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.

Número de identificación 00026349, versión número 15, del envío del archivo del formulario aprobado por el Sistema de Gestión de Planes de Salud (Health Plan Management System, HPMS).

Este formulario se actualizó el 01/09/2026. 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 1º de octubre hasta el 31 de marzo, y de lunes a viernes de 8:00 a.m. a 8:00 p.m. desde el 1º de abril hasta el 30 de septiembre, o visite www.imperialhealthplan.com.

IR_673 H5496 Drug Formulary 5T_C SP 03/13/26

Contenido

¿Qué es el formulario de Imperial Dynamic Plan (HMO)? 3

¿El formulario puede cambiar? 3

¿Cómo utilizo el formulario? 4

¿Qué son los medicamentos genéricos? 5

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares? 5

¿Mi cobertura tiene alguna restricción? 5

¿Qué son los medicamentos de venta sin receta (over-the-counter, OTC)? 6

¿Qué pasa si mi medicamento no está en el formulario? 6

¿Cómo puedo solicitar una excepción al formulario de Imperial Dynamic Plan (HMO)? 6

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción? 7

Para obtener más información 8

Imperial MAPD 2026 – 5 Niveles (Lista de medicamentos cubiertos) Lista de medicamentos por condición médica 9

Leyenda 11

Imperial MAPD 2026 – 5 Niveles (Lista de medicamentos cubiertos) 13

Índice de medicamentos 168

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 01/09/2026. 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.

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 01/09/2026. 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 168. 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 ell 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 168.

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

AGENTES ANSIOLÍTICOS 13
AGENTES ANTICANCERÍGENOS 14
AGENTES ANTIDEMENCIA 30
AGENTES ANTIDIABÉTICOS 30
AGENTES ANTIGOTA 35
AGENTES ANTIMIGRAÑA 35
AGENTES ANTINAUSEA 36
AGENTES ANTIPARASITARIOS 37
AGENTES ANTIPARKINSONIANOS 38
AGENTES ANTIPSICÓTICOS 39
AGENTES CALÓRICOS 45
AGENTES CARDIOVASCULARES 45
AGENTES DENTALES Y ORALES 54
AGENTES DERMATOLÓGICOS 54
AGENTES GASTROINTESTINALES 58
AGENTES GENITOURINARIOS 60
AGENTES HORMONALES, ESTIMULANTES/SUSTITUYENTES/MODIFICADORES 61
AGENTES INMUNOLÓGICOS 65
AGENTES OFTÁLMICOS 76
AGENTES PARA EL SISTEMA NERVIOSO CENTRAL 77
AGENTES PARA EL TRACTO RESPIRATORIO 80
AGENTES PARA EL TRATAMIENTO CONTRA LA ADICCIÓN/ABUSO DE SUSTANCIAS 83
AGENTES PARA LA ENFERMEDAD INFLAMATORIA INTESTINAL 84
AGENTES PARA LAS ENFERMEDADES ÓSEAS METABÓLICAS 85
AGENTES PARA LOS OJOS, OÍDOS, NARIZ, GARGANTA 86
AGENTES PARA TRASTORNOS DEL SUEÑO 89
AGENTES TERAPÉUTICOS MISCELÁNEOS 89
AGENTES VASODILATADORES 90
ANALGÉSICOS 91
ANESTÉSICOS 94

ANTAGONISTAS DE METALES PESADOS 95
ANTIBACTERIANOS 95
ANTICONCEPTIVOS 101
ANTICONVULSIVOS 108
ANTIDEPRESIVOS 112
ANTIFÚNGICOS 115
ANTIHISTAMÍNICOS 117
ANTIINFECCIOSOS (PIEL Y MEMBRANAS MUCOSAS) 117
ANTIMICOBACTERIANOS 118
ANTIVIRALES (SISTÉMICOS) 118
CHAPERONAS/COFACTORES ENZIMÁTICOS 123
DERIVADOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN 123
DISPOSITIVOS 126
PREPARACIONES DE REEMPLAZO 163
REEMPLAZO/MODIFICADORES ENZIMÁTICOS 164
RELAJANTES MUSCULARES ESQUELÉTICOS 165
VITAMINAS Y MINERALES 165

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.

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
temazepam oral capsule 7.5 mg	(Restoril)	2	QL (120 per 30 days)
AGENTES ANTICANCERÍGENOS			
Agentes anticancerígenos			
abiraterone oral tablet 250 mg	(Abirtega)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abiraterone, submicronized oral tablet 125 mg	(Yonsa)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	2	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(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
anastrozole oral tablet 1 mg	(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)
azacitidine injection recon soln 100 mg	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(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
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML		5	PA NSO; NM; NDS; QL (1 per 28 days)
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NM; NDS
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		5	PA NSO; NM; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		2	
bortezomib injection recon soln 1 mg, 2.5 mg		4	PA NSO
bortezomib injection recon soln 3.5 mg	(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	(bosutinib)	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	(bosutinib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg	(Bosulif)	5	PA NSO; NM; NDS; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	(Bosulif)	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)

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

Nombre del Medicamento	En el Nivel	Requisitos/Límites
decitabine intravenous recon soln 50 mg	5	NM; NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Caelyx)	5	PA BvD; NM; NDS
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)
erlotinib oral tablet 100 mg, 25 mg	5	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
etoposide intravenous solution 20 mg/ml	(Avopef)	2	
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	5	NM; NDS
everolimus (antineoplastic) oral tablet 10 mg	(Yulithira)	5	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg	(Yulithira)	5	PA NSO; NM; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet 5 mg	(Yulithira)	5	PA NSO; NM; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	(Yulithira)	5	PA NSO; NM; NDS; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(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
floxuridine injection recon soln 0.5 gram		2	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		2	PA BvD
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)
fulvestrant intramuscular syringe 250 mg/5 ml	(Cligavyx)	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)
gefitinib oral tablet 250 mg	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
GOMEKLI ORAL CAPSULE 1 MG		5	PA NSO; NM; NDS; QL (224 per 28 days)
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)
hydroxyurea oral capsule 500 mg	(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)
ifosfamide intravenous recon soln 1 gram	(Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		2	
imatinib oral tablet 100 mg	(Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg	(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		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)

Nombre del Medicamento	En el Nivel	Requisitos/Límites
INLEXZO INTRAVESICAL IMPLANT 225 MG	5	PA BvD; NM; NDS
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)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5	PA NSO; NM; NDS; QL (30 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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
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)
lapatinib oral tablet 250 mg	(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)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(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
letrozole oral tablet 2.5 mg	(Femara)	2	
LEUKERAN ORAL TABLET 2 MG		5	NM; NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		2	PA NSO

Nombre del Medicamento		En el Nivel	Requisitos/Límites
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)		5	PA NSO; NM; NDS
lomustine oral capsule 10 mg	(Gleostine)	2	
lomustine oral capsule 100 mg, 40 mg	(Gleostine)	5	NM; NDS
LONSURF ORAL TABLET 15-6.14 MG		5	PA NSO; NM; NDS; QL (100 per 28 days)
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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide acetate (3 month))	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)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML		5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG		5	NM; NDS
megestrol oral tablet 20 mg, 40 mg		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)
mercaptopurine oral suspension 20 mg/ml	(Purixan)	5	NM; NDS
mercaptopurine oral tablet 50 mg		2	
methotrexate sodium (pf) injection recon soln 1 gram		2	
methotrexate sodium (pf) injection solution 25 mg/ml		2	
methotrexate sodium injection solution 25 mg/ml		2	
methotrexate sodium oral tablet 2.5 mg		2	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml		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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
nilotinib hcl oral capsule 150 mg, 200 mg	(Tasigna)	5	PA NSO; NM; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	(Tasigna)	5	PA NSO; NM; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg		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)
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)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	(Abraxane)	5	PA BvD; NM; NDS
pazopanib oral tablet 200 mg	(Votrient)	5	PA NSO; NM; NDS; QL (120 per 30 days)

Nombre del Medicamento	En el Nivel	Requisitos/Límites
pazopanib oral tablet 400 mg	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)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	5	NM; NDS
pemetrexed disodium intravenous solution 25 mg/ml	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)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg (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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
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
sorafenib oral tablet 200 mg	(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)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
tamoxifen oral tablet 10 mg, 20 mg		2	
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)
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)
toremifene oral tablet 60 mg	(Fareston)	5	NM; NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(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
tretinoin (antineoplastic) oral capsule 10 mg		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		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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml		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 PELLET 150 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
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)
yulithira oral tablet 10 mg, 7.5 mg	(everolimus (antineoplastic))	2	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg	(everolimus (antineoplastic))	2	PA NSO; QL (30 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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
AGENTES ANTIDEMENCIA			
Agentes antidemencia			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	2	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		2	
donepezil oral tablet,disintegrating 5 mg		2	QL (30 per 30 days)
ergoloid oral tablet 1 mg		2	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		2	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		2	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		2	ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	2	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		2	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		2	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	2	QL (30 per 30 days)
AGENTES ANTIDIABÉTICOS			
Agentes antidiabéticos, misceláneos			
acarbose oral tablet 100 mg, 25 mg, 50 mg		2	
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	2	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	(Xigduo XR)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	(sitagliptin phos-metformin)	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	(sitagliptin phos-metformin)	3	QL (60 per 30 days)

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		3	PA; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	2	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		3	QL (60 per 30 days)
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	(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	(dapagliflozin-metformin)	3	QL (60 per 30 days)
Insulinas			
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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	3	$0 copay; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	3	$0 copay; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	3	$0 copay; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	3	$0 copay; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	3	$0 copay; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	3	$0 copay; QL (30 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	3	$0 copay; QL (40 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	$0 copay; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	$0 copay; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	3	$0 copay; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	3	$0 copay; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	$0 copay; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	$0 copay; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	3	$0 copay; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		3	$0 copay; QL (15 per 28 days)
Sulfonilureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide oral tablet 10 mg		1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		1	QL (90 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		2	QL (240 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		2	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide micronized oral tablet 6 mg		2	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	PA-HRM; AGE (Max 64 Years)
AGENTES ANTIGOTA			
Agentes antigota, otros			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	2	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	QL (30 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
AGENTES ANTIMIGRAÑA			
Agentes antimigraña			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		3	PA; QL (18 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		3	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	2	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		2	QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose Pen)	2	QL (4 per 28 days)
sumatriptan 6 mg/0.5 ml autoinj suv	(Imitrex STATdose Pen)	4	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		2	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)
AGENTES ANTINAUSEA			
Agentes antinausea			
aprepitant oral capsule 125 mg		2	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		2	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	2	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	2	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	4	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ondansetron oral tablet,disintegrating 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	2	
prochlorperazine rectal suppository 25 mg	(Compro)	2	
promethazine injection solution 25 mg/ml	(Phenergan)	2	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	2	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	2	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
AGENTES ANTIPARASITARIOS			
Agentes antiparasitarios			
albendazole oral tablet 200 mg		2	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	2	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 100 mg		2	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NM; NDS; QL (60 per 30 days)
pentamidine inhalation recon soln 300 mg	(Nebupent)	2	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	2	
praziquantel oral tablet 600 mg		2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
AGENTES ANTIPARKINSONIANOS			
Agentes antiparkinsonianos			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		2	
amantadine hcl oral tablet 100 mg		2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		2	
bromocriptine oral tablet 2.5 mg		2	
cabergoline oral tablet 0.5 mg		2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg		2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg		2	
carbidopa-levodopa oral tablet,disintegrating 25-100 mg, 25-250 mg		4	
entacapone oral tablet 200 mg		2	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML		5	PA; NM; NDS; QL (600 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		2	
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		2	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg		2	
selegiline hcl oral capsule 5 mg		2	
selegiline hcl oral tablet 5 mg		4	
trihexyphenidyl oral tablet 2 mg, 5 mg		2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		5	PA; NM; NDS; QL (560 per 28 days)
AGENTES ANTIPSICÓTICOS			
Agentes antipsicóticos			
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML		5	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML		5	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG		5	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG		5	NM; NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml		2	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	(Abilify)	2	
aripiprazole oral tablet,disintegrating 10 mg		4	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg		4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML		5	NM; NDS; QL (4.8 per 365 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML		5	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		5	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		5	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		5	NM; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	(Saphris)	4	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		5	ST; NM; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)		4	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)		4	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)		4	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		5	ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml		2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		2	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg		4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg		4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg		4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		5	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG		5	ST; NM; NDS

Nombre del Medicamento	En el Nivel	Requisitos/Límites
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	2	
fluphenazine hcl oral elixir 2.5 mg/5 ml	2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML		5	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML		5	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML		5	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML		5	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		5	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		5	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML		5	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML		5	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		5	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		5	NM; NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		2	
lurasidone oral tablet 120 mg	(Latuda)	4	
lurasidone oral tablet 20 mg, 40 mg, 60 mg, 80 mg	(Latuda)	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg		2	QL (240 per 30 days)
molindone oral tablet 25 mg		2	QL (270 per 30 days)
molindone oral tablet 5 mg		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)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	2	QL (30 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; NM; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		5	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	2	
quetiapine oral tablet 150 mg		2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(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)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	5	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	2	
risperidone oral tablet 0.25 mg		2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	2	

