUGE X<br>1/2"                      | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| TECHLITE INS SYR 1 ML<br>30GX12MM 1 ML 30 GAUGE X<br>1/2"                      | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| TECHLITE INS SYR 1 ML 31GX6MM<br>1 ML 31 GAUGE X 15/64"                        | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| TECHLITE INS SYR 1 ML 31GX8MM<br>1 ML 31 GAUGE X 5/16                          | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| TECHLITE PEN NEEDLE 29GX1/2"<br>29 GAUGE X 1/2"                                | (pen needle, diabetic)<br>2            | PA; ST                    |
| TECHLITE PEN NEEDLE 29GX3/8"<br>29 GAUGE X 3/8"                                | 2                                      | PA; ST                    |
| TECHLITE PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"                                | (pen needle, diabetic)<br>2            | PA; ST                    |
| TECHLITE PEN NEEDLE 31GX3/16"<br>31 GAUGE X 3/16"                              | (pen needle, diabetic)<br>2            | PA; ST                    |
| TECHLITE PEN NEEDLE 31GX5/16"<br>31 GAUGE X 5/16"                              | (pen needle, diabetic)<br>2            | PA; ST                    |
| TECHLITE PEN NEEDLE 32GX1/4"<br>32 GAUGE X 1/4"                                | (pen needle, diabetic)<br>2            | PA; ST                    |
| TECHLITE PEN NEEDLE 32GX5/16"<br>32 GAUGE X 5/16"                              | (pen needle, diabetic)<br>2            | PA; ST                    |

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|--|--|---------------------------|
| TECHLITE PEN NEEDLE 32GX5/32"<br>32 GAUGE X 5/32"  | (pen needle, diabetic)<br>2            | PA; ST                    |
| TECHLITE PLUS PEN NDL 32G<br>4MM 32 GAUGE X 5/32"  | (pen needle, diabetic)<br>2            | PA; ST                    |
| TERUMO INS SYRINGE U100-1 ML<br>1 ML 27 GAUGE X 1/2", 1 ML 28<br>GAUGE X 1/2", 1 ML 29 GAUGE<br>X 1/2"   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| TERUMO INS SYRINGE U100-1 ML<br>1 ML 30 GAUGE X 3/8"   | (Thinpro Insulin Syringe)<br>2         | PA; ST                    |
| TERUMO INS SYRINGE U100-1/2<br>ML 1/2 ML 30 X 3/8"   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| TERUMO INS SYRINGE U100-1/3<br>ML 0.3 ML 30 X 3/8"   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| TERUMO INS SYRNG U100-1/2 ML<br>0.5 ML 29 GAUGE X 1/2", 1/2<br>ML 27 GAUGE X 1/2", 1/2 ML 28<br>GAUGE X 1/2"   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| THINPRO INS SYRIN U100-0.3 ML<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML<br>30 X 3/8"   | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| THINPRO INS SYRIN U100-0.3 ML<br>0.3 ML 31 X 3/8"  | 2                                      | PA; ST                    |
| THINPRO INS SYRIN U100-0.5 ML<br>0.5 ML 29 GAUGE X 1/2", 1/2<br>ML 28 GAUGE X 1/2", 1/2 ML 30<br>X 3/8"  | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| THINPRO INS SYRIN U100-0.5 ML<br>0.5 ML 31 X 3/8"  | 2                                      | PA; ST                    |
| THINPRO INS SYRIN U100-1 ML 1<br>ML 28 GAUGE X 1/2", 1 ML 29<br>GAUGE X 1/2", 1 ML 30 GAUGE<br>X 3/8"  | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| THINPRO INS SYRIN U100-1 ML 1<br>ML 31 X 3/8"  | 2                                      | PA; ST                    |
| TOPCARE CLICKFINE NEEDLE 31<br>GAUGE X 1/4", 31 GAUGE X<br>5/16"   | (pen needle, diabetic)<br>2            | PA; ST                    |
| TOPCARE ULTRA COMFORT<br>SYRINGE 0.3 ML 29 GAUGE X<br>1/2", 0.3 ML 30 GAUGE X 5/16",<br>0.3 ML 31 GAUGE X 5/16", 0.5<br>ML 29 GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 29 GAUGE<br>X 1/2", 1 ML 30 GAUGE X 5/16,<br>1 ML 31 GAUGE X 5/16 | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |

