ATRIO™
HEALTH PLANS

# Formulario Completo 2026

# Oregon

***Condados de Douglas y Klamath***

## ATRIO Special Needs Plans (HMO D-SNP)

**1 de enero de 2026 - 31 de diciembre de 2026**

ATRIO
HEALTH PLANS

## ATRIO Special Needs Plan (HMO D-SNP)

# Formulario 2026
# (Lista de medicamentos cubiertos)

### POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Presentación de archivo de formulario aprobado por HPMS 26333, número de versión 17

Este formulario se actualizó el 10/30/2026

**Aviso importante sobre lo que paga por las vacunas:** Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno, incluso si no ha pagado su deducible. Llame a Servicios para Miembros para obtener más información. **Aviso importante sobre lo que paga por la insulina (Parte D):** No pagará más de $35 por un suministro de un mes de cada insulina cubierta por nuestro plan, independientemente del nivel de costo compartido, incluso si no ha pagado su deducible.

Para obtener información más reciente o si tiene alguna pregunta, comuníquese con el Servicio de Atención al Cliente de ATRIO Health Plans al **1-877-672-8620** (TTY 711), todos los días de 8:00 a. m. a 8:00 p. m., hora local, o visite **https://atriohp.com/oregon/members/find-a-drug/. Nota para los miembros actuales:** Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando esta Lista de Medicamentos (Formulario) se refiere a "nosotros", "nos" o "nuestro", se refiere a ATRIO Health Plans. Cuando se refiere a "plan" o "nuestro plan", se refiere a ATRIO Special Needs Plan (HMO D-SNP).

Este documento incluye la Lista de Medicamentos (formulario) de nuestro plan, vigente al 11/01/2026.Para obtener una Lista de Medicamentos actualizada, contáctenos. Nuestra información de contacto, junto con la fecha de la última actualización, aparece en la portada y la contraportada.

Por lo general, debe usar farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coaseguros pueden cambiar el 1 de enero de 2026 y ocasionalmente durante el año.

Para obtener información más reciente o si tiene otras preguntas, comuníquese con ATRIO Health Plans al **1-877-672-8620** (TTY 711), todos los días de 8 a. m. a 8 p. m., hora local, o visite **atriohp.com**.

## ¿Qué es el formulario de Planes de Salud ATRIO?

En este documento, los términos "Lista de Medicamentos" y "Formulario" se utilizan con el mismo significado. Un formulario es una lista de medicamentos cubiertos, seleccionados por ATRIO Health Plans en consulta con un equipo de profesionales de la salud, que representa las terapias recetadas que se consideran necesarias para un programa de tratamiento de calidad. ATRIO Health Plans generalmente cubrirá los medicamentos incluidos en nuestro formulario siempre que sean médicamente necesarios, se surtan en una farmacia de la red de ATRIO Health Plans y se cumplan las demás normas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su *Evidencia de Cobertura*.

## ¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos se realizan el 1 de enero, pero podríamos agregar o eliminar medicamentos del formulario durante el año, cambiarlos a diferentes niveles de costo compartido o añadir nuevas restricciones. Debemos seguir las normas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web: **https://atriohp.com/oregon/members/find-a-drug/.**

Cambios que pueden afectarle este año: En los siguientes casos, se verá afectado por cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una nueva versión que aparecerá en el mismo nivel de costo compartido o en uno inferior, y con las mismas restricciones o menos. Al agregar una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero trasladarlo inmediatamente a un nivel diferente de costo compartido o agregar nuevas restricciones.

  Solo podemos realizar estos cambios inmediatos si agregamos una nueva versión genérica de un medicamento de marca o ciertas versiones biosimilares nuevas de un producto biológico original que ya estaban en el formulario (por ejemplo, agregar un biosimilar intercambiable que pueda ser sustituido por un producto biológico original en una farmacia sin una nueva receta).

  Si actualmente toma el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero posteriormente le proporcionaremos información sobre los cambios específicos que hayamos realizado. Si realizamos dicho cambio, usted o su médico pueden solicitarnos una excepción y continuar cubriendo el medicamento modificado. Para obtener más información, consulte la sección "¿Cómo solicito una excepción al Formulario de ATRIO Health Plans?".

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

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA) determina que se retira por razones de seguridad o eficacia, podemos retirarlo inmediatamente de nuestro formulario y notificarlo posteriormente a los miembros que lo toman.

- Otros cambios. Podemos realizar otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario, agregar nuevas restricciones al medicamento de marca, trasladarlo a un nivel diferente de costos compartidos, o ambas cosas. También podemos realizar cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, añadimos autorización previa, límites de cantidad o restricciones de terapia escalonada, o trasladamos un medicamento a un nivel superior de costos compartidos, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que entre en vigor. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro para 30 días.
- Si realizamos estos otros cambios, usted o su médico pueden solicitarnos una excepción y continuar cubriendo el medicamento que ha estado tomando. El aviso que le enviemos también incluirá información sobre cómo solicitar una excepción. También puede encontrar información en la sección "¿Cómo solicito una excepción al Formulario de ATRIO Health Plans?".

**Cambios que no le afectarán si actualmente toma el medicamento.** Por lo general, si toma un medicamento de nuestro formulario de 2026 que estaba cubierto a principios de año, no lo suspenderemos ni reduciremos durante el año de cobertura de 2026, excepto como se describe anteriormente. Esto significa que estos medicamentos seguirán disponibles con el mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no recibirá notificación directa sobre los cambios que no le afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios sí le afectarán, y es importante consultar el formulario del nuevo año de beneficios para conocer cualquier cambio en los medicamentos.

El formulario adjunto está vigente al 11/01/2026. Para obtener información actualizada sobre los medicamentos cubiertos por ATRIO Health Plans, contáctenos. Nuestra información de contacto aparece en la portada y la contraportada. ATRIO Health Plans actualizará los formularios mensualmente y proporcionará un documento con los cambios. Esta lista se publicará en **https://atriohp.com/oregon/members/find-a-drug/** o puede enviársela llamando al **1-877-672-8620** (TTY 711), todos los días de 8:00 a. m. a 8:00 p. m., hora local.

## ¿Cómo uso el Formulario?

Hay dos formas de encontrar su medicamento dentro del formulario:

### Condición médica

El formulario comienza en la página 3. Los medicamentos de este formulario se agrupan en categorías según el tipo de afección médica que tratan. Por ejemplo, los medicamentos para tratar una afección cardíaca se enumeran en la categoría "Agentes cardiovasculares". Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento bajo el nombre de la categoría.

### Listado alfabético

Si no está seguro de la categoría en la que debe buscar, debe buscar su medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Diríjase a la página del Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

Los Planes de Salud ATRIO cubren tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA por contener el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos son igual de eficaces y suelen ser más económicos que los de marca. Existen sustitutos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente se pueden sustituir por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

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

En el formulario, cuando nos referimos a medicamentos, podemos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos tradicionales. Dado que los productos biológicos son más complejos que los medicamentos tradicionales, en lugar de tener una forma genérica, existen alternativas llamadas biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden ser más económicos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, según las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los de marca.

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

## ¿Existen restricciones en mi cobertura?

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

- **Autorización previa:** ATRIO Health Plans exige que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de ATRIO Health Plans antes de surtir sus recetas. Si no la obtiene, es posible que ATRIO Health Plans no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, ATRIO Health Plans limita la cantidad que cubre. Por ejemplo, ATRIO Health Plans ofrece 30 por receta de simvastatina. Esto puede ser adicional a un suministro estándar para uno o tres meses.
- Terapia escalonada: En algunos casos, ATRIO Health Plans requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, ATRIO Health Plans podría no cubrir el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le funciona, ATRIO Health Plans cubrirá el medicamento B.
- Revisión de la Parte B frente a la Parte D: algunos medicamentos están cubiertos como parte de su cobertura médica de la Parte B y otros están cubiertos por su cobertura de la Parte D.

Puede consultar el formulario que comienza en la página xx para saber si su medicamento tiene requisitos o límites adicionales. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las portadas y contraportadas.

Puede solicitar a ATRIO Health Plans una excepción a estas restricciones o límites, o una lista de otros medicamentos similares que puedan tratar su afección. Consulte la sección "¿Cómo solicito una excepción al formulario de ATRIO Health Plans?" en la página VI para obtener información sobre cómo solicitar una excepción.

## ¿Qué son los medicamentos de venta libre (OTC)?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. ATRIO Health Plans pays for certain OTC drugs. ATRIO Health Plans will provide these OTC drugs at no cost to you. The cost to ATRIO Health Plans of these OTC drugs will not count toward your total Part D drug costs.

## Medicamentos de venta libre (OTC) cubiertos

ATRIO cubre una cantidad limitada de medicamentos de venta libre según el formulario del plan (que se muestra en la tabla a continuación). Necesitará una receta médica para presentar en la farmacia y así cubrir los medicamentos de venta libre del formulario.