Nombre del Medicamento	En el Nivel	Requisitos/Límites
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	5	NM; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		5	NM; NDS; QL (1 per 28 days)
AGENTES CALÓRICOS			
Agentes calóricos			
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %		4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %		4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %		4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %		4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		4	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		2	
AGENTES CARDIOVASCULARES			
Agentes alfa-adrenérgicos			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	2	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	2	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg	(Northera)	2	PA; QL (180 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
droxidopa oral capsule 200 mg, 300 mg	(Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	
prazosin oral capsule 1 mg, 2 mg, 5 mg		2	
Agentes antiarrítmicos			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	2	
amiodarone oral tablet 400 mg		2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg		2	
MULTAQ ORAL TABLET 400 MG		3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		2	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	
quinidine sulfate oral tablet 200 mg, 300 mg		2	
Agentes bloqueadores beta-adrenérgicos			
acebutolol oral capsule 200 mg, 400 mg		2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg		2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		4	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		2	
Agentes cardiovasculares, misceláneos			
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)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	2	
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	2	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		3	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	2	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	5	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	3	QL (60 per 30 days)
metyrosine oral capsule 250 mg		5	PA; NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; NM; NDS; QL (30 per 30 days)
Antagonistas de receptores de angiotensina II			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	2	
irbesartan oral tablet 75 mg		2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	2	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	2	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	2	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	2	QL (60 per 30 days)
telmisartan oral tablet 20 mg		2	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	2	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	2	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	2	
Dihidropiridinas			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		1	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	2	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	(Exforge HCT)	2	
amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg	(Exforge HCT)	4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	2	
nifedipine oral tablet extended release 24hr 90 mg		2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		2	
Dislipidémicos			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	2	
amlodipine-atorvastatin oral tablet 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)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		2	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	
cholestyramine light oral powder in packet 4 gram	(cholestyramine)	2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	4	
colesevelam oral tablet 625 mg	(WelChol)	2	
colestipol oral packet 5 gram		2	
colestipol oral tablet 1 gram	(Colestid)	2	
ezetimibe oral tablet 10 mg	(Zetia)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	2	QL (30 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	2	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		2	
fenofibrate oral tablet 160 mg, 54 mg		2	
fluvastatin oral capsule 20 mg, 40 mg		2	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	2	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	2	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	2	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		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)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg		2	
niacin oral tablet extended release 24 hr 750 mg		4	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	2	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	
prevalite oral powder in packet 4 gram	(cholestyramine)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	
simvastatin oral tablet 5 mg, 80 mg		1	
Diuréticos			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	
chlorthalidone oral tablet 25 mg, 50 mg		2	
furosemide injection solution 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	5	PA; NM; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		2	
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)	(Jynarque)	5	PA; NM; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
Inhibidores de enzima convertidora de angiotensina			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	2	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	2	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		2	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg		2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg		1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg		2	
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	(Altace)	1	
ramipril oral capsule 10 mg		1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		2	
Inhibidores del sistema renina-angiotensina-aldosterona			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	2	
eplerenone oral tablet 25 mg	(Inspra)	2	
eplerenone oral tablet 50 mg		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; QL (30 per 30 days)
Vasodilatadores			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minoxidil oral tablet 10 mg, 2.5 mg		2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	
AGENTES DENTALES Y ORALES			
Agentes dentales y orales			
cevimeline oral capsule 30 mg	(Evoxac)	4	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg	(Salagen (pilocarpine))	2	
pilocarpine hcl oral tablet 7.5 mg	(Salagen (pilocarpine))	4	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	
AGENTES DERMATOLÓGICOS			
Agentes antiinflamatorios dermatológicos			
ala-cort topical cream 1 %	(hydrocortisone)	2	
betamethasone dipropionate topical cream 0.05 %		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		2	
betamethasone valerate topical lotion 0.1 %		2	
betamethasone valerate topical ointment 0.1 %		2	
betamethasone, augmented topical cream 0.05 %		2	
betamethasone, augmented topical gel 0.05 %		2	
betamethasone, augmented topical lotion 0.05 %		2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	
clobetasol topical gel 0.05 %		4	
clobetasol topical lotion 0.05 %	(Clobex)	4	
clobetasol topical ointment 0.05 %		2	
clobetasol topical shampoo 0.05 %	(Clobex)	2	
clobetasol-emollient topical cream 0.05 %		2	
clobetasol-emollient topical foam 0.05 %	(Tovet Emollient)	4	
EUCRISA TOPICAL OINTMENT 2 %		3	
fluocinolone topical cream 0.01 %		2	
fluocinolone topical cream 0.025 %	(Synalar)	2	
fluocinolone topical ointment 0.025 %	(Synalar)	2	
fluocinonide topical cream 0.05 %		2	
fluocinonide topical gel 0.05 %		2	
fluocinonide topical ointment 0.05 %		2	
fluocinonide topical solution 0.05 %		2	
fluticasone propionate topical cream 0.05 %		2	
halobetasol propionate topical cream 0.05 %		2	
halobetasol propionate topical ointment 0.05 %		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
hydrocortisone 2.5% cream		2	
hydrocortisone topical cream 1 %	(Ala-Cort)	2	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	2	
hydrocortisone topical lotion 2.5 %		2	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		2	
mometasone topical cream 0.1 %		2	
mometasone topical ointment 0.1 %		2	
mometasone topical solution 0.1 %		2	
pimecrolimus topical cream 1 %		4	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %		2	QL (100 per 30 days)
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		2	
Agentes dermatológicos, otros			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir topical ointment 5 %	(Zovirax)	4	QL (30 per 30 days)
ammonium lactate topical cream 12 %		2	
ammonium lactate topical lotion 12 %	(AmLactin)	2	
calcipotriene scalp solution 0.005 %	(Pellix)	2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		2	QL (120 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
calcipotriene topical ointment 0.005 %		2	QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %		2	
fluorouracil topical solution 5 %		4	
imiquimod topical cream in packet 5 %		2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		5	ST; NM; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %		5	NM; NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML		5	PA; NM; NDS
VALCHLOR TOPICAL GEL 0.016 %		5	PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	
Antibacterianos dermatológicos			
clindamycin phosphate topical solution 1 %		2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %		4	
erythromycin with ethanol topical solution 2 %		2	
gentamicin topical cream 0.1 %		2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
rosadan topical cream 0.75 %	(metronidazole)	2	
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
Escabicidas y pediculicidas			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %		2	QL (60 per 30 days)
Retinoides dermatológicos			
adapalene topical cream 0.1 %	(Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %		4	PA
tazarotene topical cream 0.1 %	(Tazorac)	2	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	2	PA
AGENTES GASTROINTESTINALES			
Agentes antiulcerosos y supresores de ácidos			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		4	
cimetidine hcl oral solution 300 mg/5 ml		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	4	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	4	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	
sucralfate oral tablet 1 gram	(Carafate)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
VOQUEZNA ORAL TABLET 10 MG, 20 MG		4	PA
Agentes gastrointestinales, otros			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	2	
dicyclomine oral capsule 10 mg		2	
dicyclomine oral solution 10 mg/5 ml		2	
dicyclomine oral tablet 20 mg		2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	2	
generlac oral solution 10 gram/15 ml	(lactulose)	2	
glycopyrrolate oral tablet 1 mg	(Robinul)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
kionex oral suspension 15 gram/60 ml	(sodium polystyrene sulfonate)	2	
lactulose oral solution 10 gram/15 ml	(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	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	2	
lubiprostone oral capsule 24 mcg		2	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	2	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		2	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
sps (with sorbitol) oral suspension 15-20 gram/60 ml		2	
TRULANCE ORAL TABLET 3 MG		3	QL (30 per 30 days)
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	5	NM; NDS
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg		2	
ursodiol oral tablet 500 mg	(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)
Quelantes de fosfato			
calcium acetate(phosphat bind) oral capsule 667 mg		2	
calcium acetate(phosphat bind) oral tablet 667 mg		2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg		2	
Laxantes			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	2	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		2	
AGENTES GENITOURINARIOS			
Agentes genitourinarios, misceláneos			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	2	QL (30 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
dutasteride oral capsule 0.5 mg	(Avodart)	2	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg		1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
Antiespasmódicos, urinarios			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
fesoterodine oral tablet extended release 24 hr 4 mg	(Toviaz)	4	
fesoterodine oral tablet extended release 24 hr 8 mg	(Toviaz)	2	
flavoxate oral tablet 100 mg		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	2	
oxybutynin chloride oral syrup 5 mg/5 ml		2	
oxybutynin chloride oral tablet 5 mg		2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		2	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		2	
tolterodine oral tablet 1 mg, 2 mg		2	
trospium oral tablet 20 mg		2	
AGENTES HORMONALES, ESTIMULANTES/SUSTITUYENTES/MODIFICADORES			
Agentes tiroideos y antitiroideos			
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	(Levo-T)	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(liothyronine)	2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		5	PA; NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
Andrógenos			
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	PA
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)		4	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	4	PA; QL (300 per 30 days)
Estrógenos y antiestrógenos			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	2	
dotti transdermal patch 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	(estradiol)	2	QL (8 per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
estradiol transdermal patch 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	(Dotti)	2	QL (8 per 28 days)
estradiol transdermal patch weekly 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	(Climara)	2	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 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)
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	4	QL (18 per 28 days)
Glucocorticoides/mineralocorticoides			
dexamethasone oral solution 0.5 mg/5 ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	2	
methylprednisolone oral tablet 32 mg		2	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		2	PA BvD
prednisolone oral solution 15 mg/5 ml		2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		2	PA BvD
prednisone oral solution 5 mg/5 ml		2	PA BvD

Nombre del Medicamento		En el Nivel	Requisitos/Límites
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		2	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	2	
Pituitarios			
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		5	PA; NM; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)		2	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		2	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		5	PA; NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	(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
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		5	PA; NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		5	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml		5	NM; NDS
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	4	
octreotide acetate injection solution 200 mcg/ml		4	
ORGOVYX ORAL TABLET 120 MG		5	PA NSO; NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ORILISSA ORAL TABLET 150 MG		5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NM; NDS
Progestinas			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		2	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
AGENTES INMUNOLÓGICOS			
Agentes inmunológicos			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	5	PA; NM; NDS
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	5	PA; NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	5	PA; NM; NDS
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty)	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	PA; NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg		2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		5	PA; NM; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		5	PA; NM; NDS
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
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	2	PA BvD
cyclosporine modified oral capsule 50 mg		2	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	2	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	2	PA BvD

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (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
everolimus (immunosuppressive) oral tablet 0.25 mg	(Zortress)	2	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	(Zortress)	5	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)		5	PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg	(cyclosporine modified)	2	PA BvD
gengraf oral solution 100 mg/ml	(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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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 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
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		5	PA; NM; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	(Remicade)	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		5	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	2	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	2	PA BvD

Nombre del Medicamento		En el Nivel	Requisitos/Límites
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML		5	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		5	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		5	PA; NM; NDS
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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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
sirolimus oral solution 1 mg/ml		2	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		5	PA; NM; NDS
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
tacrolimus intravenous solution 5 mg/ml	(Prograf)	2	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	2	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg	(Astagraf XL)	2	PA BvD
tacrolimus oral capsule,extended release 24hr 5 mg	(Astagraf XL)	5	PA BvD; NM; NDS
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NM; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	(Xeljanz)	5	PA; NM; NDS
tofacitinib oral tablet 10 mg, 5 mg	(Xeljanz)	5	PA; NM; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	(Xeljanz XR)	5	PA; NM; NDS
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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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
ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	(Otulfi)	3	PA
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
Vacunas			
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

Nombre del Medicamento	En el Nivel	Requisitos/Límites
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
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; $0 copay

Nombre del Medicamento	En el Nivel	Requisitos/Límites
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	$0 copay
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

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML		3	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML		3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML		3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML		3	$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML		3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML		3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML		3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML		3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML		3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		3	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT		3	$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML		3	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT		3	$0 copay