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|---|-----------------------------------|---------------------------|--------|
| TRUE CMFRT PRO 0.5 ML 30G<br>5/16" 0.5 ML 30 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| TRUE CMFRT PRO 0.5 ML 31G<br>5/16" 0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| TRUE CMFRT PRO 0.5 ML 32G<br>5/16" 1/2 ML 32 GAUGE X 5/16"  |                                   | 2                         | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G<br>5MM 31 GAUGE X 3/16"          | (pen needle, diabetic,<br>safety) | 2                         | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"           |                                   | 2                         | PA; ST |
| TRUE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"          |                                   | 2                         | PA; ST |
| TRUE COMFORT 0.5 ML 30G 1/2"<br>0.5 ML 30 GAUGE X 1/2"      |                                   | 2                         | PA; ST |
| TRUE COMFORT 0.5 ML 30G 5/16"<br>0.5 ML 30 GAUGE X 5/16"    |                                   | 2                         | PA; ST |
| TRUE COMFORT 0.5 ML 31G 5/16"<br>0.5 ML 31 GAUGE X 5/16"    |                                   | 2                         | PA; ST |
| TRUE COMFORT 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| TRUE COMFORT 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16         | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| TRUE COMFORT ALCOHOL 70%<br>PADS                            | (alcohol swabs)                   | 1                         | PA; ST |
| TRUE COMFORT PEN NDL 31G<br>8MM 31 GAUGE X 5/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL<br>31GX5MM 31 GAUGE X 3/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL<br>31GX6MM 31 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL 32G<br>5MM 32 GAUGE X 3/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL 32G<br>6MM 32 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL<br>32GX4MM 32 GAUGE X 5/32"            | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL 33G<br>4MM 33 GAUGE X 5/32"            | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL 33G<br>5MM 33 GAUGE X 3/16"            | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PEN NDL 33G<br>6MM 33 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| TRUE COMFORT PRO 1 ML 30G<br>1/2" 1 ML 30 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |

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tabla de la lista de medicamentos.

| <b>Nombre del Medicamento</b>                             |                                   | <b>En el Nivel</b> | <b>Requisitos/Límites</b> |
|---|-----------------------------------|--------------------|---------------------------|
| TRUE COMFORT PRO 1 ML 30G<br>5/16" 1 ML 30 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| TRUE COMFORT PRO 1 ML 31G<br>5/16" 1 ML 31 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| TRUE COMFORT PRO 1 ML 32G<br>5/16" 1 ML 32 GAUGE X 5/16"  |                                   | 2                  | PA; ST                    |
| TRUE COMFORT PRO ALCOHOL<br>PADS                          | (alcohol swabs)                   | 1                  | PA; ST                    |
| TRUE COMFORT SFTY 1 ML 30G<br>1/2" 1 ML 30 GAUGE X 1/2"   |                                   | 2                  | PA; ST                    |
| TRUE COMFRT PRO 0.5 ML 30G<br>1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| TRUE COMFRT SFTY 1 ML 30G<br>5/16" 1 ML 30 GAUGE X 5/16"  |                                   | 2                  | PA; ST                    |
| TRUE COMFRT SFTY 1 ML 31G<br>5/16" 1 ML 31 GAUGE X 5/16"  |                                   | 2                  | PA; ST                    |
| TRUE COMFRT SFTY 1 ML 32G<br>5/16" 1 ML 32 GAUGE X 5/16"  |                                   | 2                  | PA; ST                    |
| TRUE-CMFRT PRO PEN NDL 31G<br>5MM 31 GAUGE X 3/16"        | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUE-CMFRT PRO PEN NDL 31G<br>6MM 31 GAUGE X 15/64"       | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUE-CMFRT PRO PEN NDL 31G<br>8MM 31 GAUGE X 5/16"        | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUE-CMFRT PRO PEN NDL 32G<br>4MM 32 GAUGE X 5/32"        | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUEPLUS PEN NEEDLE 29GX1/2"<br>29 GAUGE X 1/2"           | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUEPLUS PEN NEEDLE 31G X<br>1/4" 31 GAUGE X 1/4"         | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUEPLUS PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"         | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUEPLUS PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"         | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUEPLUS PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32"         | (pen needle, diabetic)            | 2                  | PA; ST                    |
| TRUEPLUS SYR 0.3 ML 29GX1/2"<br>0.3 ML 29 GAUGE X 1/2"    | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| TRUEPLUS SYR 0.3 ML 30GX5/16"<br>0.3 ML 30 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| TRUEPLUS SYR 0.3 ML 31GX5/16"<br>0.3 ML 31 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| TRUEPLUS SYR 0.5 ML 28GX1/2"<br>1/2 ML 28 GAUGE X 1/2"    | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |
| TRUEPLUS SYR 0.5 ML 29GX1/2"<br>0.5 ML 29 GAUGE X 1/2"    | (insulin syringe-needle<br>u-100) | 2                  | PA; ST                    |