## Medicamentos de venta libre cubiertos

| Nombre genérico | **Nombre de marca**<br>**Sólo para referencia**<br>*(ATRIO solo cubre genéricos* como OTC) | Forma de dosificación |
|---|---|---|
| Cetirizine | (Zyrtec) | Chewable Tablet, Solution, Tablet, Rapid Tablets |
| Cetirizine/Pseudoephedrine | (Zyrtec-D) | 12 Hour Tablet |
| Fexofenadine | (Allegra) | 12 Hour Tablet, 24 Hour Tablet, Tablet Rapids, Suspension |
| Fexofenadine/Pseudoephedrine | (Allegra-D) | 12 Hour Tablet, 24 Hour Tablet |
| Ketotifen | (Zaditor) | Ophthalmic Drops |
| Levocetirizine | (Xyzal) | Tablet |
| Loratadine | (Claritin) | Solution, Tablet, Tablet Rapids, Chewable Tablet, Capsules |
| Loratadine/Pseudoephedrine | (Claritin-D) | 12 Hour Tablet, 24 Hour Tablet |
| Nicotine | (Nicorelief, Nicoderm) | Patch, Gum, Lozenge |
| Olopatadine | (Pataday) | Ophthalmic Drops |

Sin embargo, los Planes de Salud ATRIO ofrecen cobertura adicional para medicamentos de venta libre. Recibirá un descuento para cualquier artículo de venta libre que elija del catálogo. Puede consultar el catálogo en nuestro sitio web: **https://atriohp.com/2026-extra-benefits/.** También puede llamar al **1-855-263-6673** para obtener más información. La Administración Federal de Medicamentos (FDA) informa que los medicamentos de venta libre son seguros siempre que se tomen según las indicaciones. Algunos productos pueden ahorrarle dinero al ofrecer efectos terapéuticos similares.

Consulte con su profesional de la salud para determinar si esta es la opción adecuada para usted. Estos son solo algunos ejemplos de medicamentos de venta libre populares disponibles en el catálogo:

- Analgésicos, incluidos Tylenol (acetaminofén), ibuprofeno, parche de lidocaína y gel de diclofenaco.
- Medicamentos para la acidez estomacal, incluidos Tums, Pepcid AC y Prilosec (omeprazol)
- Antihistamínicos/descongestionantes para los síntomas de alergia o resfriado.
- Gotas para los ojos para lubricar o limp

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

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para Miembros y preguntar si su medicamento está cubierto.

Si se entera de que ATRIO Health Plans no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares cubiertos por los Planes de Salud ATRIO. Cuando reciba la lista, muéstrela a su médico y pídale que le recete un medicamento similar cubierto por los Planes de Salud ATRIO.
- Puede solicitar a los Planes de Salud ATRIO que hagan una excepción y cubran su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

## ¿Cómo solicito una excepción al Formulario de Planes de Salud ATRIO?

Puede solicitar a ATRIO Health Plans una excepción a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento tendrá una cobertura de costo compartido predeterminada y no podrá solicitarnos que lo proporcionemos a un nivel de costo compartido más bajo.
- Puede solicitarnos que eliminemos una restricción de cobertura, como la autorización previa, la terapia escalonada o un límite de cantidad para su medicamento. Por ejemplo, para ciertos medicamentos, ATRIO Health Plans limita la cantidad que cubrimos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos el límite y cubramos una cantidad mayor.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo (si este medicamento no está en el nivel de especialidad). Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.

Por lo general, ATRIO Health Plans solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con menor costo compartido o la aplicación de la restricción no fueran tan efectivos para usted o le causaran efectos adversos.

Usted o su médico prescriptor deben contactarnos para solicitar una excepción de nivel o formulario, incluyendo una excepción a una restricción de cobertura. **Al solicitar una excepción, su médico prescriptor deberá explicar los motivos médicos por los que la necesita.** Generalmente, debemos tomar una decisión dentro de las 72 horas posteriores a la recepción de la declaración justificativa de su médico prescriptor. Puede solicitar una decisión acelerada (rápida) si considera, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si su médico prescriptor solicita una decisión acelerada, debemos darle una decisión a más tardar 24 horas después de recibir la declaración justificativa de su médico prescriptor.

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

Como miembro nuevo o actual de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, podría estar tomando un medicamento que sí está en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con su médico sobre cómo solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan la mejor opción para usted, durante los primeros 90 días de su membresía en nuestro plan, podríamos cubrir su medicamento hasta un suministro máximo de 30 días.

Para cada medicamento que no esté en nuestro formulario o si su acceso a los mismos es limitado, cubriremos un suministro temporal de 30 días. Si su receta es para menos días, le permitiremos resurtidos para un suministro máximo de 30 días. Después de su primer suministro de 30 días, no cubriremos estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya han pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras busca una excepción al formulario.

Si lo admiten o lo dan de alta de un centro, cubriremos “recargas anticipadas” de medicamentos previamente cubiertos según sea necesario al momento de su admisión o alta del centro.

## Para más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de sus planes de salud ATRIO, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre los Planes de Salud ATRIO, contáctenos. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y la contraportada.

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

## Formulario de planes de salud ATRIO

El formulario a continuación comienza en la página 1. Este formulario proporciona información sobre la cobertura de los medicamentos cubiertos por los Planes de Salud ATRIO. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

La primera columna del gráfico muestra el nombre del medicamento. Los medicamentos de marca se escriben en mayúsculas (p. ej., CRESTOR) y los genéricos en cursiva y minúsculas (p. ej., rosuvastatina).

La información en la columna "Requisitos/Límites" le indica si ATRIO Health Plans tiene requisitos especiales para la cobertura de su medicamento.

## NIVELES DE COMPARTICIÓN DE COSTOS

| | |
|---|---|
| Para los Planes de Necesidades Especiales de ATRIO, dependiendo de su nivel de subsidio para bajos ingresos (LIS), pagará los montos que se indican a continuación por medicamentos recetados para un suministro minorista (30 días) y para un suministro por correo (90 días). | |
| **LIS 1** | Genérico $5.10<br>Marca y todos los demás medicamentos $12.65 |
| **LIS 2** | Genérico $1.60<br>Marca y todos los demás medicamentos $4.90 |
| **LIS 3** | $0 |
| Si no está seguro de en qué nivel se encuentra, recibirá un "LIS Rider" que le informará una vez que esté inscrito en un plan. | |

## ¿Necesita ayuda para administrar los costos de sus medicamentos recetados en 2026?

A partir del 1 de enero de 2025, el Plan de Pago de Medicamentos Recetados de Medicare (M3P/MPPP) es un programa opcional que puede ayudarle a administrar sus gastos de bolsillo en medicamentos al distribuirlos a lo largo del año calendario ***(aunque no le ahorrará dinero ni reducirá sus costos de medicamentos)***. Los miembros de ATRIO con mayor probabilidad de beneficiarse del programa recibirán más información por correo. **La participación en el M3P es opcional.**

Para las recetas elegibles, paga $0 en la farmacia por los medicamentos cubiertos de la Parte D y ATRIO le facturará mensualmente. El monto facturado mensualmente se basará en sus costos mensuales de recetas, así como en el máximo anual de desembolso personal de $2,100, según una fórmula estandarizada creada por los CMS (Centros de Servicios de Medicare y Medicaid). Una vez que pague $2,100, pasará a la fase de Cobertura Catastrófica y ATRIO cubrirá el 100% de sus costos de medicamentos recetados. Puede encontrar más información sobre la cobertura de recetas y ejemplos de cálculos mensuales en **atriohp.com**.