Nombre del Medicamento		En el Nivel	Requisitos/Límites
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML		3	$0 copay
AGENTES OFTÁLMICOS			
Agentes antiglaucoma			
acetazolamide oral capsule, extended release 500 mg		2	
acetazolamide oral tablet 125 mg, 250 mg		2	
acetazolamide sodium injection recon soln 500 mg		2	
betaxolol ophthalmic (eye) drops 0.5 %		4	
brimonidine ophthalmic (eye) drops 0.1 %	(Alphagan P)	4	
brimonidine ophthalmic (eye) drops 0.15 %	(Alphagan P)	2	
brimonidine ophthalmic (eye) drops 0.2 %		2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	4	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	2	
carteolol ophthalmic (eye) drops 1 %		2	
dorzolamide ophthalmic (eye) drops 2 %		2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	2	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	(bimatoprost)	3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		3	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	QL (5 per 30 days)
AGENTES PARA EL SISTEMA NERVIOSO CENTRAL			
Agentes para el sistema nervioso central			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg		2	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		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)
cladribine 10 mg x 10 tab pk outer	(Mavenclad (10 tablet pack))	5	PA; NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)		5	PA; NM; NDS
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	2	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	2	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	2	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	2	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	2	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	5	PA; NM; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		5	PA; NM; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	2	
lithium carbonate oral tablet extended release 450 mg		2	
lithium citrate oral solution 8 meq/5 ml		2	
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
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	2	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(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
riluzole oral tablet 50 mg		2	
tetrabenazine oral tablet 12.5 mg	(Xenazine)	2	PA; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	(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
AGENTES PARA EL TRACTO RESPIRATORIO			
Agentes para el tracto respiratorio, otros			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		2	PA BvD
ALYFTREK ORAL TABLET 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)
cromolyn inhalation solution for nebulization 20 mg/2 ml		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)
nintedanib oral capsule 100 mg, 150 mg	(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)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; NM; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg		5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		5	PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		5	PA BvD; NM; NDS
roflumilast oral tablet 250 mcg	(Daliresp)	2	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(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
Antiinflamatorios, corticosteroides inhalados			
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)
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)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	4	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	2	PA BvD; QL (120 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	4	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		4	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		4	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		4	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	2	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Antileucotrienos			
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	2	
zafirlukast oral tablet 10 mg, 20 mg		4	
Broncodilatadores			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	QL (36 per 30 days)
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		2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	3	QL (60 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 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)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	(Atrovent HFA)	2	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %		2	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		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)
theophylline oral solution 80 mg/15 ml		2	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		2	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	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)
AGENTES PARA EL TRATAMIENTO CONTRA LA ADICCIÓN/ABUSO DE SUSTANCIAS			
Agentes para el tratamiento contra la adicción/abuso de sustancias			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
buprenorphine hcl sublingual tablet 2 mg, 8 mg		2	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	4	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		2	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		2	
disulfiram oral tablet 250 mg, 500 mg		2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		2	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg		2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		4	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	2	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		2	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	2	
AGENTES PARA LA ENFERMEDAD INFLAMATORIA INTESTINAL			
Agentes para la enfermedad inflamatoria intestinal			
alosetron oral tablet 0.5 mg	(Lotronex)	2	
alosetron oral tablet 1 mg	(Lotronex)	5	NM; NDS
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg		4	
budesonide rectal foam 2 mg/actuation	(Uceris)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	2	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	2	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
AGENTES PARA LAS ENFERMEDADES ÓSEAS METABÓLICAS			
Agentes para las enfermedades óseas metabólicas			
alendronate oral solution 70 mg/75 ml		4	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		2	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	2	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	2	QL (120 per 30 days)
ibandronate oral tablet 150 mg		2	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NM; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		5	NM; NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
AGENTES PARA LOS OJOS, OÍDOS, NARIZ, GARGANTA			
Agentes antiinfecciosos para ojos, oídos, nariz y garganta			
acetic acid otic (ear) solution 2 %		2	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram		2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		2	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		2	QL (3.5 per 4 days)
gentamicin ophthalmic (eye) drops 0.3 %		2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		2	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g		2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %		2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	2	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %		2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	
tobramycin ophthalmic (eye) drops 0.3 %		1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		2	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	2	
trifluridine ophthalmic (eye) drops 1 %		4	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		5	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
Agentes antiinflamatorios de ojos, oídos, nariz y garganta			
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	2	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	4	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		4	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	4	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	2	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		4	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
Agentes para ojos, oídos, nariz y garganta, misceláneos			
atropine ophthalmic (eye) drops 1 %		2	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		2	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
cromolyn ophthalmic (eye) drops 4 %		2	
epinastine ophthalmic (eye) drops 0.05 %		4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		3	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	2	
AGENTES PARA TRASTORNOS DEL SUEÑO			
Agentes para trastornos del sueño			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(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)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	2	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
AGENTES TERAPÉUTICOS MISCELÁNEOS			
Agentes terapéuticos misceláneos			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	PA; NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		3	
betaine oral powder 1 gram/scoop	(Cystadane)	5	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
diazoxide oral suspension 50 mg/ml	(Proglycem)	5	NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
glucagon emergency kit (human) injection recon soln 1 mg		3	
glutamine (sickle cell) oral powder in packet 5 gram	(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	
hydroxyzine pamoate oral capsule 100 mg		2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
mesna oral tablet 400 mg	(Mesnex)	5	NM; NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	2	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(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)
VOWST ORAL CAPSULE 1 X 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)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	5	PA; NM; NDS; QL (30 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; QL (360 per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	1	EX; CB (6 EA per 30 days)
tadalafil oral tablet 2.5 mg		2	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(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			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		2	QL (300 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)		5	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg	(Lurbiro)	2	
ibu oral tablet 400 mg	(ibuprofen)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		2	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	
sulindac oral tablet 150 mg, 200 mg		2	
Analgésicos, misceláneos			
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	2	QL (4 per 28 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		2	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		2	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml		2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		2	QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	2	QL (180 per 30 days)
methadone oral tablet 10 mg		2	QL (120 per 30 days)
methadone oral tablet 5 mg		2	QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		2	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)		2	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
morphine oral tablet extended release 100 mg		2	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	2	QL (90 per 30 days)
morphine oral tablet extended release 200 mg		4	QL (60 per 30 days)
morphine oral tablet extended release 60 mg	(MS Contin)	2	QL (60 per 30 days)
oxycodone oral capsule 5 mg		2	QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		2	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	2	QL (120 per 30 days)
oxycodone oral tablet 20 mg		2	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
tramadol oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		2	QL (300 per 30 days)
ANESTÉSICOS			
Anestésicos locales			
dermacinrx lidocan 5% patch outer	(lidocaine)	2	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	2	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	2	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %		2	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		2	PA; QL (240 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		2	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	2	PA; QL (90 per 30 days)
tridacaine iii topical adhesive patch,medicated 5 %	(lidocaine)	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ANTAGONISTAS DE METALES PESADOS			
Antagonistas de metales pesados			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	2	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
ANTIBACTERIANOS			
Aminoglicósidos			
amikacin injection solution 500 mg/2 ml		2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		5	PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
neomycin oral tablet 500 mg		2	
streptomycin intramuscular recon soln 1 gram		5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		2	
Antibacteriales, misceláneos			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	2	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg		5	NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
fosfomycin tromethamine oral packet 3 gram		2	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	2	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NM; NDS
linezolid oral tablet 600 mg		2	
methenamine hippurate oral tablet 1 gram		2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		2	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		2	
vancomycin oral capsule 125 mg	(Vancocin)	2	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	2	QL (112 per 14 days)
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)
Antibióticos betalactámicos misceláneos			
aztreonam injection recon soln 1 gram, 2 gram		2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram		2	
imipenem-cilastatin intravenous recon soln 250 mg		2	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	2	
meropenem intravenous recon soln 1 gram, 500 mg		2	
meropenem intravenous recon soln 2 gram		4	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
Cefalosporinas			
cefaclor oral capsule 250 mg, 500 mg		2	
cefadroxil oral capsule 500 mg		2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		2	
cefazolin injection recon soln 1 gram, 500 mg		2	
cefazolin intravenous recon soln 10 gram		2	
cefdinir oral capsule 300 mg		2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
cefepime injection recon soln 1 gram, 2 gram		2	
cefixime oral capsule 400 mg		4	
cefixime oral tablet 400 mg		4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		2	
cefpodoxime oral tablet 100 mg, 200 mg		4	
cefprozil oral tablet 250 mg, 500 mg		2	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	(Teflaro)	5	NM; NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		2	
cefuroxime axetil oral tablet 250 mg, 500 mg		2	
cefuroxime sodium injection recon soln 750 mg		2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		2	
cephalexin oral capsule 250 mg, 500 mg		1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	(ceftazidime)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
Macrólidos			
azithromycin intravenous recon soln 500 mg		2	
azithromycin oral suspension for reconstitution 100 mg/5 ml		2	
azithromycin oral suspension for reconstitution 200 mg/5 ml	(Zithromax)	2	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
clarithromycin oral tablet 250 mg, 500 mg		2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	
erythromycin oral tablet 250 mg, 500 mg		4	
fidaxomicin oral tablet 200 mg	(Dificid)	5	NM; NDS; QL (20 per 10 days)
Penicilinas			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		4	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		4	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %		4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		2	
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		2	
penicillin v potassium oral tablet 250 mg, 500 mg		1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		2	
Quinolonas			
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg		1	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		2	
levofloxacin oral solution 250 mg/10 ml		4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner		2	
moxifloxacin oral tablet 400 mg		2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml		2	
Sulfonamidas			
sulfadiazine oral tablet 500 mg		2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetraciclinas			
demeclocycline oral tablet 150 mg, 300 mg		4	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	2	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	2	
doxycycline hyclate oral capsule 100 mg		2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg, 20 mg		2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	
doxycycline monohydrate oral capsule 50 mg		2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	
doxycycline monohydrate oral tablet 50 mg		2	
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	
tetracycline oral capsule 250 mg, 500 mg		4	
tigecycline intravenous recon soln 50 mg	(Tygacil)	2	
ANTICONCEPTIVOS			
Anticonceptivos			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	QL (1 per 28 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	4	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	2	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	2	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	2	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	2	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Jencycla)	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Mono-Linyah)	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ANTICONVULSIVOS			
Anticonvulsivos			
brivaracetam intravenous solution 50 mg/5 ml	(Briviact)	5	NM; NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	2	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(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)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	
carbamazepine oral tablet 200 mg	(Tegretol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		2	
clobazam oral suspension 2.5 mg/ml	(Onfi)	2	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(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)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg		2	
diazepam rectal kit 2.5 mg		4	
DILANTIN ORAL CAPSULE 30 MG		4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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
epitol oral tablet 200 mg	(carbamazepine)	2	
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	5	ST; NM; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	5	ST; NM; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	
felbamate oral suspension 600 mg/5 ml		2	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NM; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	2	
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	2	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	2	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	2	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	2	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	2	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	2	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	2	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	2	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
levetiracetam oral solution 100 mg/ml	(Keppra)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	
levetiracetam oral tablet for suspension 250 mg	(Spritam)	2	ST
levetiracetam oral tablet for suspension 500 mg	(Spritam)	4	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		4	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	2	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		4	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	
perampanel oral suspension 0.5 mg/ml	(Fycompa)	5	ST; NM; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	5	ST; NM; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	2	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	5	ST; NM; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		2	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	PA NSO-HRM; AGE (Max 64 Years)
phenytek oral capsule 200 mg, 300 mg	(phenytoin sodium extended)	2	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	2	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	2	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	2	
phenytoin sodium intravenous solution 50 mg/ml		2	
phenytoin sodium intravenous syringe 50 mg/ml		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	2	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	2	QL (900 per 30 days)
primidone oral tablet 125 mg		2	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	2	
rufinamide oral suspension 40 mg/ml	(Banzel)	5	ST; NM; NDS
rufinamide oral tablet 200 mg	(Banzel)	2	ST
rufinamide oral tablet 400 mg	(Banzel)	5	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		5	PA BvD; NM; NDS
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
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		2	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral capsule, sprinkle 50 mg		2	
topiramate oral solution 25 mg/ml	(Eprontia)	2	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	
valproic acid oral capsule 250 mg		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(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)
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	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	2	
zonisamide oral capsule 50 mg		2	
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; NM; NDS; QL (1080 per 30 days)
ANTIDEPRESIVOS			
Antidepresivos			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		5	NM; NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG		5	NM; NDS
bupropion hcl oral tablet 100 mg, 75 mg		2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml		2	
citalopram oral tablet 10 mg	(Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	4	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	4	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	2	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
doxepin oral concentrate 10 mg/ml		2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		4	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg		2	QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg		2	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg		2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		5	ST; NM; NDS; QL (30 per 30 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
escitalopram oxalate oral solution 5 mg/5 ml		2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)		5	PA NSO; NM; NDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg	(Prozac)	1	
fluoxetine oral capsule 40 mg		1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
MARPLAN ORAL TABLET 10 MG		4	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	2	
mirtazapine oral tablet 45 mg, 7.5 mg		2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg		1	
nortriptyline oral solution 10 mg/5 ml		4	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	4	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	4	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	
phenelzine oral tablet 15 mg	(Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg		4	
RALDESY ORAL SOLUTION 10 MG/ML		5	PA NSO; NM; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(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
tranylcypromine oral tablet 10 mg	(Parnate)	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(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
amphotericin b injection recon soln 50 mg		2	PA BvD