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| <b>Nombre del Medicamento</b>                                 | <b>En el Nivel</b>                 | <b>Requisitos/Límites</b> |
|---|------------------------------------|---------------------------|
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"         | (insulin syringe-needle u-100) 2   | PA; ST                    |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"         | (insulin syringe-needle u-100) 2   | PA; ST                    |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"               | (insulin syringe-needle u-100) 2   | PA; ST                    |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"               | (insulin syringe-needle u-100) 2   | PA; ST                    |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"             | (insulin syringe-needle u-100) 2   | PA; ST                    |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"             | (insulin syringe-needle u-100) 2   | PA; ST                    |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"        | (insulin syr/ndl u100 half mark) 2 | PA; ST                    |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"               | (insulin syringe-needle u-100) 2   | PA; ST                    |
| ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"       | (Advocate Syringes) 2              | PA; ST                    |
| ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"        | (insulin syringe-needle u-100) 2   | PA; ST                    |
| ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"       | (Advocate Syringes) 2              | PA; ST                    |
| ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16" | (Advocate Syringes) 2              | PA; ST                    |
| ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"        | (insulin syringe-needle u-100) 2   | PA; ST                    |
| ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16" | (Advocate Syringes) 2              | PA; ST                    |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"           | (insulin syringe-needle u-100) 2   | PA; ST                    |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"                | (pen needle, diabetic) 2           | PA; ST                    |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"                   | (pen needle, diabetic) 2           | PA; ST                    |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"                  | (pen needle, diabetic) 2           | PA; ST                    |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"                 | (pen needle, diabetic) 2           | PA; ST                    |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"  | (pen needle, diabetic) 2           | PA; ST                    |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"                  | (pen needle, diabetic) 2           | PA; ST                    |