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|---|---|---|---|
| **Agentes Anti Cáncer** | | | |
| **Agentes Anti Cáncer** | | | |
| *abiraterone oral tablet 250 mg* | (Zytiga) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone oral tablet 500 mg* | (Zytiga) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone, submicronized oral tablet 125 mg* | (Abiraterone Acet,Submicronized) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *abirtega oral tablet 250 mg* | (Zytiga) | 1 | PA NSO; QL (120 per 30 days) |
| *adrucil intravenous solution 2.5 gram/50 ml* | (Fluorouracil) | 1 | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | | 1 | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23) | | 1 | PA NSO; NDS |
| *anastrozole oral tablet 1 mg* | (Arimidex) | 1 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | | 1 | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | | 1 | PA NSO; NDS; QL (240 per 30 days) |
| AVMAPKI ORAL CAPSULE 0.8 MG | | 1 | PA NSO; NDS; QL (24 per 28 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | | 1 | PA NSO; NDS; QL (66 per 28 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG | | 1 | NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *azacitidine injection recon soln 100 mg* | (Vidaza) | 1 | NDS |
| BALVERSA ORAL TABLET 3 MG | | 1 | PA NSO; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | | 1 | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | | 1 | PA NSO; NDS; QL (28 per 28 days) |
| *bendamustine intravenous recon soln 100 mg, 25 mg* | (Treanda) | 1 | PA NSO; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | (Bendeka) | 1 | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | (bendamustine) | 1 | PA NSO; NDS |
| BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG | | 1 | PA NSO; NDS |
| BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG | | 1 | PA NSO; NDS |
| BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML | | 1 | PA NSO; NDS; QL (1 per 28 days) |
| *bexarotene oral capsule 75 mg* | (Targretin) | 1 | PA NSO; NDS |
| *bexarotene topical gel 1 %* | (Targretin) | 1 | PA NSO; NDS |
| *bicalutamide oral tablet 50 mg* | (Casodex) | 1 | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | | 1 | PA NSO; NDS; QL (75 per 28 days) |
| *bleomycin injection recon soln 15 unit, 30 unit* | (Bleomycin Sulfate) | 1 | |
| *bortezomib injection recon soln 1 mg, 2.5 mg* | (Velcade) | 1 | PA NSO |
| *bortezomib injection recon soln 3.5 mg* | (Velcade) | 1 | PA NSO; NDS |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| BORUZU INJECTION SOLUTION 2.5 MG/ML | | 1 | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | (bosutinib) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 500 MG | (bosutinib) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *bosutinib oral tablet 100 mg* | (Bosulif) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* | (Bosulif) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG | | 1 | PA NSO |
| CAPRELSA ORAL TABLET 100 MG | (vandetanib) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | (vandetanib) | 1 | PA NSO; 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) | | 1 | PA NSO; NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | | 1 | PA NSO; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | | 1 | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | | 1 | PA NSO; LA; NDS; QL (63 per 28 days) |
| *cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg* | (Cyclophosphamide) | 1 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml* | (Cyclophosphamide) | 1 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 500 mg/ml* | (Cyclophosphamide) | 1 | PA BvD; NDS |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | (Cyclophosphamide) | 1 | PA BvD; ST |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | (Cyclophosphamide) | 1 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | | 1 | PA NSO; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | | 1 | PA NSO; NDS; QL (112 per 28 days) |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* | (Sprycel) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* | (Sprycel) | 1 | PA NSO; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | | 1 | PA NSO; NDS |
| DAURISMO ORAL TABLET 100 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *decitabine intravenous recon soln 50 mg* | (Decitabine) | 1 | NDS |
| *doxorubicin, peg-liposomal intravenous suspension 2 mg/ml* | (Doxil) | 1 | PA BvD; NDS |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | | 1 | PA NSO; NDS |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 1 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 1 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 1 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 1 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML | 1 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 1 | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 1 | NDS |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG | 1 | PA NSO; NDS |
| ENSACOVE ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ENSACOVE ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (270 per 30 days) |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 1 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 1 | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *erlotinib oral tablet 100 mg, 25 mg* (Tarceva) | 1 | PA NSO; NDS; QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *erlotinib oral tablet 150 mg* | (Tarceva) | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | | 1 | |
| *etoposide intravenous solution 20 mg/ml* | (Avopef) | 1 | |
| EULEXIN ORAL CAPSULE 125 MG | (flutamide) | 1 | NDS |
| *everolimus (antineoplastic) oral tablet 10 mg* | (Afinitor) | 1 | PA NSO; NDS; QL (56 per 28 days) |
| *everolimus (antineoplastic) oral tablet 2.5 mg* | (Afinitor) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| *everolimus (antineoplastic) oral tablet 5 mg* | (Afinitor) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet 7.5 mg* | (Afinitor) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | (Afinitor Disperz) | 1 | PA NSO; NDS; QL (112 per 28 days) |
| *exemestane oral tablet 25 mg* | (Aromasin) | 1 | |
| FAKZYNJA ORAL TABLET 200 MG | | 1 | PA NSO; NDS; QL (42 per 28 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | | 1 | PA BvD; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | | 1 | PA BvD |
| *floxuridine injection recon soln 0.5 gram* | (Floxuridine) | 1 | PA BvD |
| *fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml* | (Fluorouracil) | 1 | PA BvD |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | | 1 | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | | 1 | PA NSO; NDS; QL (84 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| FRUZAQLA ORAL CAPSULE 5 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| *fulvestrant intramuscular syringe 250 mg/5 ml* (Faslodex) | 1 | NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 1 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *gefitinib oral tablet 250 mg* (Iressa) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG | 1 | PA NSO; NDS; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | 1 | PA NSO; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | 1 | PA NSO; NDS; QL (224 per 28 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 1 | PA NSO; NDS; QL (5 per 21 days) |
| HERNEXEOS ORAL TABLET 60 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| *hydroxyurea oral capsule 500 mg* (Hydrea) | 1 | |
| HYRNUO ORAL TABLET 10 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *ifosfamide intravenous recon soln 1 gram* | (Ifex) | 1 | |
| *ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml* | (Ifex) | 1 | |
| *imatinib oral tablet 100 mg* | (Gleevec) | 1 | PA NSO; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* | (Gleevec) | 1 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | | 1 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | | 1 | PA NSO; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | | 1 | PA NSO; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | | 1 | PA NSO; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | | 1 | PA NSO; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | | 1 | PA NSO; NDS; QL (280 per 28 days) |
| INLEXZO INTRAVESICAL IMPLANT 225 MG | | 1 | PA BvD; NDS |
| INLURIYO ORAL TABLET 200 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | | 1 | PA NSO; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| ITOVEBI ORAL TABLET 9 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NDS |
| JIDEYTRO ORAL TABLET 100 MG, 25 MG | 1 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 1 | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML | 1 | PA NSO; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 1 | PA NSO; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 1 | PA NSO; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 1 | PA NSO; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 1 | PA NSO; NDS; QL (91 per 28 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 1 | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 1 | PA NSO; NDS; QL (63 per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 1 | PA NSO; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG | 1 | PA NSO; NDS; QL (600 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG | 1 | PA NSO; NDS; QL (390 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *lapatinib oral tablet 250 mg* (Tykerb) | 1 | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* (Revlimid) | 1 | PA NSO; 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) | 1 | PA NSO; NDS |
| *letrozole oral tablet 2.5 mg* (Femara) | 1 | |
| LEUKERAN ORAL TABLET 2 MG | 1 | NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg* | (Leuprolide Acetate) | 1 | PA NSO |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | (Leuprolide Acetate) | 1 | PA NSO |
| 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) | | 1 | PA NSO; NDS |
| *lomustine oral capsule 10 mg* | (Gleostine) | 1 | |
| *lomustine oral capsule 100 mg, 40 mg* | (Gleostine) | 1 | NDS |
| LONSURF ORAL TABLET 15-6.14 MG | | 1 | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | | 1 | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | | 1 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | | 1 | PA NSO; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | | 1 | PA NSO; NDS |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML | | 1 | PA NSO; NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | | 1 | PA NSO; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | | 1 | PA NSO; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | | 1 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | | 1 | PA NSO; NDS |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | (leuprolide acetate (3 month)) | 1 | PA NSO |
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML | | 1 | PA NSO; NDS; QL (15 per 8 days) |
| LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML | | 1 | PA NSO; NDS; QL (40 per 28 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | | 1 | 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) | | 1 | PA NSO; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | | 1 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | | 1 | NDS |
| *megestrol oral tablet 20 mg, 40 mg* | (Megestrol Acetate) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | | 1 | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |

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Fecha de Entrada en Vigencia: 11/01/2026 Identificación del Formulario: 26333.000

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| MEKINIST ORAL TABLET 2 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *mercaptopurine oral suspension 20 mg/ml* | (Purixan) | 1 | NDS |
| *mercaptopurine oral tablet 50 mg* | (Mercaptopurine) | 1 | |
| *methotrexate sodium (pf) injection recon soln 1 gram* | (Methotrexate Sodium/PF) | 1 | |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | (Methotrexate Sodium/PF) | 1 | |
| *methotrexate sodium injection solution 25 mg/ml* | (Methotrexate Sodium) | 1 | |
| *methotrexate sodium oral tablet 2.5 mg* | (Methotrexate Sodium) | 1 | PA BvD; ST |
| *mitoxantrone intravenous concentrate 2 mg/ml* | (Mitoxantrone HCl) | 1 | |
| MODEYSO ORAL CAPSULE 125 MG | | 1 | PA NSO; NDS; QL (20 per 28 days) |
| NERLYNX ORAL TABLET 40 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG | | 1 | PA NSO; NDS; QL (112 per 28 days) |
| NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | (Tasigna) | 1 | PA NSO; NDS; QL (112 per 28 days) |
| *nilotinib hcl oral capsule 50 mg* | (Tasigna) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *nilutamide oral tablet 150 mg* | (Nilandron) | 1 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | | 1 | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | | 1 | PA NSO; LA; NDS |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 1 | PA NSO; 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) | 1 | PA NSO; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | 1 | PA NSO; 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 | 1 | PA NSO; NDS |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML | 1 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 1 | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| *paclitaxel protein-bound intravenous suspension for reconstitution 100 mg* (Abraxane) | 1 | PA BvD; NDS |
| *pazopanib oral tablet 200 mg* (Votrient) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *pazopanib oral tablet 400 mg* (Votrient) | 1 | PA NSO; NDS; QL (60 per 30 days) |