Nombre del Medicamento		En el Nivel	Requisitos/Límites
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	5	PA BvD; NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	2	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	2	
clotrimazole-betamethasone topical cream 1-0.05 %		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
econazole nitrate topical cream 1 %		2	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml		2	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		2	
griseofulvin microsize oral tablet 500 mg		4	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	2	
ketoconazole oral tablet 200 mg		2	
ketoconazole topical cream 2 %		2	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		2	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg		2	
miconazole-3 vaginal suppository 200 mg		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
nyamyc topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		2	
nystatin oral tablet 500,000 unit		2	
nystatin topical cream 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nystop)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		2	
nystop topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg		5	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NM; NDS
voriconazole intravenous solution 10 mg/ml		5	PA BvD; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg		4	
ANTIHISTAMÍNICOS			
Antihistamínicos			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
ANTIINFECCIOSOS (PIEL Y MEMBRANAS MUCOSAS)			
Antiinfecciosos (piel y membranas mucosas)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	4	
terconazole vaginal cream 0.4 %, 0.8 %		2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
terconazole vaginal suppository 80 mg		4	
ANTIMICOBACTERIANOS			
Antimicobacterianos			
dapsone oral tablet 100 mg, 25 mg		2	
ethambutol oral tablet 100 mg, 400 mg		2	
isoniazid oral tablet 100 mg, 300 mg		1	
PRIFTIN ORAL TABLET 150 MG	(rifapentine)	4	
pyrazinamide oral tablet 500 mg		2	
rifabutin oral capsule 150 mg		4	
rifampin intravenous recon soln 600 mg	(Rifadin)	2	
rifampin oral capsule 150 mg, 300 mg		2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		4	
ANTIVIRALES (SISTÉMICOS)			
Antirretrovirales			
abacavir oral solution 20 mg/ml	(Ziagen)	2	
abacavir oral tablet 300 mg		2	
abacavir-lamivudine oral tablet 600-300 mg		2	
APTIVUS ORAL CAPSULE 250 MG		5	NM; NDS
atazanavir oral capsule 150 mg		2	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		5	NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		5	NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		5	NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
darunavir oral tablet 600 mg	(Prezista)	2	
darunavir oral tablet 800 mg	(Prezista)	5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		2	
DOVATO ORAL TABLET 50-300 MG		5	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		5	NM; NDS
efavirenz oral capsule 200 mg, 50 mg		2	
efavirenz oral tablet 600 mg		2	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		2	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	(Truvada)	2	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	(Truvada)	5	NM; NDS
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		5	NM; NDS
fosamprenavir oral tablet 700 mg		5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NM; NDS
IDVYNSO ORAL TABLET 100-0.25 MG		5	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG		4	
ISENTRESS HD ORAL TABLET 600 MG		5	NM; NDS

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
lamivudine oral solution 10 mg/ml	(Epivir)	2	
lamivudine oral tablet 100 mg		2	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg		2	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	2	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	2	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	5	NM; NDS
nevirapine oral suspension 50 mg/5 ml		2	QL (1200 per 30 days)
nevirapine oral tablet 200 mg		2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		2	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		2	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG		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	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		4	
REYATAZ ORAL POWDER IN PACKET 50 MG		5	NM; NDS
rilpivirine hcl oral tablet 25 mg	(Edurant)	5	NM; NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)		5	NM; NDS
ritonavir oral tablet 100 mg	(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
stavudine oral capsule 15 mg, 20 mg		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
tenofovir disoproxil fumarate oral tablet 300 mg	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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	
zidovudine oral capsule 100 mg	(Retrovir)	2	
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	
zidovudine oral tablet 300 mg		2	
Antivirales HCV			
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)
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)
Antivirales, misceláneos			
LIVTENCITY ORAL TABLET 200 MG		5	PA; NM; NDS
oseltamivir oral capsule 30 mg		2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg		2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
Interferones			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		5	PA; NM; NDS
Nucleósidos y nucleótidos			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5 ml		4	
acyclovir oral tablet 400 mg, 800 mg		2	
acyclovir sodium intravenous solution 50 mg/ml		2	PA BvD
adefovir oral tablet 10 mg		2	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
ribavirin oral tablet 200 mg		2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	5	NM; NDS
valganciclovir oral tablet 450 mg		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			
anagrelide oral capsule 0.5 mg	(Agrylin)	2	
anagrelide oral capsule 1 mg		2	
tranexamic acid oral tablet 650 mg		2	
Anticoagulantes			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	3	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	2	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	2	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	2	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	2	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	2	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NM; NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	2	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	2	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE 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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
Inhibidores de agregación plaquetaria			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		2	
cilostazol oral tablet 100 mg, 50 mg		2	
clopidogrel oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		2	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg		2	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	2	
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	2	
Modificadores de formación sanguínea			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		5	PA; NM; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	5	PA; NM; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	5	PA; NM; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(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)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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 PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 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
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	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
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		2	PA; ST

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		2	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		2	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	PA; ST
CURITY GAUZE PADS 2 X 2 "	(gauze bandage)	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)	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)	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)	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)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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

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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		2	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		2	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"		2	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"		2	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	2	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	PA; ST
EASYLIFE ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"		2	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
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
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	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
GNP ALCOHOL SWAB STERILE, TWO PLY	(Alcohol Pads)	1	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(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"		2	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	2	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	2	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		3	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		3	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"		2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE		2	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Easy Touch Ins Syr (half unit))	2	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Easy Touch 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 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Easy Touch 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-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
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	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)	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)	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	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
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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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 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
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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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"		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 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"		2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	PA; ST
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)

Nombre del Medicamento		En el Nivel	Requisitos/Límites
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 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) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	2	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	1	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	(Bordered Gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		2	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		2	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	(True-Comfort Pro Pen Needle)	2	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	2	PA; ST
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	2	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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 PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	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
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
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)	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	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)	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)	2	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	2	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		2	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		2	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		2	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
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
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"		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 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	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
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		2	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		2	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		2	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		2	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	1	PA; ST
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)	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)	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)	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		2	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	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)	2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	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)	2	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"		2	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		2	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

Nombre del Medicamento		En el Nivel	Requisitos/Límites
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 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 20'S,LARGE	(alcohol swabs)	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PREPARACIONES DE REEMPLAZO			
Preparaciones de reemplazo			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	2	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	2	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	2	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	2	
magnesium sulfate injection solution 500 mg/ml (50 %)		4	
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	
potassium chloride intravenous solution 2 meq/ml		2	
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		4	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	2	
potassium chloride oral tablet extended release 15 meq, 20 meq		2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	2	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)		2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		2	
sodium chloride 0.9% solution mini-bag, single use		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	
javygtor oral tablet,soluble 100 mg	(sapropterin)	5	PA; NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(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
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		5	PA; NM; NDS
sapropterin oral tablet,soluble 100 mg	(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

Nombre del Medicamento		En el Nivel	Requisitos/Límites
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			
baclofen oral tablet 10 mg, 20 mg, 5 mg		2	
cyclobenzaprine oral tablet 10 mg, 5 mg		1	
dantrolene oral capsule 100 mg, 50 mg		4	
dantrolene oral capsule 25 mg	(Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg		2	
tizanidine oral tablet 2 mg		2	
tizanidine oral tablet 4 mg	(Zanaflex)	2	
VITAMINAS Y MINERALES			
Vitaminas y minerales			
bal-care dha combo pack 27-1-430 mg		1	
bal-care dha essential pack 27 mg iron-1 mg -374 mg		1	
c-nate dha softgel 28 mg iron-1 mg -200 mg		1	
completenate tablet chew 29 mg iron- 1 mg		1	
folivane-ob capsule 85-1 mg		1	
kosher prenatal plus iron tab 30 mg iron- 1 mg		1	
marnatal-f capsule 60 mg iron-1 mg		1	
m-natal plus tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
mynatal advance oral tablet 90-1-50 mg		1	
mynatal capsule 65 mg iron- 1 mg		1	
mynatal oral tablet 90-1-50 mg		1	

Nombre del Medicamento		En el Nivel	Requisitos/Límites
mynatal plus captab 65 mg iron- 1 mg		1	
mynatal-z captab 65 mg iron- 1 mg		1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		1	
newgen tablet 32-1,000 mg-mcg		1	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		1	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		1	
pnv-omega softgel 28-1-300 mg		1	
pr natal 400 combo pack 29-1-400 mg		1	
pr natal 400 ec combo pack 29-1-400 mg		1	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		1	
pr natal 430 ec combo pack 29-1-430 mg		1	
prenaissance oral capsule 29-1.25-55-325 mg		1	
prenaissance plus oral capsule 28-1-50-250 mg		1	
prenatabs fa tablet 29-1 mg		1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		1	
prenatal 19 chewable tablet 29 mg iron- 1 mg		1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
prenatal-u capsule 106.5-1 mg		1	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	

Nombre del Medicamento	En el Nivel	Requisitos/Límites
se-natal 19 chewable tablet 29 mg iron- 1 mg	1	
taron-c dha capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	1	
vitafol gummies 3.33 mg iron- 0.33 mg	1	
vitafol-ob+dha combo pack 65-1-250 mg	1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	1	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus softgel 28-1-300 mg	1	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

Índice de medicamentos

1

1ST TIER UNIFINE PENTIPS 126
1ST TIER UNIFINE PENTIPS PLUS 126

A

abacavir 118
abacavir-lamivudine 118
ABELCET 115
abigale 62
abigale lo 62
ABILIFY ASIMTUFII 39
ABILIFY MAINTENA 39
abiraterone 14
abiraterone, submicronized 14
abirtega 14
ABRYSVO (PF) 71
acamprosate 83
acarbose 30
acebutolol 46
acetaminophen-codeine 92
acetazolamide 76
acetazolamide sodium 76
acetic acid 86
acetylcysteine 80
acitretin 56
ACTHIB (PF) 71
ACTIMMUNE 89
acyclovir 56, 123
acyclovir sodium 123
ADACEL(TDAP ADOLESN/ADULT)(PF) 71, 72
adalimumab-aaty 65, 66
adalimumab-aaty(cf) ai crohns 66
adapalene 58
adefovir 123
ADEMPAS 90
adrucil 14
ADVAIR HFA 81
ADVOCATE PEN NEEDLE 126
ADVOCATE SYRINGES 126
afirmelle 101
AIMOVIG AUTOINJECTOR 35
AIRSUPRA 82
AKEEGA 14
ala-cort 54
albendazole 37
albuterol sulfate 82
ALCOHOL PADS 126
ALCOHOL PREP PADS 143
ALCOHOL SWABS 140
ALCOHOL WIPES 149
ALECENSA 14
alendronate 85
alfuzosin 60
aliskiren 53
allopurinol 35
alosetron 84
alprazolam 13
altavera (28) 101
ALTRENO 58
ALUNBRIG 14
ALVAIZ 125
alyacen 1/35 (28) 101
alyacen 7/7/7 (28) 101
ALYFTREK 80
alyq 90
amantadine hcl 38
amethyst (28) 101
amikacin 95
amiloride 52
amiloride-hydrochlorothiazide 52
amiodarone 46
amitriptyline 112
amlodipine 49
amlodipine-atorvastatin 50
amlodipine-benazepril 49
amlodipine-olmesartan 50
amlodipine-valsartan 50
amlodipine-valsartan-hcthiazid 50
ammonium lactate 56
amoxapine 112
amoxicil-clarithromv-lansopraz 58
amoxicillin 98
amoxicillin-pot clavulanate 98, 99
amphotericin b 115
amphotericin b liposome 116
ampicillin 99
ampicillin sodium 99
ampicillin-sulbactam 99
anagrelide 123
anastrozole 14
ANKTIVA 14
ANORO ELLIPTA 82
aprepitant 36
apri 101
APTIVUS 118
AQINJECT PEN NEEDLE 127
ARCALYST 66
AREXVY (PF) 72
ARIKAYCE 95
aripiprazole 39
ARISTADA 40
ARISTADA INITIO 39
armodafinil 89
ARNUITY ELLIPTA 81
asenapine maleate 40
aspirin-dipyridamole 125
ASSURE ID DUO PRO SFTY PEN NDL 127
ASSURE ID DUO-SHIELD 127
ASSURE ID INSULIN SAFETY ... 127
ASSURE ID PEN NEEDLE 127
ASSURE ID PRO PEN NEEDLE 127
atazanavir 118
atenolol 46
atenolol-chlorthalidone 46
atomoxetine 77
atorvastatin 50
atovaquone 37
atovaquone-proguanil 37
atropine 88
ATTRUBY 48
aubra eq 101
AUGTYRO 14
aurovela 1.5/30 (21) 101
aurovela 1/20 (21) 101
aurovela 24 fe 101
aurovela fe 1-20 (28) 101
aurovela fe 1.5/30 (28) 101
AUSTEDO 77
AUSTEDO XR 77
AUSTEDO XR TITRATION KT(WK1-4) 77
AUVELITY 113
aviane 101
AVMAPKI 14
AVMAPKI-FAKZYNJA 14