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|---|-----------------------------------|---------------------------|--------|
| ULTICARE SAFE PEN NDL 30G<br>8MM 30 GAUGE X 5/16"                     | 2                                 | PA; ST                    |        |
| ULTICARE SAFE PEN NDL 5MM<br>30G 30 GAUGE X 3/16"                     | 2                                 | PA; ST                    |        |
| ULTICARE SAFETY 0.5 ML 29GX1/2<br>(RX) 0.5 ML 29 GAUGE X 1/2"         | (Comfort EZ Insulin<br>Syringe)   | 2                         | PA; ST |
| ULTICARE SYR 0.3 ML 29G<br>12.7MM 0.3 ML 29 GAUGE X<br>1/2"           | (Comfort EZ Insulin<br>Syringe)   | 2                         | PA; ST |
| ULTICARE SYR 0.3 ML 30GX1/2"<br>0.3 ML 30 GAUGE X 1/2"                | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTICARE SYR 0.3 ML 31GX5/16"<br>SHORT NDL 0.3 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTICARE SYR 0.5 ML 30GX1/2"<br>0.5 ML 30 GAUGE X 1/2"                | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTICARE SYR 0.5 ML 31GX5/16"<br>SHORT NDL 0.5 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTICARE SYR 1 ML 31GX5/16" 1<br>ML 31 GAUGE X 5/16                   | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTIGUARD SAFE 1 ML 30G<br>12.7MM 1 ML 30 X 1/2"                      | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFE0.3 ML 30G<br>12.7MM 0.3 ML 30 X 1/2"                   | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFE0.5 ML 30G<br>12.7MM 1/2 ML 30 X 1/2"                   | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPACK 1 ML 31G<br>8MM 1 ML 31 X 5/16"                    | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPACK 29G<br>12.7MM 29 GAUGE X 1/2"                      | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPACK 31G 5MM<br>31 GAUGE X 3/16"                        | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPACK 31G 6MM<br>31 GAUGE X 1/4"                         | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPACK 31G 8MM<br>31 GAUGE X 5/16"                        | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPACK 32G 4MM<br>32 GAUGE X 5/32"                        | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPACK 32G 6MM<br>32 GAUGE X 1/4"                         | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPK 0.3 ML 31G<br>8MM 0.3 ML 31 X 5/16"                  | 2                                 | PA; ST                    |        |
| ULTIGUARD SAFEPK 0.5 ML 31G<br>8MM 1/2 ML 31 X 5/16"                  | 2                                 | PA; ST                    |        |
| ULTILET ALCOHOL STERL SWAB<br>(alcohol swabs)                         | 1                                 | PA; ST                    |        |

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|---|-------------------------------------|---------------------------|
| ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16           | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTILET PEN NEEDLE 29 GAUGE   | 2                                   | PA; ST                    |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"                                    | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16   | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"   | (insulin syringe-needle u-100)<br>2 | PA; ST                    |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"  | 2                                   | PA; ST                    |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"   | 2                                   | PA; ST                    |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"   | 2                                   | PA; ST                    |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"   | (pen needle, diabetic)<br>2         | PA; ST                    |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"  | (pen needle, diabetic)<br>2         | PA; ST                    |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"  | (insulin syringe-needle u-100)<br>2 | PA; ST                    |

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|--|-----------------------------------|---------------------------|--------|
| ULTRA FLO SYR 0.3 ML 30G 5/16"<br>0.3 ML 30 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA FLO SYR 0.3 ML 31G 5/16"<br>0.3 ML 31 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA FLO SYR 0.5 ML 29G 1/2"<br>0.5 ML 29 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA THIN PEN NDL 32G X 4MM<br>32 GAUGE X 5/32"             | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRACARE INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE INS 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE INS 0.5 ML 30GX1/2"<br>0.5 ML 30 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE INS 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE INS 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE INS 1 ML 30G X 5/16"<br>1 ML 30 GAUGE X 5/16       | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE INS 1 ML 30GX1/2" 1<br>ML 30 GAUGE X 1/2"          | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE INS 1 ML 31G X 5/16"<br>1 ML 31 GAUGE X 5/16       | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRACARE PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRACARE PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"           | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRACARE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"           | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRACARE PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRACARE PEN NEEDLE<br>32GX3/16" 32 GAUGE X 3/16"           | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRACARE PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32"           | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRACARE PEN NEEDLE<br>33GX5/32" 33 GAUGE X 5/32"           | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRA-FINE 0.3 ML 30G 12.7MM<br>0.3 ML 30 GAUGE X 1/2"       | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-FINE 0.3 ML 31G 6MM<br>(1/2) 0.3 ML 31 GAUGE X 15/64"  |                                   | 2                         | PA; ST |