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Fecha de Entrada en Vigencia: 11/01/2026 Identificación del Formulario: 26333.000

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg* | (Alimta) | 1 | NDS |
| *pemetrexed disodium intravenous solution 25 mg/ml* | (Alimta) | 1 | NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | | 1 | NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | | 1 | PA NSO; 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) | | 1 | PA NSO; NDS; QL (56 per 28 days) |
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* | (Pomalyst) | 1 | PA NSO; NDS; QL (21 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | (pomalidomide) | 1 | PA NSO; NDS; QL (21 per 28 days) |
| QINLOCK ORAL TABLET 50 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |
| RASONQUE ORAL TABLET 100 MG, 150 MG | | 1 | PA NSO; NDS |
| RETEVMO ORAL CAPSULE 40 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | | 1 | PA NSO; NDS; QL (240 per 30 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| REZLIDHIA ORAL CAPSULE 150 MG | 1 | PA NSO; 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) | 1 | PA NSO; NDS |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 1 | PA NSO; NDS; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 1 | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 1 | PA NSO; 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 | 1 | PA NSO; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | 1 | PA NSO; NDS |
| SCEMBLIX ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 1 | NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *sorafenib oral tablet 200 mg* | (Nexavar) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | | 1 | PA NSO; NDS; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | (Sutent) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | | 1 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG | (thioguanine) | 1 | NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | | 1 | PA NSO; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | | 1 | PA NSO; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | | 1 | PA NSO; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | | 1 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | (Tamoxifen Citrate) | 1 | |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | | 1 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | | 1 | PA NSO; NDS |
| TIBSOVO ORAL TABLET 250 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | | 1 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | | 1 | PA NSO; NDS; QL (5 per 21 days) |
| *toremifene oral tablet 60 mg* | (Fareston) | 1 | NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *torpenz oral tablet 10 mg* | (Afinitor) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg* | (Afinitor) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | | 1 | PA NSO |
| *tretinoin (antineoplastic) oral capsule 10 mg* | (Tretinoin) | 1 | NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | | 1 | PA NSO; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | | 1 | PA NSO; NDS |
| TUKYSA ORAL TABLET 150 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | | 1 | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | | 1 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | | 1 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | | 1 | PA NSO; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | | 1 | PA NSO; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | | 1 | PA NSO; LA; NDS |
| VEPPANU ORAL TABLET 100 MG, 200 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | | 1 | PA NSO; NDS; QL (56 per 28 days) |
| *vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml* | (Vinorelbine Tartrate) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| VITRAKVI ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 1 | PA NSO; NDS; QL (300 per 30 days) |
| VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 1 | PA NSO; NDS |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG | 1 | PA NSO; NDS |
| WELIREG ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLET 150 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLET 20 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLET 50 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 1 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 1 | PA NSO; 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) | 1 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4) | 1 | PA NSO; NDS; QL (16 per 28 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | | 1 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | | 1 | PA NSO; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | | 1 | PA NSO; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | | 1 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | (abiraterone, submicronized) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *yulithira oral tablet 10 mg, 7.5 mg* | (Afinitor) | 1 | PA NSO; QL (60 per 30 days) |
| *yulithira oral tablet 2.5 mg, 5 mg* | (Afinitor) | 1 | PA NSO; QL (30 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | | 1 | PA NSO; NDS; QL (240 per 30 days) |
| ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG | | 1 | PA NSO; NDS |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | | 1 | PA NSO; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | | 1 | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | | 1 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | | 1 | NDS |

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|---|---|---|---|
| ZYDELIG ORAL TABLET 100 MG, 150 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | | 1 | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | | 1 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | | 1 | PA NSO; NDS; QL (20 per 28 days) |
| **Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias** | | | |
| **Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias** | | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | (Acamprosate Calcium) | 1 | |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | (Buprenorphine HCl) | 1 | |
| *buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | (Suboxone) | 1 | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | (Buprenorphine HCl/Naloxone HCl) | 1 | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | (Bupropion HCl) | 1 | |
| *disulfiram oral tablet 250 mg, 500 mg* | (Disulfiram) | 1 | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | | 1 | QL (4 per 30 days) |
| *naloxone injection solution 0.4 mg/ml* | (Naloxone HCl) | 1 | |
| *naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml* | (Naloxone HCl) | 1 | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | (Narcan) | 1 | QL (4 per 30 days) |
| *naltrexone oral tablet 50 mg* | (Naltrexone HCl) | 1 | |

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|---|---|---|---|
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | | 1 | ST; QL (240 per 180 days) |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | (Chantix) | 1 | QL (336 per 365 days) |
| *varenicline tartrate oral tablet 1 mg (56 pack)* | (Chantix) | 1 | QL (336 per 365 days) |
| *varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)* | (Chantix) | 1 | |
| **Agentes Antiansiedad** | | | |
| **Benzodiacepinas** | | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | (Xanax) | 1 | NDS; QL (120 per 30 days) |
| *alprazolam oral tablet 2 mg* | (Xanax) | 1 | NDS; QL (150 per 30 days) |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | (Chlordiazepoxide HCl) | 1 | NDS; 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* | (Clonazepam) | 1 | QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | (Clonazepam) | 1 | QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | (Clorazepate Dipotassium) | 1 | QL (180 per 30 days) |
| *diazepam injection solution 5 mg/ml* | (Diazepam) | 1 | QL (10 per 28 days) |
| *diazepam injection syringe 5 mg/ml* | (Diazepam) | 1 | |
| *diazepam intensol oral concentrate 5 mg/ml* | (Diazepam) | 1 | QL (1200 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | (Diazepam) | 1 | 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) | 1 | NDS; QL (150 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *lorazepam injection solution 2 mg/ml, 4 mg/ml* | (Ativan) | 1 | QL (2 per 30 days) |
| *lorazepam injection syringe 2 mg/ml* | (Lorazepam) | 1 | QL (2 per 30 days) |
| *lorazepam intensol oral concentrate 2 mg/ml* | (Lorazepam) | 1 | NDS; QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | (Ativan) | 1 | NDS; QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | (Ativan) | 1 | NDS; QL (150 per 30 days) |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg* | (Restoril) | 1 | NDS; QL (30 per 30 days) |
| *temazepam oral capsule 7.5 mg* | (Restoril) | 1 | NDS; QL (120 per 30 days) |
| **Agentes Antidemencia** | | | |
| **Agentes Antidemencia** | | | |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* | (Aricept) | 1 | QL (30 per 30 days) |
| *donepezil oral tablet,disintegrating 10 mg* | (Donepezil HCl) | 1 | |
| *donepezil oral tablet,disintegrating 5 mg* | (Donepezil HCl) | 1 | QL (30 per 30 days) |
| *ergoloid oral tablet 1 mg* | (Ergoloid Mesylates) | 1 | |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | (Galantamine Hbr) | 1 | QL (30 per 30 days) |
| *galantamine oral solution 4 mg/ml* | (Galantamine Hbr) | 1 | QL (200 per 30 days) |
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | (Galantamine Hbr) | 1 | QL (60 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | (Namenda XR) | 1 | ST; QL (30 per 30 days) |
| *memantine oral solution 2 mg/ml* | (Memantine HCl) | 1 | QL (300 per 30 days) |
| *memantine oral tablet 10 mg, 5 mg* | (Namenda) | 1 | QL (60 per 30 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | (Rivastigmine Tartrate) | 1 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | (Exelon) | 1 | QL (30 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Agentes Antidiabetico** | | | |
| **Agentes Antidiabeticos, Varios** | | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | (Precose) | 1 | |
| *dapagliflozin oral tablet 10 mg, 5 mg* | (Farxiga) | 1 | 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) | 1 | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | | 1 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | | 1 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | (linagliptin-metformin) | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | | 1 | QL (30 per 30 days) |
| *metformin oral solution 500 mg/5 ml* | (Riomet) | 1 | QL (765 per 30 days) |
| *metformin oral tablet 1,000 mg* | (Metformin HCl) | 1 | QL (75 per 30 days) |
| *metformin oral tablet 500 mg* | (Metformin HCl) | 1 | QL (150 per 30 days) |
| *metformin oral tablet 850 mg* | (Metformin HCl) | 1 | QL (90 per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | (Metformin HCl) | 1 | QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | (Metformin HCl) | 1 | QL (60 per 30 days) |
| *mifepristone oral tablet 300 mg* | (Mifepristone) | 1 | PA; 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 | | 1 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | (Nateglinide) | 1 | QL (90 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | | 1 | 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) | | 1 | 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* | (Actoplus Met) | 1 | QL (90 per 30 days) |
| *pioglitazone-metformin oral tablet 15-850 mg* | (Actoplus Met) | 1 | QL (90 per 30 days) |
| *repaglinide oral tablet 0.5 mg, 1 mg* | (Repaglinide) | 1 | QL (120 per 30 days) |
| *repaglinide oral tablet 2 mg* | (Repaglinide) | 1 | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG | | 1 | PA; QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg* | (Janumet) | 1 | QL (60 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg* | (Janumet XR) | 1 | QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg* | (Janumet XR) | 1 | QL (60 per 30 days) |
| *sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg* | (Januvia) | 1 | QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | | 1 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | | 1 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | | 1 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| TRADJENTA ORAL TABLET 5 MG (linagliptin) | 1 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 1 | 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 | 1 | 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 | 1 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapagliflozin-metformin) | 1 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 1 | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapagliflozin-metformin) | 1 | QL (60 per 30 days) |
| **Insulinas** | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | 1 | max $35 copay per month supply |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 1 | max $35 copay per month supply; QL (40 per 28 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (24 per 28 days) |
| *insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)* | (Insulin Aspart Prot/Insuln Asp) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)* | (Insulin Aspart Prot/Insuln Asp) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin aspart u-100 subcutaneous cartridge 100 unit/ml* | (Insulin Aspart) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)* | (Insulin Aspart) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous solution 100 unit/ml* | (Insulin Aspart) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)* | (Semglee (Yfgn) Pen) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | (Semglee (Yfgn)) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin lispro subcutaneous solution 100 unit/ml* | (Humalog) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | | 1 | max $35 copay per month supply; QL (40 per 28 days) |