AVONEX 77
AXTLE 14
ayuna 101
AYVAKIT 14
azacitidine 14
azathioprine 66
azathioprine sodium 66
azelastine 88
azithromycin 98
aztreonam 96
azurette (28) 101

B

bacitracin 86
bacitracin-polymyxin b 86
baclofen 165
bal-care dha 165
bal-care dha essential 165
balsalazide 84
BALVERSA 14, 15
BAQSIMI 89
BCG VACCINE, LIVE (PF) 72
BD ALCOHOL SWABS 128
BD AUTOSHIELD DUO PEN NEEDLE 127
BD ECLIPSE LUER-LOK 127
BD INSULIN SYRINGE 127
BD INSULIN SYRINGE (HALF UNIT) 127
BD INSULIN SYRINGE ULTRA-FINE 127
BD SAFETYGLIDE INSULIN SYRINGE 127, 128
BD SAFETYGLIDE SYRINGE 128
BD ULTRA-FINE MICRO PEN NEEDLE 128
BD ULTRA-FINE MINI PEN NEEDLE 128
BD ULTRA-FINE NANO PEN NEEDLE 128
BD ULTRA-FINE ORIG PEN NEEDLE 128
BD ULTRA-FINE SHORT PEN NEEDLE 128
BD VEO INSULIN SYR (HALF UNIT) 128
BD VEO INSULIN SYRINGE UF 128
BELSOMRA 89
benazepril 53
benazepril-hydrochlorothiazide 53
bendamustine 15
BENDAMUSTINE 15
BENDEKA 15
BENLYSTA 66
benztropine 38
BESREMI 66
BESREMI PEN 15
betaine 89
betamethasone dipropionate 54, 55
betamethasone valerate 55
betamethasone, augmented ... 55
BETASERON 77
betaxolol 76
bethanechol chloride 61
bexarotene 15
BEXSERO 72
bicalutamide 15
BICILLIN L-A 99
BIKTARVY 118
bisoprolol fumarate 46
bisoprolol-hydrochlorothiazide 46
BIZENGRI 15
bleomycin 15
blisovi 24 fe 101
blisovi fe 1.5/30 (28) 102
blisovi fe 1/20 (28) 102
BOOSTRIX TDAP 72
BORDERED GAUZE 128
bortezomib 15
BORUZU 15
bosentan 90
BOSULIF 15
bosutinib 15
BRAFTOVI 15
BREO ELLIPTA 81
breyna 81
BREZTRI AEROSPHERE 83
brimonidine 76
brimonidine-timolol 76
brinzolamide 76
brivaracetam 108
BRIVIACT 108
bromfenac 87
bromocriptine 38
BRONCHITOL 80
BRUKINSA 15
budesonide 81, 84
budesonide-formoterol 82
bumetanide 52
buprenorphine 92
buprenorphine hcl 84
buprenorphine-naloxone 84
bupropion hcl 113
bupropion hcl (smoking deter) 84
buspirone 89
butalbital-acetaminop-caf-cod 93
butalbital-acetaminophen-caff 93
BYSANTI 40
BYSANTI TITRATION PACK A 40
BYSANTI TITRATION PACK B 40
BYSANTI TITRATION PACK C 40

C

c-nate dha 165
CABENUVA 118
cabergoline 38
CABOMETYX 15, 16
cabotegravir 118
calcipotriene 56, 57
calcitonin (salmon) 85
calcitriol 85
calcium acetate(phosphat bind) 60
CALQUENCE (ACALABRUTINIB MAL) 16
CAMCEVI (6 MONTH) 16
camila 102
CAMZYOS 48
candesartan 48
candesartan-hydrochlorothiazid 48
CAPLYTA 40
CAPRELSA 16
captopril 53
carbamazepine 108
carbidopa-levodopa 38
CAREFINE PEN NEEDLE .. 128, 129
CARETOUCH ALCOHOL PREP PAD 129
CARETOUCH INSULIN SYRINGE 129
CARETOUCH PEN NEEDLE 129
carglumic acid 59
carteolol 76
cartia xt 47
carvedilol 46
CAYSTON 96
cefaclor 97
cefadroxil 97

cefazolin 97
cefdinir 97
cefepime 97
cefixime 97
cefoxitin 97
cefpodoxime 97
cefprozil 97
ceftaroline fosamil 97
ceftazidime 97
ceftriaxone 97
cefuroxime axetil 97
cefuroxime sodium 97
celecoxib 91
cephalexin 97
cevimeline 54
chateal eq (28) 102
chlordiazepoxide hcl 13
chlorhexidine gluconate 54
chloroquine phosphate 37
chlorpromazine 40
chlorthalidone 52
cholestyramine (with sugar) 50
cholestyramine light 50
ciclopirox 116
cilostazol 125
CIMDUO 118
cimetidine hcl 58
CIMZIA 66
CIMZIA POWDER FOR RECONST 66
CIMZIA STARTER KIT 66
cinacalcet 85
ciprofloxacin hcl 86, 99
ciprofloxacin in 5 % dextrose 100
ciprofloxacin-dexamethasone 86
citalopram 113
cladribine(multiple sclerosis) 77, 78
clarithromycin 98
CLICKFINE PEN NEEDLE 129
clindamycin hcl 95
clindamycin phosphate 57, 95, 117
clindamycin-benzoyl peroxide 57
CLINIMIX 6%-D5W (SULFITE-FREE) 45
CLINIMIX 8%-D10W(SULFITE-FREE) 45
CLINIMIX 8%-D14W(SULFITE-FREE) 45
CLINIMIX E 8%-D10W SULFITEFREE 45
CLINIMIX E 8%-D14W SULFITEFREE 45
clobazam 108
clobetasol 55
clobetasol-emollient 55
clomipramine 113
clonazepam 13
clonidine 45
clonidine hcl 45
clopidogrel 125
clorazepate dipotassium 13
clotrimazole 116
clotrimazole-betamethasone 116
clozapine 40
COARTEM 37
COBENFY 40
COBENFY STARTER PACK 40
colchicine 35
colesevelam 50
colestipol 50
colistin (colistimethate na) 95
COMBIVENT RESPIMAT 83
COMETRIQ 16
COMFORT EZ INSULIN SYRINGE 129, 130, 131
COMFORT EZ PEN NEEDLES .. 130
COMFORT EZ PRO SAFETY PEN NDL 130, 131
COMFORT TOUCH PEN NEEDLE 131, 132
completenate 165
compro 36
conjugated estrogens 62
constulose 59
COPIKTRA 16
CORLANOR 48
CORTROPHIN GEL 64
COSENTYX 66
COSENTYX (2 SYRINGES) 66
COSENTYX PEN (2 PENS) 66
COSENTYX UNOREADY PEN 66
COTELLIC 16
CREON 164
CRESEMBA 116
cromolyn 59, 80, 89
cryselle (28) 102
CURITY ALCOHOL SWABS 132
CURITY GAUZE 132
cyclobenzaprine 165
cyclophosphamide 16
cyclosporine 66, 87
cyclosporine modified 66
CYLTEZO(CF) 67
CYLTEZO(CF) PEN 67
CYLTEZO(CF) PEN CROHN'S-UC-HS 67
CYLTEZO(CF) PEN PSORIASIS-UV 67
cyred eq 102

D

d5 % (d-glucose)-0.9 % sodchlr 163
d5 % and 0.9 % sodium chloride 163
d5 %-0.45 % sodium chloride 163
dabigatran etexilate 123
dalfampridine 78
danazol 62
dantrolene 165
DANYELZA 16
DANZITEN 16
dapagliflozin 30
dapagliflozin-metformin 30
dapsone 118
DAPTACEL (DTAP PEDIATRIC) (PF) 72
daptomycin 95
darunavir 119
dasatinib 16
dasetta 1/35 (28) 102
dasetta 7/7/7 (28) 102
DATROWAY 16
DAURISMO 16
deblitane 102
decitabine 17
deferasirox 95
DELSTRIGO 119
demeclocycline 100
DENGVAXIA (PF) 72
denta 5000 plus 54
dentagel 54
DEPO-SUBQ PROVERA 104 65
DERMACEA 132
DERMACEA NON-WOVEN 132
dermacinrx lidocan 94
DESCOVY 119
desipramine 113
desmopressin 64

desog-e.estradiol/e.estradiol 102
desvenlafaxine succinate 113
dexamethasone 63
dexamethasone sodium phosphate 63, 87
dextroamphetamine-amphetamine 78
dextrose 5 % in water (d5w) 45
DIACOMIT 108
diazepam 13, 108
diazepam intensol 13
diazoxide 89
diclofenac epolamine 91
diclofenac potassium 91
diclofenac sodium 87, 91
diclofenac-misoprostol 91, 92
dicloxacillin 99
dicyclomine 59
didanosine 119
difluprednate 87
digoxin 48
dihydroergotamine 35
DILANTIN 108
dilt-xr 47
diltiazem hcl 47
dimethyl fumarate 78
diphenoxylate-atropine 59
dipyridamole 125
disulfiram 84
divalproex 108
dofetilide 46
dolishale 102
donepezil 30
dorzolamide 76
dorzolamide-timolol 76
dotti 62
DOVATO 119
doxazosin 45
doxepin 89, 113
doxorubicin, peg-liposomal 17
doxy-100 100
doxycycline hyclate 100
doxycycline monohydrate 100, 101
DRIZALMA SPRINKLE 113
dronabinol 36
DROPLET INSULIN SYR(HALF UNIT) 132, 133
DROPLET INSULIN SYRINGE 132, 133, 134
DROPLET MICRON PEN NEEDLE 134
DROPLET PEN NEEDLE 134
DROPSAFE ALCOHOL PREP PADS 134
DROPSAFE INSULIN SYRINGE 134
DROPSAFE PEN NEEDLE 134, 135
droxidopa 45, 46
duloxetine 113
DUPIXENT PEN 67
DUPIXENT SYRINGE 67
dutasteride 61

E

EASY COMFORT ALCOHOL PAD 135
EASY COMFORT INSULIN SYRINGE 135, 136
EASY COMFORT PEN NEEDLES 135, 136
EASY COMFORT SAFETY PEN NEEDLE 135
EASY GLIDE INSULIN SYRINGE 136
EASY GLIDE PEN NEEDLE 136
EASY TOUCH 138
EASY TOUCH ALCOHOL PREP PADS 137
EASY TOUCH AUTORETRACT SYRINGE 137
EASY TOUCH FLIPLOCK INSULIN 137, 138
EASY TOUCH FLIPLOCK SYRINGE 137
EASY TOUCH INS SYR (HALF UNIT) 136
EASY TOUCH INSULIN SAFETY SYR 136
EASY TOUCH INSULIN SYRINGE 136, 137, 138, 139
EASY TOUCH LUER LOCK INSULIN 138
EASY TOUCH PEN NEEDLE 138
EASY TOUCH SAFETY PEN NEEDLE 138, 139
EASY TOUCH SHEATHLOCK INSULIN 137, 138
EASY TOUCH UNI-SLIP 139
EASYLIFE ALCOHOL PADS 139
EASYLIFE INSULIN PEN NEEDLE 139
EASYLIFE INSULIN SYRINGE ... 139
EASYLIFE SAFETY PEN NEEDLE 139
econazole nitrate 116
EDURANT PED 119
efavirenz 119
efavirenz-emtricitabin-tenofov 119
efavirenz-lamivu-tenofov disop 119
ELAHERE 17
ELEPSIA XR 109
ELIGARD 17
ELIGARD (3 MONTH) 17
ELIGARD (4 MONTH) 17
ELIGARD (6 MONTH) 17
elinest 102
ELIQUIS 124
ELIQUIS DVT-PE TREAT 30D START 123
ELIQUIS SPRINKLE 124
ELREXFIO 17
eltrombopag olamine 125
eluryng 102
EMBRACE PEN NEEDLE 140
EMCYT 17
EMGALITY PEN 35
EMGALITY SYRINGE 35
EMRELIS 17
EMSAM 113
emtricita-rilpivirine-tenof df .. 119
emtricitabine 119
emtricitabine-tenofovir (tdf) .. 119
EMTRIVA 119
emzahh 102
enalapril maleate 53
enalapril-hydrochlorothiazide 53
ENBREL 67
ENBREL MINI 67
ENBREL SURECLICK 67
endocet 93
ENGERIX-B (PF) 72
ENGERIX-B PEDIATRIC (PF) 72
enilloring 102
enoxaparin 124
enpresse 102
ENSACOVE 17
enskyce 102
entacapone 38
entecavir 123
ENTRESTO 49