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|--|-----------------------------------|---------------------------|--------|
| ULTRA-FINE 0.3 ML 31G 8MM<br>(1/2) 0.3 ML 31 GAUGE X 5/16" | 2                                 | PA; ST                    |        |
| ULTRA-FINE 0.5 ML 30G 12.7MM<br>0.5 ML 30 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G<br>6MM 1 ML 31 GAUGE X 15/64"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G<br>8MM 1 ML 31 GAUGE X 5/16"   | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-FINE PEN NDL 29G<br>12.7MM 29 GAUGE X 1/2"           | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"          | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G<br>8MM 31 GAUGE X 5/16"          | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRA-FINE PEN NEEDLE 32G<br>6MM 32 GAUGE X 1/4"           | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRA-FINE SYR 0.5 ML 31G 6MM<br>1/2 ML 31 GAUGE X 15/64"  | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-FINE SYR 0.5 ML 31G 8MM<br>0.5 ML 31 GAUGE X 5/16"   | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-FINE SYR 1 ML 30G<br>12.7MM 1 ML 30 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II 1 ML 31GX5/16" 1<br>ML 31 GAUGE X 5/16"      | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II INS 0.3 ML 30G 0.3<br>ML 30 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II INS 0.3 ML 31G 0.3<br>ML 31 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II INS 0.5 ML 29G 0.5<br>ML 29 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II INS 0.5 ML 30G 0.5<br>ML 30 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II INS 0.5 ML 31G 0.5<br>ML 31 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 29G 1<br>ML 29 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 30G 1<br>ML 30 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 2                         | PA; ST |
| ULTRA-THIN II PEN NDL 29GX1/2"<br>29 GAUGE X 1/2"          | (pen needle, diabetic)            | 2                         | PA; ST |
| ULTRA-THIN II PEN NDL 31GX5/16<br>31 GAUGE X 5/16"         | (pen needle, diabetic)            | 2                         | PA; ST |
| UNIFINE OTC PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"         | (pen needle, diabetic)            | 2                         | PA; ST |
| UNIFINE OTC PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"         | (pen needle, diabetic)            | 2                         | PA; ST |

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|--|------------------------|--------------------|---------------------------|
| UNIFINE PEN NEEDLE 32G 4MM<br>32 GAUGE X 5/32"                       | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS 12MM 29G<br>29GX12MM, STRL 29 GAUGE X<br>1/2"        | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS 31GX3/16"<br>31GX5MM,STRL,MINI 31<br>GAUGE X 3/16"   | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS 32G 4MM 32<br>GAUGE X 5/32"                          | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS 32GX1/4" 32<br>GAUGE X 1/4"                          | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS 33GX5/32" 33<br>GAUGE X 5/32"                        | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS 6MM 31G 31<br>GAUGE X 1/4"                           | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS MAX 30GX3/16"<br>30 GAUGE X 3/16"                    | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS NEEDLES 29G<br>29 GAUGE                              |                        | 2                  | PA; ST                    |
| UNIFINE PENTIPS PLUS 29GX1/2"<br>12MM 29 GAUGE X 1/2"                | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS PLUS<br>30GX3/16" 30 GAUGE X 3/16"                   | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS PLUS 31GX1/4"<br>ULTRA SHORT, 6MM 31 GAUGE<br>X 1/4" | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS PLUS<br>31GX3/16" MINI 31 GAUGE X<br>3/16"           | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS PLUS<br>31GX5/16" SHORT 31 GAUGE X<br>5/16"          | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS PLUS<br>32GX5/32" 32 GAUGE X 5/32"                   | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PENTIPS PLUS<br>33GX5/32" 33 GAUGE X 5/32"                   | (pen needle, diabetic) | 2                  | PA; ST                    |
| UNIFINE PROTECT 30G 5MM 30<br>GAUGE X 3/16"                          |                        | 2                  | PA; ST                    |
| UNIFINE PROTECT 30G 8MM 30<br>GAUGE X 5/16"                          |                        | 2                  | PA; ST                    |
| UNIFINE PROTECT 32G 4MM 32<br>GAUGE X 5/32"                          |                        | 2                  | PA; ST                    |
| UNIFINE SAFECONTROL 30G 5MM<br>30 GAUGE X 3/16"                      |                        | 2                  | PA; ST                    |