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|---|---|---|---|
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin aspart u-100) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | (insulin aspart u-100) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin aspart u-100) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | | 1 | max $35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) | 1 | max $35 copay per month supply; QL (18 per 28 days) |

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|---|---|---|---|
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | 1 | max $35 copay per month supply; QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | | 1 | max $35 copay per month supply; QL (15 per 28 days) |
| **Sulfonilureas** | | | |
| *glimepiride oral tablet 1 mg, 2 mg* | (Glimepiride) | 1 | QL (30 per 30 days) |
| *glimepiride oral tablet 4 mg* | (Glimepiride) | 1 | QL (60 per 30 days) |
| *glipizide oral tablet 10 mg* | (Glipizide) | 1 | QL (120 per 30 days) |
| *glipizide oral tablet 2.5 mg* | (Glipizide) | 1 | QL (90 per 30 days) |
| *glipizide oral tablet 5 mg* | (Glipizide) | 1 | QL (240 per 30 days) |
| *glipizide oral tablet extended release 24hr 10 mg* | (Glucotrol XL) | 1 | QL (60 per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg, 5 mg* | (Glucotrol XL) | 1 | QL (30 per 30 days) |
| *glipizide-metformin oral tablet 2.5-250 mg* | (Glipizide/Metformin HCl) | 1 | QL (240 per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | (Glipizide/Metformin HCl) | 1 | QL (120 per 30 days) |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | (Glyburide,Micronized) | 1 | PA-HRM; AGE (Max 64 Years) |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | (Glyburide) | 1 | PA-HRM; AGE (Max 64 Years) |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | (Glyburide/Metformin HCl) | 1 | PA-HRM; AGE (Max 64 Years) |
| **Agentes Antigota** | | | |
| **Agentes Antigota, Otros** | | | |
| *allopurinol oral tablet 100 mg* | (Zyloprim) | 1 | |
| *allopurinol oral tablet 300 mg* | (Zyloprim) | 1 | |
| *colchicine oral capsule 0.6 mg* | (Mitigare) | 1 | QL (60 per 30 days) |
| *colchicine oral tablet 0.6 mg* | (Colcrys) | 1 | QL (120 per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | (Uloric) | 1 | QL (30 per 30 days) |
| *probenecid oral tablet 500 mg* | (Probenecid) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *probenecid-colchicine oral tablet 500-0.5 mg* | (Probenecid/Colchicine) | 1 | |
| **Agentes Antimigraña** | | | |
| **Agentes Antimigraña** | | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | | 1 | PA; QL (1 per 30 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | (Migranal) | 1 | ST; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | | 1 | PA; QL (3 per 30 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | (Naratriptan HCl) | 1 | QL (18 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | | 1 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | | 1 | PA; QL (30 per 30 days) |
| *rizatriptan oral tablet 10 mg* | (Maxalt) | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet 5 mg* | (Maxalt) | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 10 mg* | (Maxalt Mlt) | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 5 mg* | (Maxalt Mlt) | 1 | QL (18 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation* | (Imitrex) | 1 | QL (12 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg* | (Imitrex) | 1 | QL (9 per 30 days) |
| *sumatriptan succinate oral tablet 25 mg, 50 mg* | (Imitrex) | 1 | QL (18 per 30 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml* | (Imitrex) | 1 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | (Sumatriptan Succinate) | 1 | QL (5 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | | 1 | PA; QL (16 per 30 days) |
| **Agentes Antinausea** | | | |
| **Agentes Antinausea** | | | |
| *aprepitant oral capsule 125 mg* | (Emend) | 1 | PA BvD; QL (2 per 28 days) |
| *aprepitant oral capsule 40 mg* | (Emend) | 1 | PA BvD; QL (1 per 28 days) |
| *aprepitant oral capsule 80 mg* | (Emend) | 1 | PA BvD; QL (4 per 28 days) |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | (Emend) | 1 | PA BvD |
| *compro rectal suppository 25 mg* | (Compazine) | 1 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | (Marinol) | 1 | PA; QL (60 per 30 days) |
| *meclizine oral tablet 12.5 mg* | (Antivert) | 1 | |
| *meclizine oral tablet 25 mg* | (Antivert) | 1 | |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | (Ondansetron HCl) | 1 | PA BvD |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | (Ondansetron) | 1 | PA BvD |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)* | (Prochlorperazine Edisylate) | 1 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | (Compazine) | 1 | |
| *prochlorperazine rectal suppository 25 mg* | (Compazine) | 1 | |
| *promethazine injection solution 25 mg/ml* | (Promethazine HCl) | 1 | PA-HRM; AGE (Max 64 Years) |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | (Promethazine HCl) | 1 | PA-HRM; AGE (Max 64 Years) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *promethazine rectal suppository 25 mg* | (Promethazine HCl) | 1 | PA-HRM; AGE (Max 64 Years) |
| *promethegan rectal suppository 12.5 mg, 25 mg* | (Promethazine HCl) | 1 | PA-HRM; AGE (Max 64 Years) |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | (Transderm-Scop) | 1 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| **Agentes Antiparasitarios** | | | |
| **Agentes Antiparasitarios** | | | |
| *albendazole oral tablet 200 mg* | (Albendazole) | 1 | |
| *atovaquone oral suspension 750 mg/5 ml* | (Mepron) | 1 | |
| *atovaquone-proguanil oral tablet 250-100 mg* | (Malarone) | 1 | |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | (Malarone) | 1 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | (Chloroquine Phosphate) | 1 | |
| COARTEM ORAL TABLET 20-120 MG | | 1 | |
| *hydroxychloroquine oral tablet 100 mg* | (Plaquenil) | 1 | QL (180 per 30 days) |
| *hydroxychloroquine oral tablet 200 mg* | (Plaquenil) | 1 | QL (90 per 30 days) |
| *hydroxychloroquine oral tablet 300 mg* | (Plaquenil) | 1 | QL (60 per 30 days) |
| *hydroxychloroquine oral tablet 400 mg* | (Plaquenil) | 1 | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | | 1 | PA; NDS; QL (84 per 28 days) |
| *ivermectin oral tablet 3 mg* | (Stromectol) | 1 | |
| *ivermectin oral tablet 6 mg* | (Stromectol) | 1 | |
| *mefloquine oral tablet 250 mg* | (Mefloquine HCl) | 1 | |
| *nitazoxanide oral tablet 500 mg* | (Nitazoxanide) | 1 | NDS; QL (60 per 30 days) |

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|---|---|---|---|
| *pentamidine inhalation recon soln 300 mg* | (Nebupent) | 1 | PA BvD |
| *pentamidine injection recon soln 300 mg* | (Nebupent) | 1 | |
| *praziquantel oral tablet 600 mg* | (Biltricide) | 1 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | | 1 | |
| *pyrimethamine oral tablet 25 mg* | (Daraprim) | 1 | PA; NDS |
| *quinine sulfate oral capsule 324 mg* | (Qualaquin) | 1 | PA |
| *tinidazole oral tablet 250 mg, 500 mg* | (Tinidazole) | 1 | |
| **Agentes Antiparkinson** | | | |
| **Agentes Antiparkinson** | | | |
| *amantadine hcl oral capsule 100 mg* | (Amantadine HCl) | 1 | |
| *amantadine hcl oral solution 50 mg/5 ml* | (Amantadine HCl) | 1 | |
| *amantadine hcl oral tablet 100 mg* | (Amantadine HCl) | 1 | |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | (Benztropine Mesylate) | 1 | |
| *bromocriptine oral tablet 2.5 mg* | (Parlodel) | 1 | |
| *cabergoline oral tablet 0.5 mg* | (Cabergoline) | 1 | |
| *carbidopa-levodopa oral tablet 10-100 mg* | (Dhivy) | 1 | |
| *carbidopa-levodopa oral tablet 25-100 mg* | (Dhivy) | 1 | |
| *carbidopa-levodopa oral tablet 25-250 mg* | (Dhivy) | 1 | |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | (Carbidopa/Levodopa) | 1 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | (Carbidopa/Levodopa) | 1 | |
| *entacapone oral tablet 200 mg* | (Comtan) | 1 | |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML | | 1 | PA; NDS; QL (600 per 30 days) |