ENTRESTO SPRINKLE 49
enulose 59
EPCLUSA 122
EPIDIOLEX 109
epinastine 89
epinephrine 48
epitol 109
EPKINLY 17
eplerenone 53
ERBITUX 17
ergoloid 30
ERIVEDGE 17
ERLEADA 17
erlotinib 17
errin 102
ertapenem 96
erythromycin 86, 98
erythromycin ethylsuccinate ... 98
erythromycin with ethanol 57
ERZOFRI 41
escitalopram oxalate 114
eslicarbazepine 109
esomeprazole magnesium 58
estarylla 102
estradiol 62
estradiol-norethindrone acet .. 63
eszopiclone 89
ethambutol 118
ethosuximide 109
ethynodiol diac-eth estradiol 102
etodolac 92
etonogestrel-ethinyl estradiol 102
ETOPOPHOS 17
etoposide 18
etravirine 119
EUCRISA 55
EULEXIN 18
everolimus (antineoplastic) 18
everolimus (immunosuppressive) 67
EVOTAZ 119
EXEL INSULIN 140
exemestane 18
EXTENCILLINE 99
EXXUA 114
EYSUVIS 88
ezetimibe 50
ezetimibe-simvastatin 50, 51

F

FAKZYNJA 18
falmina (28) 103
famciclovir 123
famotidine 58
FANAPT 41
FANAPT TITRATION PACK A 41
FANAPT TITRATION PACK B 41
FANAPT TITRATION PACK C 41
FASENRA 80
FASENRA PEN 80
febuxostat 35
feirza 103
felbamate 109
felodipine 50
fenofibrate 51
fenofibrate micronized 51
fenofibrate nanocrystallized 51
fentanyl 93
fentanyl citrate 93
fesoterodine 61
FETZIMA 114
FIASP FLEXTOUCH U-100 INSULIN 32
FIASP PENFILL U-100 INSULIN 32
FIASP PUMPCART 32
FIASP U-100 INSULIN 32
fidaxomicin 98
finasteride 61
fingolimod 78
FINTEPLA 109
FIRMAGON KIT W DILUENT SYRINGE 18
flavoxate 61
flecainide 46
floxuridine 18
fluconazole 116
fluconazole in nacl (iso-osm) 116
flucytosine 116
fludrocortisone 63
flunisolide 88
fluocinolone 55
fluocinolone acetonide oil 88
fluocinonide 55
fluoride (sodium) 54
fluorometholone 88
fluorouracil 18, 57
fluoxetine 114
fluphenazine decanoate 41
fluphenazine hcl 41
flurbiprofen 92
flurbiprofen sodium 88
fluticasone propion-salmeterol 82
fluticasone propionate 55, 82, 88
fluvastatin 51
fluvoxamine 114
folivane-ob 165
fondaparinux 124
fosamprenavir 119
fosfomycin tromethamine 96
fosinopril 53
fosinopril-hydrochlorothiazide 53
fosphenytoin 109
FOTIVDA 18
FRUZAQLA 18
fulvestrant 18
furosemide 52
FUZEON 119
FYARRO 18

G

gabapentin 109
galantamine 30
gallifrey 65
GAMUNEX-C 67
GARDASIL 9 (PF) 72
GAUZE BANDAGE 149
GAUZE PAD 140
gavilyte-c 60
gavilyte-g 60
gavilyte-n 60
GAVRETO 18
gefitinib 18
gemfibrozil 51
generlac 59
gengraf 67
gentamicin 57, 86, 95
gentamicin sulfate (ped) (pf) 95
GENVOYA 119
GILOTRIF 18
glatiramer 78
glatopa 78
glimepiride 34
glipizide 34
glipizide-metformin 34, 35
glucagon emergency kit (human) 90
glutamine (sickle cell) 90

glyburide 35
glyburide micronized 35
glyburide-metformin 35
glycopyrrolate 59
glydo 94
GLYXAMBI 30
GOMEKLI 19
griseofulvin microsize 116
griseofulvin ultramicrosize 116
guanfacine 46, 78
GVOKE 90
GVOKE HYPOPEN 2-PACK 90
GVOKE PFS 1-PACK SYRINGE ... 90

H

HADLIMA 67
HADLIMA PUSHTOUCH 67
HADLIMA(CF) 68
HADLIMA(CF) PUSHTOUCH 68
HAEGARDA 125
hailey 24 fe 103
hailey fe 1.5/30 (28) 103
hailey fe 1/20 (28) 103
halobetasol propionate 55
haloette 103
haloperidol 41
haloperidol decanoate 41
haloperidol lactate 41
HARVONI 122
HAVRIX (PF) 72
HEALTHWISE INSULIN SYRINGE 140, 141
HEALTHWISE PEN NEEDLE 141
HEALTHY ACCENTS UNIFINE PENTIP 141
heather 103
heparin (porcine) 124
HEPLISAV-B (PF) 72
HERCEPTIN HYLECTA 19
HERNEXEOS 19
HIBERIX (PF) 73
HUMIRA 68
HUMIRA PEN 68
HUMIRA(CF) 68
HUMIRA(CF) PEDI CROHNS STARTER 68
HUMIRA(CF) PEN 68
HUMIRA(CF) PEN CROHNS-UC-HS 68
HUMIRA(CF) PEN PEDIATRIC UC 68
HUMIRA(CF) PEN PSOR-UV-ADOL HS 68
HUMULIN R U-500 (CONC) INSULIN 33
HUMULIN R U-500 (CONC) KWIKPEN 33
hydralazine 48
hydrochlorothiazide 52
hydrocodone-acetaminophen 93
hydrocortisone 56, 63, 85
hydrocortisone valerate 56
hydrocortisone-acetic acid 86
hydromorphone 93
hydroxychloroquine 37
hydroxyurea 19
hydroxyzine hcl 117
hydroxyzine pamoate 90
HYRNUO 19

I

ibandronate 85
IBRANCE 19
IBTROZI 19
ibu 92
ibuprofen 92
icatibant 48
iclevia 103
ICLUSIG 19
icosapent ethyl 51
IDHIFA 19
IDVYNSO 119
ifosfamide 19
ILEVRO 88
imatinib 19
IMBRUVICA 19
IMDELLTRA 19
imipenem-cilastatin 96
imipramine hcl 114
imiquimod 57
IMJUDO 19
IMKELDI 19
IMOVAX RABIES VACCINE (PF) 73
IMPAVIDO 37
incassia 103
INCONTROL ALCOHOL PADS 141
INCONTROL PEN NEEDLE 141
INCRELEX 64
indapamide 52
indomethacin 92
INFANRIX (DTAP) (PF) 73
infliximab 68
INGREZZA 78
INGREZZA INITIATION PK(TARDIV) 78
INGREZZA SPRINKLE 78
INLEXZO 20
INLURIYO 20
INLYTA 20
INPEN (FOR HUMALOG) BLUE 141
INPEN (FOR HUMALOG) GREY 141
INPEN (FOR HUMALOG) PINK 141
INPEN (NOVOLOG OR FIASP) BLUE 142
INPEN (NOVOLOG OR FIASP) GREY 142
INPEN (NOVOLOG OR FIASP) PINK 142
INQOVI 20
INREBIC 20
insulin asp prt-insulin aspart ... 33
insulin aspart u-100 33
insulin glargine-yfgn 33
insulin lispro 33
INSULIN SYR/NDL U100 HALF MARK 142
INSULIN SYRINGE MICROFINE 127
INSULIN SYRINGE-NEEDLE U-100 ..140, 142, 143, 149, 152
INSULIN U-500 SYRINGE-NEEDLE 143
INSUPEN PEN NEEDLE 143
INTELENCE 119
introvale 103
INVEGA HAFYERA 42
INVEGA SUSTENNA 42
INVEGA TRINZA 42
INVELTYS 88
IPOL 73
ipratropium bromide 83, 89
ipratropium-albuterol 83
irbesartan 49
irbesartan-hydrochlorothiazide 49
ISENTRESS 120
ISENTRESS HD 119
isibloom 103
isoniazid 118

isosorbide dinitrate 54
isosorbide mononitrate 54
ITOVEBI 20
itraconazole 116
IV PREP WIPES 143
ivabradine 48
ivermectin 37
IWILFIN 20
IXIARO (PF) 73

J

JAKAFI 20
JAKAFI XR 20
jantoven 124
JANUMET XR 30
JARDIANCE 31
JASCAYD 80
javygtor 164
JAYPIRCA 20
JEMPERLI 20
jencycla 103
JENTADUETO 31
JENTADUETO XR 31
jolessa 103
juleber 103
JULUCA 120
junel 1.5/30 (21) 103
junel 1/20 (21) 103
junel fe 1.5/30 (28) 103
junel fe 1/20 (28) 103
junel fe 24 103
JYLAMVO 20
JYNARQUE 52
JYNNEOS (PF) 73

K

KALETRA 120
KALYDECO 80
kariva (28) 103
kelnor 1/35 (28) 103
kelnor 1/50 (28) 103
KERENDIA 54
KESIMPTA PEN 79
ketoconazole 116
ketorolac 88, 92
KEYTRUDA 20
KEYTRUDA QLEX 20
KIMMTRAK 20
KINERET 68
KINRIX (PF) 73
kionex 59
KISQALI 20, 21
KISQALI FEMARA CO-PACK 20, 21
KLISYRI (250 MG) 57
klor-con m10 163
klor-con m15 163
klor-con m20 163
KLOXXADO 84
KOMZIFTI 21
KOSELUGO 21
kosher prenatal plus iron 165
KRAZATI 21
kurvelo (28) 104
KYLEENA 104

L

labetalol 46
lacosamide 109
lactulose 59
lamivudine 120
lamivudine-zidovudine 120
lamotrigine 109
lanreotide 64
lansoprazole 58
LANTUS SOLOSTAR U-100 INSULIN 33
LANTUS U-100 INSULIN 33
lapatinib 21
larin 1.5/30 (21) 104
larin 1/20 (21) 104
larin 24 fe 104
larin fe 1.5/30 (28) 104
larin fe 1/20 (28) 104
latanoprost 76
LAZCLUZE 21
leflunomide 68
lenalidomide 21
LENTOCILIN S (WITH LIDOCAINE) 99
LENVIMA 21
lessina 104
letrozole 21
leucovorin calcium 90
LEUKERAN 21
leuprolide 21
leuprolide acetate (3 month) ... 21
levetiracetam 109, 110
levobunolol 76
levocetirizine 117
levofloxacin 100
levofloxacin in d5w 100
levonest (28) 104
levonorg-eth estrad triphasic 104
levonorgest-eth.estradiol-iron 104
levonorgestrel-ethinyl estrad 104
levora-28 104
levothyroxine 61
LEXIVA 120
LIBERVANT 110
lidocaine 94
lidocaine hcl 94
lidocaine-prilocaine 94
lidocan iii 94
LIFYORLI 22
LILETTA 104
linezolid 96
linezolid in dextrose 5% 96
LINZESS 59
liomny 61
liothyronine 61
LISCO 143
lisinopril 53
lisinopril-hydrochlorothiazide 53
LITE TOUCH INSULIN PEN NEEDLES 143, 144
LITE TOUCH INSULIN SYRINGE 143, 144
lithium carbonate 79
lithium citrate 79
LIVTENCITY 122
LOKELMA 59
lomustine 22
LONSURF 22
loperamide 59
lopinavir-ritonavir 120
LOQTORZI 22
lorazepam 13
lorazepam intensol 13
LORBRENA 22
losartan 49
losartan-hydrochlorothiazide .. 49
LOTEMAX 88
LOTEMAX SM 88
loteprednol etabonate 88
lovastatin 51
low-ogestrel (28) 104
loxapine succinate 42
lubiprostone 59

luizza 104
LUMAKRAS 22
LUMIGAN 76
LUNSUMIO 22
LUNSUMIO VELO 22
LUPRON DEPOT 22, 64
LUPRON DEPOT (3 MONTH) 22, 64
LUPRON DEPOT (4 MONTH) 22
LUPRON DEPOT (6 MONTH) 22
LUPRON DEPOT-PED 64
LUPRON DEPOT-PED (3 MONTH) 64
lurasidone 42
lutera (28) 104
LUTRATE DEPOT (3 MONTH) 23
LYBALVI 42
lyleq 105
LYNOZYFIC 23
LYNPARZA 23
LYSODREN 23
LYTGOBI 23
lyza 105