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|--|--------------------|---------------------------|
| UNIFINE SAFECONTROL 30G 8MM<br>30 GAUGE X 5/16"  | 2                  | PA; ST                    |
| UNIFINE SAFECONTROL 31G 5MM (pen needle, diabetic,<br>31 GAUGE X 3/16" safety)                   | 2                  | PA; ST                    |
| UNIFINE SAFECONTROL 31G 6MM<br>31 GAUGE X 1/4"   | 2                  | PA; ST                    |
| UNIFINE SAFECONTROL 31G 8MM<br>31 GAUGE X 5/16"  | 2                  | PA; ST                    |
| UNIFINE SAFECONTROL 32G 4MM<br>32 GAUGE X 5/32"  | 2                  | PA; ST                    |
| UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                         | 2                  | PA; ST                    |
| UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                          | 2                  | PA; ST                    |
| UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                         | 2                  | PA; ST                    |
| UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                         | 2                  | PA; ST                    |
| VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle<br>SY OUTER 0.5 ML 30 GAUGE X u-100)<br>1/2" | 2                  | PA; ST                    |
| VANISHPOINT INS 0.5 ML 30G<br>8MM OUTER 0.5 ML 30 GAUGE<br>X 5/16"                               | 2                  | PA; ST                    |
| VANISHPOINT INS 1 ML<br>30GX3/16" 1 ML 30 GAUGE X<br>3/16"                                       | 2                  | PA; ST                    |
| VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle<br>1 ML 29 GAUGE X 1/2" u-100)              | 2                  | PA; ST                    |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 (insulin syringe-needle<br>ML 29 GAUGE X 1/2" u-100)            | 2                  | PA; ST                    |
| VERIFINE PEN NEEDLE 29G 12MM (pen needle, diabetic)<br>29 GAUGE X 1/2"                           | 2                  | PA; ST                    |
| VERIFINE PEN NEEDLE 31G 5MM (pen needle, diabetic)<br>31 GAUGE X 3/16"                           | 2                  | PA; ST                    |
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                          | 2                  | PA; ST                    |
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                         | 2                  | PA; ST                    |
| VERIFINE PEN NEEDLE 32G 6MM (pen needle, diabetic)<br>32 GAUGE X 1/4"                            | 2                  | PA; ST                    |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                         | 2                  | PA; ST                    |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic)<br>5MM 32 GAUGE X 3/16"                         | 2                  | PA; ST                    |

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|---|--|---------------------------|
| VERIFINE PLUS PEN NDL 31G<br>5MM 31 GAUGE X 3/16"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| VERIFINE PLUS PEN NDL 31G<br>8MM 31 GAUGE X 5/16"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| VERIFINE PLUS PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                     | (pen needle, diabetic)<br>2            | PA; ST                    |
| VERIFINE PLUS PEN NDL 32G<br>4MM-SHARPS CONTAINER 32<br>GAUGE X 5/32" | 2                                      | PA; ST                    |
| VERIFINE SYRING 0.5 ML 29G 1/2"<br>0.5 ML 29 GAUGE X 1/2"             | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| VERIFINE SYRING 1 ML 31G 5/16"<br>1 ML 31 GAUGE X 5/16                | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| VERIFINE SYRNG 0.3 ML 31G 5/16"<br>0.3 ML 31 GAUGE X 5/16"            | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| VERIFINE SYRNG 0.5 ML 31G 5/16"<br>0.5 ML 31 GAUGE X 5/16"            | (insulin syringe-needle<br>u-100)<br>2 | PA; ST                    |
| VERSALON ALL PURPOSE<br>SPONGE 25'S,N-STERILE,3PLY 2<br>X 2 "         | 1                                      | PA; ST                    |
| V-GO 20 DEVICE  | 3                                      | QL (30 per 30 days)       |
| V-GO 30 DEVICE  | 3                                      | QL (30 per 30 days)       |
| V-GO 40 DEVICE  | 3                                      | QL (30 per 30 days)       |
| WEBCOL ALCOHOL PREPS<br>20'S,LARGE                                    | (alcohol swabs)<br>1                   | PA; ST                    |