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|---|---|---|---|
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | (Pramipexole Di-HCl) | 1 | |
| *rasagiline oral tablet 0.5 mg, 1 mg* | (Azilect) | 1 | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | (Ropinirole HCl) | 1 | |
| *ropinirole oral tablet extended release 24 hr 2 mg, 4 mg* | (Ropinirole HCl) | 1 | |
| *selegiline hcl oral capsule 5 mg* | (Selegiline HCl) | 1 | |
| *selegiline hcl oral tablet 5 mg* | (Selegiline HCl) | 1 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | (Trihexyphenidyl HCl) | 1 | |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML | | 1 | PA; NDS; QL (560 per 28 days) |
| **Agentes Antipsicóticos** | | | |
| **Agentes Antipsicóticos** | | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | | 1 | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | | 1 | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | | 1 | NDS; QL (2 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | | 1 | NDS; QL (2 per 28 days) |
| *aripiprazole oral solution 1 mg/ml* | (Aripiprazole) | 1 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | (Abilify) | 1 | |

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|---|---|---|---|
| *aripiprazole oral tablet,disintegrating 10 mg* | (Aripiprazole) | 1 | ST; QL (90 per 30 days) |
| *aripiprazole oral tablet,disintegrating 15 mg* | (Aripiprazole) | 1 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | | 1 | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | | 1 | NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | | 1 | NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | | 1 | NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | | 1 | NDS; QL (3.2 per 14 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* | (Saphris) | 1 | QL (60 per 30 days) |
| BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | | 1 | ST; NDS; QL (60 per 30 days) |
| BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | | 1 | ST |
| BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | | 1 | ST |
| BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2) | | 1 | ST |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | | 1 | ST; NDS; QL (30 per 30 days) |
| *chlorpromazine injection solution 25 mg/ml* | (Chlorpromazine HCl) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | (Chlorpromazine HCl) | 1 | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | (Chlorpromazine HCl) | 1 | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | (Clozaril) | 1 | |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg* | (Clozapine) | 1 | ST; QL (90 per 30 days) |
| *clozapine oral tablet,disintegrating 150 mg* | (Clozapine) | 1 | ST; QL (180 per 30 days) |
| *clozapine oral tablet,disintegrating 200 mg* | (Clozapine) | 1 | ST; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | | 1 | ST; NDS; QL (60 per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG | | 1 | ST; NDS |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | | 1 | NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | | 1 | NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | | 1 | NDS; QL (1.5 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | | 1 | NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | | 1 | NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | | 1 | NDS; QL (0.5 per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | | 1 | ST; NDS; QL (60 per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | | 1 | ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | | 1 | ST |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | | 1 | ST |
| *fluphenazine decanoate injection solution 25 mg/ml* | (Fluphenazine Decanoate) | 1 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | (Fluphenazine HCl) | 1 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | (Fluphenazine HCl) | 1 | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | (Fluphenazine HCl) | 1 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | (Fluphenazine HCl) | 1 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)* | (Haloperidol Decanoate) | 1 | |
| *haloperidol lactate injection solution 5 mg/ml* | (Haloperidol Lactate) | 1 | |
| *haloperidol lactate intramuscular syringe 5 mg/ml* | (Haloperidol Lactate) | 1 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | (Haloperidol Lactate) | 1 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | (Haloperidol) | 1 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | | 1 | NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | | 1 | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | | 1 | NDS; QL (0.75 per 21 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | | 1 | NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | | 1 | NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | | 1 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | | 1 | NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | | 1 | NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | | 1 | NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | | 1 | NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | | 1 | NDS; QL (2.63 per 70 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | (Loxapine Succinate) | 1 | |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg* | (Latuda) | 1 | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | | 1 | NDS; QL (30 per 30 days) |
| *molindone oral tablet 10 mg* | (Molindone HCl) | 1 | QL (240 per 30 days) |
| *molindone oral tablet 25 mg* | (Molindone HCl) | 1 | QL (270 per 30 days) |
| *molindone oral tablet 5 mg* | (Molindone HCl) | 1 | NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |

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

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|---|---|---|---|
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml* | (Risperdal Consta) | 1 | NDS; QL (2 per 28 days) |
| *risperidone oral solution 1 mg/ml* | (Risperdal) | 1 | |
| *risperidone oral tablet 0.25 mg* | (Risperdal) | 1 | |
| *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | (Risperdal) | 1 | |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | (Risperidone) | 1 | |
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | (risperidone microspheres) | 1 | 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 | | 1 | ST; NDS; QL (30 per 30 days) |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | (Thioridazine HCl) | 1 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | (Thiothixene) | 1 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | (Trifluoperazine HCl) | 1 | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | | 1 | NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | | 1 | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | | 1 | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | | 1 | NDS; QL (0.56 per 56 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 1 | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 1 | NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 1 | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 1 | ST; 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 | 1 | ST; NDS; QL (30 per 30 days) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* (Geodon) | 1 | |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* (Geodon) | 1 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 1 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 1 | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 1 | NDS; QL (1 per 28 days) |
| **Agentes Calóricos** | | |
| **Agentes Calóricos** | | |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 1 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 1 | PA BvD |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | | 1 | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | | 1 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | | 1 | PA BvD |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | (Dextrose 5 % in Water) | 1 | |
| *dextrose 5%-water iv soln single use* | | 1 | |
| **Agentes Cardiovasculares** | | | |
| **Agentes Alfa-Adrenérgicos** | | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | (Clonidine HCl) | 1 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr* | (Catapres-Tts 1) | 1 | |
| *clonidine transdermal patch weekly 0.2 mg/24 hr* | (Catapres-Tts 1) | 1 | |
| *clonidine transdermal patch weekly 0.3 mg/24 hr* | (Catapres-Tts 1) | 1 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | (Cardura) | 1 | |
| *droxidopa oral capsule 100 mg* | (Northera) | 1 | PA; QL (180 per 30 days) |
| *droxidopa oral capsule 200 mg, 300 mg* | (Northera) | 1 | PA; NDS; QL (180 per 30 days) |
| *guanfacine oral tablet 1 mg, 2 mg* | (Guanfacine HCl) | 1 | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | (Midodrine HCl) | 1 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | (Prazosin HCl) | 1 | |
| **Agentes Antiarritmicos** | | | |
| *amiodarone oral tablet 100 mg, 200 mg* | (Amiodarone HCl) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *amiodarone oral tablet 400 mg* | (Amiodarone HCl) | 1 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | (Tikosyn) | 1 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | (Flecainide Acetate) | 1 | |
| MULTAQ ORAL TABLET 400 MG | | 1 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | (Amiodarone HCl) | 1 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | (Rythmol SR) | 1 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | (Propafenone HCl) | 1 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | (Quinidine Sulfate) | 1 | |
| **Agentes Bloqueadores Beta-Adrenérgicos** | | | |
| *acebutolol oral capsule 200 mg, 400 mg* | (Acebutolol HCl) | 1 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | (Tenormin) | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | (Tenoretic 50) | 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg* | (Bisoprolol Fumarate) | 1 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | (Bisoprolol/Hydrochlorothiazide) | 1 | |
| *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* | (Labetalol HCl) | 1 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | (Toprol XL) | 1 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg* | (Metoprolol/Hydrochlorothiazide) | 1 | |

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|---|---|---|---|
| *metoprolol tartrate oral tablet 100 mg, 50 mg* | (Lopressor) | 1 | |
| *metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg* | (Lopressor) | 1 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Bystolic) | 1 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | (Inderal LA) | 1 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | (Propranolol HCl) | 1 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | (Betapace) | 1 | |
| *sotalol oral tablet 120 mg, 160 mg, 80 mg* | (Betapace) | 1 | |
| *sotalol oral tablet 240 mg* | (Betapace) | 1 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | (Timolol Maleate) | 1 | |
| **Agentes Bloqueadores Da Canal De Calcio** | | | |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (Cardizem CD) | 1 | |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | (Cardizem CD) | 1 | |
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg* | (Cardizem CD) | 1 | |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 300 mg* | (Cardizem CD) | 1 | |
| *diltiazem hcl oral capsule,extended release 24hr 240 mg* | (Cartia XT) | 1 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg* | (Cardizem CD) | 1 | |
| *diltiazem hcl oral tablet 90 mg* | (Cardizem CD) | 1 | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | (Cardizem CD) | 1 | |