M

M-M-R II (PF) 73
m-natal plus 165
macitentan 90
MAGELLAN INSULIN SAFETY SYRNG 144
MAGELLAN SYRINGE 144
magnesium sulfate 163
malathion 58
maraviroc 120
MARGENZA 23
marlissa (28) 105
marnatal-f 165
MARPLAN 114
MATULANE 23
MAXI-COMFORT INSULIN SYRINGE 144, 145
MAXICOMFORT II PEN NEEDLE 144
MAXICOMFORT INSULIN SYRINGE 144, 145
MAXICOMFORT SAFETY PEN NEEDLE 145
MAYZENT 79
MAYZENT STARTER(FOR 1MG MAINT) 79
MAYZENT STARTER(FOR 2MG MAINT) 79
meclizine 36
medroxyprogesterone 65
mefloquine 38
megestrol 23, 65
MEKINIST 23
MEKTOVI 23
meleya 105
meloxicam 92
memantine 30
MENACTRA (PF) 73
MENQUADFI (PF) 73
MENVEO A-C-Y-W-135-DIP (PF) 73
mercaptopurine 23
meropenem 96
mesalamine 85
mesna 90
metformin 31
methadone 93
methazolamide 76
methenamine hippurate 96
methimazole 61
methocarbamol 165
methotrexate sodium 23
methotrexate sodium (pf) 23
methoxsalen 57
methsuximide 110
methylphenidate hcl 79
methylprednisolone 63
methylprednisolone acetate 63
metoclopramide hcl 59
metolazone 52
metoprolol succinate 46
metoprolol ta-hydrochlorothiaz 47
metoprolol tartrate 47
metronidazole 57, 96, 117
metronidazole in nacl (iso-os) 96
metyrosine 48
micafungin 116
miconazole-3 116
MICRODOT INSULIN PEN NEEDLE 145
MICRODOT READYGARD PEN NEEDLE 145
microgestin 1.5/30 (21) 105
microgestin 1/20 (21) 105
microgestin fe 1.5/30 (28) 105
microgestin fe 1/20 (28) 105
midodrine 46
MIEBO (PF) 89
mifepristone 31
mili 105
mimvey 63
MINI ULTRA-THIN II 145
minocycline 101
minoxidil 54
MIPLYFFA 123
MIRENA 105
mirtazapine 114
misoprostol 58
mitoxantrone 23
modafinil 89
MODEYSO 23
moexipril 53
molindone 42
mometasone 56, 88
mono-linyah 105
MONOJECT INSULIN SAFETY SYRING 146
MONOJECT INSULIN SYRINGE 145, 146
MONOJECT SYRINGE 145
MONOJECT ULTRA COMFORT INSULIN 157
montelukast 82
morphine 93, 94
MORPHINE 93
morphine concentrate 93
MOUNJARO 31
MOVANTIK 59
moxifloxacin 86, 100
moxifloxacin-sod.ace.sul-water 100
moxifloxacin-sod.chloride(iso) 100
MRESVIA (PF) 73
MULTAQ 46
mupirocin 57
mycophenolate mofetil 68
mycophenolate mofetil (hcl) 68
mycophenolate sodium 69
mynatal 165
mynatal advance 165
mynatal plus 166
mynatal-z 166
mynate 90 plus 166
MYRBETRIQ 61

N

nabumetone 92
nafcillin 99
naloxone 84
naltrexone 84
NANO 2ND GEN PEN NEEDLE 146
NANO PEN NEEDLE 146
naproxen 92
naratriptan 35
NATACYN 86
nateglinide 31
NAYZILAM 110
nebivolol 47
nefazodone 114
neo-polycin 87
neo-polycin hc 87
neomycin 95
neomycin-bacitracin-poly-hc ... 86
neomycin-bacitracin-polymyxin 86
neomycin-polymyxin b-dexameth 86
neomycin-polymyxin-gramicidin 86
neomycin-polymyxin-hc 86
NERLYNX 23
nevirapine 120
newgen 166
NEXLETOL 51
NEXLIZET 51
NEXPLANON 105
niacin 51
NICOTROL NS 84
nifedipine 50
NIKTIMVO 69
nilotinib hcl 24
nilutamide 24
NINLARO 24
nintedanib 80
nitazoxanide 38
nitisinone 164
nitrofurantoin macrocrystal 96
nitrofurantoin monohyd/m-cryst 96
nitroglycerin 54, 90
NIVESTYM 125
NORDITROPIN FLEXPRO 64
norelgestromin-ethin.estradiol 105
norethindrone (contraceptive) 105
norethindrone acetate 65
norethindrone-e.estradiol-iron 105
norgestimate-ethinyl estradiol 105, 106
nortrel 1/35 (21) 106
nortrel 1/35 (28) 106
nortrel 7/7/7 (28) 106
nortriptyline 114
NORVIR 120
NOVOFINE 32 146
NOVOFINE AUTOCOVER 146
NOVOFINE PLUS 146
NOVOLIN 70-30 FLEXPEN U-100 33
NOVOLIN 70/30 U-100 INSULIN 33
NOVOLIN N FLEXPEN 33
NOVOLIN N NPH U-100 INSULIN 33
NOVOLIN R FLEXPEN 33
NOVOLIN R REGULAR U100 INSULIN 34
NOVOLOG FLEXPEN U-100 INSULIN 34
NOVOLOG MIX 70-30 U-100 INSULN 34
NOVOLOG MIX 70-30FLEXPEN U-100 34
NOVOLOG PENFILL U-100 INSULIN 34
NOVOLOG U-100 INSULIN ASPART 34
NUBEQA 24
NUCALA 80
NULOJIX 69
NUPLAZID 42
NURTEC ODT 35
nyamyc 117
nylia 1/35 (28) 106
nylia 7/7/7 (28) 106
nymyo 106
nystatin 117
nystatin-triamcinolone 117
nystop 117
NYVEPRIA 125

O

obstetrix dha 166
obstetrix dha prenatal duo 166
octreotide acetate 64
ODEFSEY 120
ODOMZO 24
ofloxacin 87
OGIVRI 24
OGSIVEO 24
OJEMDA 24
OJJAARA 24
olanzapine 42, 43
olmesartan 49
olmesartan-amlodipin-hcthiazid 49
olmesartan-hydrochlorothiazide 49
olopatadine 89
omega-3 acid ethyl esters 51
omeprazole 58
OMNIPOD 5 (LIBRE 2/3 PLUS) 146
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 146
OMNIPOD 5 G6-G7 PODS (GEN 5) 146
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 146
OMNIPOD CLASSIC PODS (GEN 3) 147
OMNIPOD DASH INTRO KIT (GEN 4) 147
OMNIPOD DASH PDM KIT (GEN 4) 147
OMNIPOD DASH PODS (GEN 4) 147
ONAPGO 38
ondansetron 37
ondansetron hcl 36
ONUREG 24
OPDIVO 24
OPDIVO QVANTIG 24
OPDUALAG 24
OPIPZA 43
ORENCIA 69
ORENCIA (WITH MALTOSE) 69
ORENCIA CLICKJECT 69
ORFADIN 164
ORGOVYX 64
ORILISSA 65
ORKAMBI 80
orquidea 106
ORSERDU 24
oseltamivir 122
OSENVELT 85

OTEZLA 69
OTEZLA STARTER 69
OTEZLA XR 69
OTEZLA XR INITIATION 69
oxcarbazepine 110
oxybutynin chloride 61
oxycodone 94
oxycodone-acetaminophen 94
OZEMPIC 31

P

pacerone 46
paclitaxel protein-bound 24
paliperidone 43
PANRETIN 57
pantoprazole 58
paricalcitol 85
paroxetine hcl 114, 115
PAXLOVID 122
pazopanib 24, 25
PEDIARIX (PF) 73
PEDVAX HIB (PF) 73
peg 3350-electrolytes 60
peg-electrolyte soln 60
PEGASYS 123
PEMAZYRE 25
pemetrexed disodium 25
PEMRYDI RTU 25
PEN NEEDLE 147
PEN NEEDLE, DIABETIC .. 131, 140 145, 147 149
PEN NEEDLE, DIABETIC, SAFETY 150
PENBRAYA (PF) 73
PENBRAYA MENACWY COMPONENT(PF) 73
PENBRAYA MENB COMPONENT (PF) 73
penicillamine 95
penicillin g potassium 99
penicillin v potassium 99
PENMENVY MEN A-B-C-W-Y (PF) 74
PENMENVY MENACWY COMPONENT(PF) 74
PENMENVY MENB COMPONENT (PF) 74
PENTACEL (PF) 74
pentamidine 38
PENTIPS PEN NEEDLE 147
pentoxifylline 125
perampanel 110
perindopril erbumine 53
periogard 54
permethrin 58
perphenazine 43
perphenazine-amitriptyline ... 115
PERSERIS 43
phenelzine 115
phenobarbital 110
phenytek 110
phenytoin 110
phenytoin sodium 110
phenytoin sodium extended 110
PIFELTRO 120
pilocarpine hcl 54, 76
pimecrolimus 56
pimozide 43
pimtrea (28) 106
pioglitazone 31
pioglitazone-metformin 31
PIP PEN NEEDLE 147
piperacillin-tazobactam 99
PIQRAY 25
pirfenidone 80
pitavastatin calcium 51
PLEGRIDY 79
pnv-dha + docusate 166
pnv-omega 166
podofilox 57
polycin 87
polymyxin b sulf-trimethoprim 87
pomalidomide 25
POMALYST 25
portia 28 106
posaconazole 117
potassium chloride 163, 164
potassium citrate 164
pr natal 400 166
pr natal 400 ec 166
pr natal 430 166
pr natal 430 ec 166
pramipexole 39
prasugrel hcl 125
pravastatin 51
praziquantel 38
prazosin 46
prednisolone 63
prednisolone acetate 88
prednisolone sodium phosphate 63
prednisone 63, 64
pregabalin 111
PREMARIN 63
PREMPHASE 63
PREMPRO 63
prenaissance 166
prenaissance plus 166
prenatabs fa 166
prenatal 19 166
prenatal 19 (with docusate) ... 166
prenatal plus 166
prenatal plus (calcium carb) .. 166
prenatal vitamin plus low iron 166
prenatal-u 166
prevalite 51
PREVENT DROPSAFE PEN NEEDLE 148
PREVYMIS 123
PREZCOBIX 120
PREZISTA 120
PRIFTIN 118
PRIMAQUINE 38
primidone 111
PRIORIX (PF) 74
PRO COMFORT ALCOHOL PADS 148
PRO COMFORT INSULIN SYRINGE 148
PRO COMFORT PEN NEEDLE 148
PRO-COMFORT ALCOHOL PADS 148
probenecid 35
probenecid-colchicine 35
prochlorperazine 37
prochlorperazine edisylate 37
prochlorperazine maleate 37
procto-med hc 56
proctosol hc 56
proctozone-hc 56
PRODIGY INSULIN SYRINGE ... 148
progesterone micronized 65
PROGRAF 69
PROLASTIN-C 81
promethazine 37
promethegan 37
propafenone 46
propranolol 47
propylthiouracil 61

PROQUAD (PF) 74
protriptyline 115
PULMOZYME 164
PURE COMFORT ALCOHOL PADS 148
PURE COMFORT PEN NEEDLE 148, 149
PURE COMFORT SAFETY PEN NEEDLE 148
pyrazinamide 118
pyridostigmine bromide 90
pyrimethamine 38

Q

QINLOCK 25
QUADRACEL (PF) 74
quetiapine 43
quinapril 53
quinapril-hydrochlorothiazide 53
quinidine sulfate 46
quinine sulfate 38
QULIPTA 36

R

r-natal ob 166
RABAVERT (PF) 74
rabeprazole 58
RALDESY 115
raloxifene 63
ramipril 53
ranolazine 48
rasagiline 39
RASUVO (PF) 69
RAYALDEE 85
reclipsen (28) 106
RECOMBIVAX HB (PF) 74
RELENZA DISKHALER 123
repaglinide 31
REPATHA PUSHTRONEX 51
REPATHA SURECLICK 51
REPATHA SYRINGE 51
RETACRIT 125
RETEVMO 25
RETROVIR 121
REVCOVI 164
REVUFORJ 25
REXULTI 43
REYATAZ 121
REZDIFFRA 61
REZLIDHIA 25
REZUROCK 69
RHOPRESSA 76
ribavirin 123
rifabutin 118
rifampin 118
rilpivirine 121
rilpivirine hcl 121
riluzole 79
RINVOQ 69
RINVOQ LQ 69
risperidone 43, 44
risperidone microspheres 43
ritonavir 121
RITUXAN HYCELA 25
rivaroxaban 124
rivastigmine 30
rivastigmine tartrate 30
rizatriptan 36
ROCKLATAN 76
roflumilast 81
ROMVIMZA 25
ropinirole 39
rosadan 57
rosuvastatin 51
ROTARIX 74
ROTATEQ VACCINE 74
ROZLYTREK 25, 26
RUBRACA 26
rufinamide 111
RUKOBIA 121
RYBELSUS 32
RYBREVANT 26
RYBREVANT FASPRO 26
RYDAPT 26
RYKINDO 44
RYTELO 26