## PREPARACIONES DE REEMPLAZO

### Preparaciones de reemplazo

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <i>d5 % (d-glucose)-0.9 % sodchlr<br/>intravenous parenteral solution</i> | (d5 % and 0.9 % sodium<br>chloride) | 2 |  |
| <i>d5 % and 0.9 % sodium chloride<br/>intravenous parenteral solution</i> | (D5 % (d-glucose)-0.9 %<br>sodchlr) | 2 |  |
| <i>d5 %-0.45 % sodium chloride<br/>intravenous parenteral solution</i>    |                                     | 2 |  |
| <i>klor-con m10 oral tablet,er<br/>particles/crystals 10 meq</i>          | (potassium chloride)                | 2 |  |
| <i>klor-con m15 oral tablet,er<br/>particles/crystals 15 meq</i>          | (potassium chloride)                | 2 |  |
| <i>klor-con m20 oral tablet,er<br/>particles/crystals 20 meq</i>          | (potassium chloride)                | 2 |  |
| <i>magnesium sulfate injection<br/>solution 500 mg/ml (50 %)</i>          |                                     | 4 |  |
| <i>magnesium sulfate injection syringe<br/>500 mg/ml (50 %)</i>           |                                     | 2 |  |
| <i>potassium chloride intravenous<br/>solution 2 meq/ml</i>               |                                     | 2 |  |

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|---|--------------------|---------------------------|
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>                | 2                  |                           |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                      | 4                  |                           |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)           | 2                  |                           |
| <i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>                 | 2                  |                           |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)             | 2                  |                           |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)    | 2                  |                           |
| <i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)    | 2                  |                           |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)    | 2                  |                           |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 2                  |                           |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)            | 2                  |                           |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>                  | 2                  |                           |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>                  | 2                  |                           |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                          | 2                  |                           |
| <i>sodium chloride 0.9% solution mini-bag, single use</i>                             | 2                  |                           |

## **REEMPLAZO/MODIFICADORES ENZIMÁTICOS**

### **Reemplazo/Modificadores enzimáticos**

|  |   |                 |
|--|---|-----------------|
| CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT | 3 |                 |
| <i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)  | 5 | PA; NM; NDS     |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)  | 5 | PA; NM; NDS     |
| ORFADIN ORAL SUSPENSION 4 MG/ML  | 5 | PA; NM; NDS     |
| PULMOZYME INHALATION SOLUTION 1 MG/ML  | 5 | PA BvD; NM; NDS |

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|--|--------------------|---------------------------|
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)   | 5                  | PA; NM; NDS               |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)  | 5                  | PA; NM; NDS               |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML   | 5                  | PA; NM; LA; NDS           |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000-42,000 UNIT, 15,000-47,000-63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000-14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | 3                  |                           |

## **RELAJANTES MUSCULARES ESQUELÉTICOS**

### **Relajantes musculares esqueléticos**

|   |   |  |
|---|---|--|
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>  | 2 |  |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>  | 1 |  |
| <i>dantrolene oral capsule 100 mg, 50 mg</i>    | 4 |  |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium) | 4 |  |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 2 |  |
| <i>tizanidine oral tablet 2 mg</i>              | 2 |  |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)   | 2 |  |

## **VITAMINAS Y MINERALES**

### **Vitaminas y minerales**

|  |   |  |
|--|---|--|
| <i>bal-care dha combo pack 27-1-430 mg</i>                 | 1 |  |
| <i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i> | 1 |  |
| <i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>          | 1 |  |
| <i>completenate tablet chew 29 mg iron- 1 mg</i>           | 1 |  |
| <i>folivane-ob capsule 85-1 mg</i>                         | 1 |  |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>      | 1 |  |