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|---|---|---|---|
| *taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | (Tiazac) | 1 | |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (Cardizem CD) | 1 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | (Verapamil HCl) | 1 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | (Verapamil HCl) | 1 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | (Verapamil HCl) | 1 | |
| **Agentes Cardiovasculares, Varios** | | | |
| ATTRUBY ORAL TABLET 356 MG | | 1 | PA; NDS; QL (112 per 28 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | | 1 | QL (600 per 30 days) |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (Lanoxin) | 1 | |
| *epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml* | (Epipen 2-Pak) | 1 | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml* | (Epipen 2-Pak) | 1 | QL (4 per 30 days) |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | (Hydralazine HCl) | 1 | |
| *icatibant subcutaneous syringe 30 mg/3 ml* | (Firazyr) | 1 | PA; NDS; QL (18 per 30 days) |
| *ivabradine oral tablet 5 mg, 7.5 mg* | (Corlanor) | 1 | QL (60 per 30 days) |
| *metyrosine oral capsule 250 mg* | (Demser) | 1 | PA; NDS |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | (Ranolazine) | 1 | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | | 1 | PA; QL (30 per 30 days) |

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|---|---|---|---|
| VYNDAMAX ORAL CAPSULE 61 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| **Antagonistas De Receptores De Angiotensina Ii** | | | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Atacand) | 1 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | (Atacand HCT) | 1 | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | (sacubitril-valsartan) | 1 | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | | 1 | QL (240 per 30 days) |
| *irbesartan oral tablet 150 mg, 300 mg* | (Avapro) | 1 | |
| *irbesartan oral tablet 75 mg* | (Avapro) | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | (Avalide) | 1 | |
| *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) | 1 | |
| *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) | 1 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | (Benicar HCT) | 1 | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | (Entresto) | 1 | QL (60 per 30 days) |
| *telmisartan oral tablet 20 mg* | (Micardis) | 1 | |
| *telmisartan oral tablet 40 mg, 80 mg* | (Micardis) | 1 | |

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|---|---|---|---|
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | (Micardis HCT) | 1 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | (Diovan) | 1 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | (Diovan HCT) | 1 | |
| **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* | (Lotrel) | 1 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | (Azor) | 1 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | (Exforge) | 1 | |
| *amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | (Exforge HCT) | 1 | |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | (Felodipine) | 1 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg* | (Procardia XL) | 1 | |
| *nifedipine oral tablet extended release 24hr 90 mg* | (Procardia XL) | 1 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | (Nifedipine) | 1 | |
| **Dislipidémicos** | | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg* | (Caduet) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg* | (Caduet) | 1 | QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg* | (Caduet) | 1 | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Lipitor) | 1 | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | (Questran) | 1 | |
| *cholestyramine light oral powder in packet 4 gram* | (Cholestyramine) | 1 | |
| *colesevelam oral powder in packet 3.75 gram* | (Welchol) | 1 | |
| *colesevelam oral tablet 625 mg* | (Welchol) | 1 | |
| *colestipol oral packet 5 gram* | (Colestid) | 1 | |
| *colestipol oral tablet 1 gram* | (Colestid) | 1 | |
| *ezetimibe oral tablet 10 mg* | (Zetia) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg* | (Vytorin) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-20 mg* | (Vytorin) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-40 mg* | (Vytorin) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | (Vytorin) | 1 | QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | (Fenofibrate,Micronized) | 1 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | (Tricor) | 1 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | (Fenoglide) | 1 | |
| *fluvastatin oral capsule 20 mg, 40 mg* | (Fluvastatin Sodium) | 1 | QL (60 per 30 days) |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | (Lescol XL) | 1 | |
| *gemfibrozil oral tablet 600 mg* | (Lopid) | 1 | |
| *icosapent ethyl oral capsule 0.5 gram* | (Vascepa) | 1 | QL (240 per 30 days) |
| *icosapent ethyl oral capsule 1 gram* | (Vascepa) | 1 | QL (120 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | (Lovastatin) | 1 | |
| NEXLETOL ORAL TABLET 180 MG | | 1 | ST; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | | 1 | ST; QL (30 per 30 days) |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | (Niacin) | 1 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | (Lovaza) | 1 | ST; QL (120 per 30 days) |
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | (Livalo) | 1 | QL (30 per 30 days) |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Pravastatin Sodium) | 1 | |
| *prevalite oral powder in packet 4 gram* | (Cholestyramine) | 1 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | | 1 | ST; QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | | 1 | ST; QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | | 1 | ST; QL (6 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Crestor) | 1 | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg* | (Zocor) | 1 | |
| *simvastatin oral tablet 5 mg, 80 mg* | (Zocor) | 1 | |
| **Diuréticos** | | | |
| *amiloride oral tablet 5 mg* | (Amiloride HCl) | 1 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | (Amiloride/Hydrochlorothiazide) | 1 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | (Bumetanide) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *chlorthalidone oral tablet 25 mg, 50 mg* | (Chlorthalidone) | 1 | |
| *furosemide injection solution 10 mg/ml* | (Furosemide) | 1 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | (Furosemide) | 1 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | (Lasix) | 1 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | (Hydrochlorothiazide) | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | (Hydrochlorothiazide) | 1 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | (Indapamide) | 1 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | (tolvaptan (polycys kidney dis)) | 1 | PA; NDS; QL (120 per 30 days) |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | (Metolazone) | 1 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | (Aldactone) | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | (Spironolact/Hydrochlorothiazid) | 1 | |
| *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) | 1 | PA; NDS; QL (56 per 28 days) |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | (Soaanz) | 1 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | (Triamterene/Hydrochlorothiazid) | 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | (Maxzide) | 1 | |
| **Inhibidores De Enzima Convertidoras De Angiotensina** | | | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg* | (Lotensin) | 1 | |

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|---|---|---|---|
| *benazepril oral tablet 5 mg* | (Lotensin) | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Lotensin HCT) | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | (Lotensin HCT) | 1 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | (Captopril) | 1 | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Vasotec) | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | (Vaseretic) | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | (Vaseretic) | 1 | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | (Fosinopril Sodium) | 1 | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | (Fosinopril/Hydrochlorothiazide) | 1 | |
| *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* | (Moexipril HCl) | 1 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | (Perindopril Erbumine) | 1 | |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Accupril) | 1 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Accuretic) | 1 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | (Altace) | 1 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | (Trandolapril) | 1 | |

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|---|---|---|---|
| **Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona** | | | |
| *aliskiren oral tablet 150 mg, 300 mg* | (Tekturna) | 1 | |
| *eplerenone oral tablet 25 mg, 50 mg* | (Inspra) | 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | | 1 | PA; QL (30 per 30 days) |
| **Vasodilatadores** | | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg* | (Isordil) | 1 | |
| *isosorbide dinitrate oral tablet 5 mg* | (Isordil) | 1 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | (Isosorbide Mononitrate) | 1 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | (Isosorbide Mononitrate) | 1 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | (Minoxidil) | 1 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | (Nitrostat) | 1 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | (Nitro-Dur) | 1 | |
| **Agentes De Enfermedad Intestinal Inflamatoria** | | | |
| **Agentes De Enfermedad Intestinal Inflamatoria** | | | |
| *alosetron oral tablet 0.5 mg* | (Lotronex) | 1 | |
| *alosetron oral tablet 1 mg* | (Lotronex) | 1 | NDS |
| *balsalazide oral capsule 750 mg* | (Colazal) | 1 | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | | 1 | |
| *budesonide rectal foam 2 mg/actuation* | (Uceris) | 1 | |
| *hydrocortisone rectal enema 100 mg/60 ml* | (Cortenema) | 1 | |
| *mesalamine oral capsule, extended release 500 mg* | (Pentasa) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | (Apriso) | 1 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | (Lialda) | 1 | QL (120 per 30 days) |
| *sulfasalazine oral tablet 500 mg* | (Azulfidine) | 1 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | (Azulfidine) | 1 | |
| **Agentes De Enfermedad Ósea Metabólica** | | | |
| **Agentes De Enfermedad Ósea Metabólica** | | | |
| *alendronate oral solution 70 mg/75 ml* | (Alendronate Sodium) | 1 | QL (300 per 28 days) |
| *alendronate oral tablet 10 mg* | (Fosamax) | 1 | QL (30 per 30 days) |
| *alendronate oral tablet 35 mg* | (Fosamax) | 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* | (Calcitonin,Salmon,Synthetic) | 1 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | (Rocaltrol) | 1 | |
| *cinacalcet oral tablet 30 mg, 60 mg* | (Sensipar) | 1 | QL (60 per 30 days) |
| *cinacalcet oral tablet 90 mg* | (Sensipar) | 1 | QL (120 per 30 days) |
| *ibandronate oral tablet 150 mg* | (Ibandronate Sodium) | 1 | QL (1 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | | 1 | PA; NDS |
| *paricalcitol oral capsule 1 mcg, 2 mcg* | (Zemplar) | 1 | |
| *paricalcitol oral capsule 4 mcg* | (Zemplar) | 1 | |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | | 1 | NDS; QL (60 per 30 days) |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML | | 1 | QL (1 per 180 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | (Forteo) | 1 | PA; NDS; QL (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | | 1 | PA; NDS; QL (1.56 per 30 days) |
| **Agentes De Trastorno De Sueño** | | | |
| **Agentes De Trastorno De Sueño** | | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | (Nuvigil) | 1 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | 1 | QL (30 per 30 days) |
| *doxepin oral tablet 3 mg, 6 mg* | (Silenor) | 1 | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | (Lunesta) | 1 | QL (30 per 30 days) |
| *modafinil oral tablet 100 mg* | (Provigil) | 1 | PA; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | (Provigil) | 1 | PA; QL (60 per 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | (Xyrem) | 1 | PA; LA; NDS; QL (540 per 30 days) |
| *zaleplon oral capsule 10 mg, 5 mg* | (Zaleplon) | 1 | QL (30 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | (Ambien) | 1 | QL (30 per 30 days) |
| **Agentes Del Sistema Nervioso Central** | | | |
| **Agentes Del Sistema Nervioso Central** | | | |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | (Strattera) | 1 | QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | (Strattera) | 1 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | | 1 | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | | 1 | PA; NDS; QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | | 1 | PA; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | | 1 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | | 1 | PA; 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) | | 1 | PA; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | | 1 | PA; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | | 1 | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | | 1 | PA; NDS; QL (15 per 30 days) |
| *cladribine 10 mg x 10 tab pk outer* | (Mavenclad) | 1 | PA; NDS |
| *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)* | (Mavenclad) | 1 | PA; NDS |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | (Ampyra) | 1 | PA; QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg* | (Adderall XR) | 1 | QL (30 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg* | (Adderall XR) | 1 | QL (60 per 30 days) |