S

sacubitril-valsartan 49
SAFESNAP INSULIN SYRINGE 149
SAFETY PEN NEEDLE 150
SANTYL 57
sapropterin 164
SCEMBLIX 26
scopolamine base 37
se-natal 19 chewable 167
SECUADO 44
SECURESAFE INSULIN SYRINGE 150
SECURESAFE PEN NEEDLE 150
SELARSDI 69, 70
select-ob 166
select-ob (folic acid) 166
selegiline hcl 39
selenium sulfide 57
SELZENTRY 121
SEREVENT DISKUS 83
SEROSTIM 65
sertraline 115
setlakin 106
sevelamer carbonate 60
sevelamer hcl 60
SEZABY 111
sf 5000 plus 54
sharobel 106
SHINGRIX (PF) 74, 75
SIGNIFOR 65
sildenafil 91
sildenafil (pulm.hypertension) 91
silver sulfadiazine 57
SIMBRINZA 77
simliya (28) 106
SIMPLI PEN NEEDLE 140
simvastatin 52
sirolimus 70
SIRTURO 118
sitagliptin phos-metformin 32
sitagliptin phosphate 32
SKY SAFETY PEN NEEDLE 150
SKYLA 106
SKYRIZI 57, 70
sodium chloride 0.45 % 164
sodium chloride 0.9 % 164
sodium fluoride-pot nitrate 54
sodium oxybate 89
sodium polystyrene sulfonate 59
sodium,potassium,mag sulfates 60
solifenacin 61
SOLIQUA 100/33 34
SOLTAMOX 26
SOMATULINE DEPOT 65
SOMAVERT 65
sorafenib 26
sorine 47
sotalol 47
sotalol af 47

SPIRIVA RESPIMAT 83
spironolacton-hydrochlorothiaz 52
spironolactone 52
SPRAVATO 115
sprintec (28) 106
SPRITAM 111
sps (with sorbitol) 60
sronyx 106
ssd 57
stavudine 121
STERILE PADS 140
STIOLTO RESPIMAT 83
STIVARGA 26
STOBOCLO 85
STRENSIQ 164
streptomycin 95
STRIBILD 121
STRIVERDI RESPIMAT 83
SUBVENITE 111
subvenite 111
sucralfate 58
sulfacetamide sodium 87
sulfacetamide-prednisolone 87
sulfadiazine 100
sulfamethoxazole-trimethoprim 100
sulfasalazine 85
sulindac 92
sumatriptan 36
sumatriptan succinate 36
sunitinib malate 26
SUNLENCA 121
SURE COMFORT ALCOHOL PREP PADS 150
SURE COMFORT INS. SYR. U-100 150
SURE COMFORT INSULIN SYRINGE 150, 151
SURE COMFORT PEN NEEDLE 150, 151
SURE COMFORT SAFETY PEN NEEDLE 150
SURE-FINE PEN NEEDLES 151
SURE-JECT INSULIN SYRINGE 151
SURE-PREP ALCOHOL PREP PADS 151
SYMPAZAN 111
SYMTUZA 121
SYNJARDY 32
SYNJARDY XR 32
SYNRIBO 26
SYRINGE WITH NEEDLE, SAFETY 150

T

TABLOID 26
TABRECTA 26
tacrolimus 56, 70
tadalafil 91
TAFINLAR 26
TAGRISSO 26
TALVEY 26
TALZENNA 27
tamoxifen 27
tamsulosin 61
tarina 24 fe 106
tarina fe 1-20 eq (28) 106
taron-c dha 167
taron-prex prenatal-dha 167
TAVNEOS 70
tazarotene 58
tazicef 97
taztia xt 47
TDVAX 75
TECHLITE INSULIN SYRINGE .. 152
TECHLITE INSULN SYR(HALF UNIT) 151, 152
TECHLITE PEN NEEDLE 152
TECHLITE PLUS PEN NEEDLE 152
TECVAYLI 27
telmisartan 49
telmisartan-hydrochlorothiazid 49
temazepam 13, 14
TENIVAC (PF) 75
tenofovir disoproxil fumarate 121
TEPMETKO 27
terazosin 61
terbinafine hcl 117
terconazole 117, 118
teriparatide 85
TERUMO INSULIN SYRINGE 152, 153
testosterone 62
testosterone cypionate 62
testosterone enanthate 62
tetrabenazine 79
tetracycline 101
TEVIMBRA 27
THALOMID 90
theophylline 83
THINPRO INSULIN SYRINGE ... 153
thioridazine 44
thiothixene 44
tiadylt er 47
tiagabine 111
TIBSOVO 27
ticagrelor 125
TICE BCG 27
TICOVAC 75
tigecycline 101
tilia fe 106
timolol 77
timolol maleate 47, 77
tinidazole 38
tiotropium bromide 83
TIVDAK 27
TIVICAY 121
TIVICAY PD 121
tizanidine 165
TOBI PODHALER 95
tobramycin 87
tobramycin in 0.225 % nacl 95
tobramycin sulfate 95
tobramycin-dexamethasone ... 87
tobramycin-lotepred 87
tofacitinib 70
tolterodine 61
tolvaptan (polycys kidney dis) .. 52
TOPFINE INSULIN PEN NEEDLE 153
topiramate 111
toremifene 27
torpenz 27
torsemide 52
TOUJEO MAX U-300 SOLOSTAR 34
TOUJEO SOLOSTAR U-300 INSULIN 34
TRADJENTA 32
tramadol 94
tramadol-acetaminophen 94
trandolapril 53
tranexamic acid 123
tranylcypromine 115
travoprost 77
trazodone 115
TRECATOR 118
TRELEGY ELLIPTA 83

TRELSTAR 27
TREMFYA 70, 71
TREMFYA ONE-PRESS 70
TREMFYA PEN 70
TREMFYA PEN INDUCTION PK(2PEN) 70
tretinoin 58
tretinoin (antineoplastic) 27
tri-estarylla 106
tri-legest fe 106
tri-linyah 107
tri-lo-estarylla 107
tri-lo-marzia 107
tri-lo-mili 107
tri-lo-sprintec 107
tri-mili 107
tri-nymyo 107
tri-sprintec (28) 107
tri-vylibra 107
tri-vylibra lo 107
triamcinol ac (pf) in 0.9%nacl ...56
triamcinolone acetonide 54, 56, 64
triamterene-hydrochlorothiazid 52
tridacaine iii 94
trientine 95
trifluoperazine 44
trifluridine 87
trihexyphenidyl 39
TRIJARDY XR 32
TRIKAFTA 81
trimethoprim 96
trimipramine 115
TRINTELLIX 115
TRIUMEQ 121
TRIUMEQ PD 121
trivora (28) 107
TRIZIVIR 121
TROGARZO 121
trospium 61
TRUE COMFORT ALCOHOL PADS 154
TRUE COMFORT INSULIN SYRINGE 153, 154
TRUE COMFORT PEN NEEDLE 154
TRUE COMFORT PRO ALCOHOL PADS 154
TRUE COMFORT PRO INS SYRINGE 153, 154
TRUE COMFORT SAFE INSULIN SYRG 153, 154
TRUE COMFORT SAFETY PEN NEEDLE 153
TRUE-COMFORT PRO PEN NEEDLE 154, 155
TRUEPLUS INSULIN 155
TRUEPLUS PEN NEEDLE 155
TRULANCE 60
TRULICITY 32
TRUMENBA 75
TRUQAP 27
TRUXIMA 27
TUKYSA 27
TURALIO 27
turqoz (28) 107
TWINRIX (PF) 75
tyblume 107
TYBOST 90
TYENNE 71
TYENNE AUTOINJECTOR 71
TYMLOS 85
TYPHIM VI 75

U

UBRELVY 36
UDENYCA ONBODY 126
ULTICARE 156
ULTICARE INSULIN SYRINGE 155, 156
ULTICARE INSULN SYR(HALF UNIT) 155
ULTICARE PEN NEEDLE 156
ULTICARE SAFETY PEN NEEDLE 156
ULTIGUARD SAFEPACK-INSULIN SYR 156, 157
ULTIGUARD SAFEPACK-PEN NEEDLE 156, 157
ULTILET ALCOHOL SWAB 157
ULTILET INSULIN SYRINGE 142, 157
ULTILET PEN NEEDLE 157
ULTRA CMFT INS SYR (HALF UNIT) 140, 155
ULTRA COMFORT INSULIN SYRINGE 140, 157, 158
ULTRA FLO INSUL SYR(HALF UNIT) 158
ULTRA FLO INSULIN SYRINGE 158
ULTRA FLO PEN NEEDLE 158
ULTRA THIN PEN NEEDLE 158
ULTRA-FINE INS SYR (HALF UNIT) 159
ULTRA-FINE INSULIN SYRINGE 159, 160
ULTRA-FINE PEN NEEDLE 159
ULTRA-THIN II (SHORT) INS SYR 160
ULTRA-THIN II (SHORT) PEN NDL 160
ULTRA-THIN II INS PEN NEEDLES 160
ULTRA-THIN II INSULIN SYRINGE 160
ULTRACARE INSULIN SYRINGE 158, 159
ULTRACARE PEN NEEDLE 159
UNIFINE OTC PEN NEEDLE 160
UNIFINE PENTIPS 160, 161
UNIFINE PENTIPS MAXFLOW 161
UNIFINE PENTIPS PLUS .. 161, 163
UNIFINE PENTIPS PLUS MAXFLOW 161
UNIFINE PROTECT 161
UNIFINE SAFECONTROL PEN NEEDLE 161
UNIFINE ULTRA PEN NEEDLE 161, 162
UPTRAVI 91
ursodiol 60
ustekinumab-aauz 71
UZEDY 44

V

V-GO 20 163
V-GO 30 163
V-GO 40 163
valacyclovir 123
VALCHLOR 57
valganciclovir 123
valproate sodium 111
valproic acid 111
valproic acid (as sodium salt) 111
valsartan 49
valsartan-hydrochlorothiazide 49
VALTOCO 112
valtya 107
vancomycin 96
VANFLYTA 27
VANISHPOINT INSULIN SYRINGE 162
VANISHPOINT SYRINGE 162
VAQTA (PF) 75

varenicline tartrate 84
VARIVAX (PF) 75
VAXCHORA VACCINE 75
VELTASSA 60
VEMLIDY 121
VENCLEXTA 27, 28
VENCLEXTA STARTING PACK 28
venlafaxine 115
VEOZAH 90
verapamil 48
VERIFINE INSULIN SYRINGE 162, 163
VERIFINE PEN NEEDLE 162
VERIFINE PLUS PEN NEEDLE .. 162
VERIFINE PLUS PEN NEEDLE-SHARP 162
VERQUVO 48
VERSACLOZ 44
VERSALON 163
VERZENIO 28
vienva 107
vigabatrin 112
vigadrone 112
vigpoder 112
vilazodone 115
VIMKUNYA 75
vinorelbine 28
viorele (28) 107
VIRACEPT 122
VIREAD 122
virt-pn dha 167
vitafol gummies 167
vitafol-ob+dha 167
VITRAKVI 28
VIVIMUSTA 28
VIVOTIF 75
VIZIMPRO 28
VOCABRIA 122
volnea (28) 107
VONJO 28
VOQUEZNA 59
VORANIGO 28
voriconazole 117
VOSEVI 122
VOWST 90
vp-ch-pnv 167
VRAYLAR 44
VUMERITY 79
VYALEV 39
vylibra 107
VYLOY 28
VYNDAMAX 48
VYZULTA 77

W

warfarin 124
WEBCOL 163
WELIREG 28
WINREVAIR 81
wixela inhub 82

X

XALKORI 28
xarah fe 107
XARELTO 124
XARELTO DVT-PE TREAT 30D START 124
XATMEP 28
XCOPRI 112
XCOPRI MAINTENANCE PACK 112
XCOPRI TITRATION PACK 112
XDEMVY 87
XERMELO 60
XIFAXAN 96
XIGDUO XR 32
XIIDRA 88
XOLAIR 81
XOSPATA 28
XPOVIO 28, 29
XTANDI 29
xulane 107
XULTOPHY 100/3.6 34

Y

YERVOY 29
YESINTEK 71
YF-VAX (PF) 76
YONSA 29
YUFLYMA(CF) 71
YUFLYMA(CF) AI CROHN'S-UC-HS 71
YUFLYMA(CF) AUTOINJECTOR .. 71
yulithira 29
YUTREPIA 91
yuvafem 63

Z

zafemy 107
zafirlukast 82
zaleplon 89
zatean-pn dha 167
zatean-pn plus 167
ZEJULA 29
ZELBORAF 29
zenatane 57
ZENPEP 165
zidovudine 122
ZIIHERA 29
zingiber 167
ziprasidone hcl 44
ziprasidone mesylate 45
ZIRABEV 29
ZIRGAN 87
ZOLADEX 29
ZOLINZA 29
zolpidem 89
ZONISADE 112
zonisamide 112
zovia 1-35 (28) 107
ZTALMY 112
ZTLIDO 94
ZURZUVAE 115
ZYDELIG 29
ZYKADIA 29
ZYNLONTA 29
ZYNYZ 29
ZYPREXA RELPREVV 45

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 01/09/2026. 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 1º de octubre hasta el 31 de marzo, y de lunes a viernes de 8:00 a.m. a 8:00 p.m. desde el 1º de abril hasta el 30 de septiembre, o visite www.imperialhealthplan.com.