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|---|---------------------------------------|---------------------------|
| <i>marnatal-f capsule 60 mg iron-1 mg</i>                                     | 1                                     |                           |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i>                                   | (pnv,calcium 72-iron-folic acid)<br>1 |                           |
| <i>mynatal advance oral tablet 90-1-50 mg</i>                                 | 1                                     |                           |
| <i>mynatal capsule 65 mg iron- 1 mg</i>                                       | 1                                     |                           |
| <i>mynatal oral tablet 90-1-50 mg</i>   | 1                                     |                           |
| <i>mynatal plus captab 65 mg iron- 1 mg</i>                                   | 1                                     |                           |
| <i>mynatal-z captab 65 mg iron- 1 mg</i>                                      | 1                                     |                           |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>            | 1                                     |                           |
| <i>newgen tablet 32-1,000 mg-mcg</i>  | 1                                     |                           |
| <i>niva-plus tablet 27 mg iron- 1 mg</i>                                      | 1                                     |                           |
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>                     | 1                                     |                           |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i> | 1                                     |                           |
| <i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>       | (pnv,calcium 72-iron-folic acid)<br>1 |                           |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>                      | 1                                     |                           |
| <i>pnv-omega softgel 28-1-300 mg</i>  | 1                                     |                           |
| <i>pr natal 400 combo pack 29-1-400 mg</i>                                    | 1                                     |                           |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i>                                 | 1                                     |                           |
| <i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>                        | 1                                     |                           |
| <i>pr natal 430 ec combo pack 29-1-430 mg</i>                                 | 1                                     |                           |
| <i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>                       | 1                                     |                           |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i>                            | 1                                     |                           |
| <i>prenaissance plus oral capsule 28-1-50-250 mg</i>                          | 1                                     |                           |
| <i>prenatabs fa tablet 29-1 mg</i>  | 1                                     |                           |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>         | 1                                     |                           |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>                           | 1                                     |                           |

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|---|--------------------|---------------------------|
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)             | 1                  |                           |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 1                  |                           |
| <i>prenatal-u capsule 106.5-1 mg</i>  | 1                  |                           |
| <i>preplus oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)                        | 1                  |                           |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>   | 1                  |                           |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>   | 1                  |                           |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>   | 1                  |                           |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>   | 1                  |                           |
| <i>taron-c dha capsule 35-1-200 mg</i>  | 1                  |                           |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>                          | 1                  |                           |
| <i>virt-c dha oral capsule 35-1-200 mg</i>  | 1                  |                           |
| <i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>  | 1                  |                           |
| <i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>   | 1                  |                           |
| <i>vitafol gummies 3.33 mg iron- 0.33 mg</i>  | 1                  |                           |
| <i>vitafol nano oral tablet 18 mg iron- 1 mg</i>  | 1                  |                           |
| <i>vitafol-ob+dha combo pack 65-1-250 mg</i>  | 1                  |                           |
| <i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>   | 1                  |                           |
| <i>vp-pnv-dha oral capsule 28 mg iron- 1 mg-200 mg</i>  | 1                  |                           |
| <i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>  | 1                  |                           |
| <i>zatean-pn plus softgel 28-1-300 mg</i>   | 1                  |                           |
| <i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>  | 1                  |                           |

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**Para saber qué significan las abreviaturas presentes en esta tabla, vaya al inicio de la tabla de la lista de medicamentos.**

Este formulario se actualizó el 01/06/2026. Para obtener más información o si tiene alguna otra pregunta, por favor, comuníquese con el Departamento de Membresía al 1-800-838-8271 (los usuarios de TTY deben llamar al 711) de lunes a domingo de 8:00 a.m. a 8:00 p.m. desde el 1° de octubre hasta el 31 de marzo, y de lunes a viernes de 8:00 a.m. a 8:00 p.m. desde el 1° de abril hasta el 30 de septiembre, o visite [www.imperialhealthplan.com](http://www.imperialhealthplan.com).