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|---|---|---|---|
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | (Adderall) | 1 | QL (60 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | (Tecfidera) | 1 | PA; QL (14 per 7 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | (Tecfidera) | 1 | PA |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | (Tecfidera) | 1 | PA; NDS; QL (60 per 30 days) |
| *fingolimod oral capsule 0.5 mg* | (Gilenya) | 1 | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | (Copaxone) | 1 | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | (Copaxone) | 1 | PA; NDS; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | (Copaxone) | 1 | PA; NDS; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | (Copaxone) | 1 | PA; NDS; QL (12 per 28 days) |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | (Intuniv) | 1 | |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21) | | 1 | PA; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | | 1 | PA; NDS; QL (1.2 per 28 days) |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | (Lithium Carbonate) | 1 | |

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|---|---|---|---|
| *lithium carbonate oral tablet 300 mg* | (Lithobid) | 1 | |
| *lithium carbonate oral tablet extended release 300 mg* | (Lithobid) | 1 | |
| *lithium carbonate oral tablet extended release 450 mg* | (Lithobid) | 1 | |
| *lithium citrate oral solution 8 meq/5 ml* | (Lithium Citrate) | 1 | |
| MAYZENT ORAL TABLET 0.25 MG | | 1 | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | | 1 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | | 1 | PA; NDS |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* | (Methylin) | 1 | QL (900 per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | (Ritalin) | 1 | QL (90 per 30 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | | 1 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML | | 1 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | | 1 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | | 1 | PA; NDS |
| *riluzole oral tablet 50 mg* | (Rilutek) | 1 | |
| *tetrabenazine oral tablet 12.5 mg* | (Xenazine) | 1 | PA; QL (112 per 28 days) |
| *tetrabenazine oral tablet 25 mg* | (Xenazine) | 1 | PA; NDS; QL (112 per 28 days) |

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|---|---|---|
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 1 | PA; NDS; QL (120 per 30 days) |
| **Agentes Del Tracto Respiratorio** | | |
| **Agentes Del Tracto Respiratorio, Otros** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* (Acetadote) | 1 | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | 1 | PA; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 1 | PA; NDS; QL (90 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 1 | NDS; QL (560 per 28 days) |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* (Cromolyn Sodium) | 1 | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 1 | PA; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 1 | PA; NDS; QL (1 per 28 days) |
| JASCAYD ORAL TABLET 18 MG, 9 MG | 1 | PA; NDS; QL (60 per 30 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 1 | PA; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 1 | PA; NDS; QL (56 per 28 days) |
| *nintedanib oral capsule 100 mg, 150 mg* (Ofev) | 1 | PA; NDS; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 1 | PA; LA; NDS; QL (3 per 28 days) |

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|---|---|---|---|
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | | 1 | PA; LA; NDS; QL (0.4 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | | 1 | PA; NDS; QL (112 per 28 days) |
| *pirfenidone oral capsule 267 mg* | (Esbriet) | 1 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* | (Esbriet) | 1 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 534 mg* | (Esbriet) | 1 | PA; NDS; QL (90 per 30 days) |
| *pirfenidone oral tablet 801 mg* | (Esbriet) | 1 | PA; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | | 1 | PA BvD; NDS |
| *roflumilast oral tablet 250 mcg* | (Daliresp) | 1 | QL (28 per 28 days) |
| *roflumilast oral tablet 500 mcg* | (Daliresp) | 1 | 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) | | 1 | PA; 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) | | 1 | PA; 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) | | 1 | PA; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | | 1 | PA; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | | 1 | PA; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | | 1 | PA; NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Antiinflamatorios, Corticoesteroides Inhalados** | | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | (fluticasone propion-salmeterol) | 1 | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | (fluticasone furoate) | 1 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) | 1 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | | 1 | QL (60 per 30 days) |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (Symbicort) | 1 | 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) | 1 | PA BvD; QL (120 per 30 days) |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (Symbicort) | 1 | QL (30.6 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | (Flovent Hfa) | 1 | QL (12 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation* | (Flovent Hfa) | 1 | QL (24 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | (Flovent Hfa) | 1 | 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* | (Advair Diskus) | 1 | QL (60 per 30 days) |

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|---|---|---|---|
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (Advair Diskus) | 1 | QL (60 per 30 days) |
| **Antileucotrinos** | | | |
| *montelukast oral tablet 10 mg* | (Singulair) | 1 | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | (Singulair) | 1 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | (Accolate) | 1 | |
| **Broncodilatadores** | | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | | 1 | QL (32.1 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | (Ventolin Hfa) | 1 | QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)* | (Ventolin Hfa) | 1 | QL (13.4 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)* | (Ventolin Hfa) | 1 | 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* | (Albuterol Sulfate) | 1 | PA BvD |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | (umeclidinium-vilanterol) | 1 | QL (60 per 30 days) |
| BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION | | 1 | QL (23.6 per 28 days) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION | | 1 | QL (23.6 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION | | 1 | QL (10.7 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | | 1 | QL (8 per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* | (Atrovent Hfa) | 1 | QL (25.8 per 28 days) |
| *ipratropium bromide inhalation solution 0.02 %* | (Ipratropium Bromide) | 1 | PA BvD |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | (Ipratropium/Albuterol Sulfate) | 1 | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | | 1 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | | 1 | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | | 1 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | | 1 | QL (4 per 28 days) |
| *theophylline oral solution 80 mg/15 ml* | (Theophylline Anhydrous) | 1 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | (Theophylline Anhydrous) | 1 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | (Theophylline Anhydrous) | 1 | |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* | (Spiriva Handihaler) | 1 | QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | | 1 | QL (60 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Agentes Dentales Y Orales** | | | |
| **Agentes Dentales Y Orales** | | | |
| *cevimeline oral capsule 30 mg* | (Evoxac) | 1 | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | (Chlorhexidine Gluconate) | 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 %* | (Fluoride (Sodium)) | 1 | |
| *fluoride (sodium) dental solution 0.2 %* | (Prevident) | 1 | |
| *periogard mucous membrane mouthwash 0.12 %* | (Chlorhexidine Gluconate) | 1 | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | (Salagen) | 1 | |
| *sf 5000 plus dental cream 1.1 %* | (Fluoride (Sodium)) | 1 | |
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | (Prevident 5000 Sensitive) | 1 | |
| *triamcinolone acetonide dental paste 0.1 %* | (Kourzeq) | 1 | |
| **Agentes Dermatológicos** | | | |
| **Agentes Antiinflamatorios Dermatológicos** | | | |
| *ala-cort topical cream 1 %* | (Hydrocortisone) | 1 | |
| *betamethasone dipropionate topical cream 0.05 %* | (Betamethasone Dipropionate) | 1 | |
| *betamethasone dipropionate topical lotion 0.05 %* | (Betamethasone Dipropionate) | 1 | |
| *betamethasone dipropionate topical ointment 0.05 %* | (Betamethasone Dipropionate) | 1 | |
| *betamethasone valerate topical cream 0.1 %* | (Betamethasone Valerate) | 1 | |
| *betamethasone valerate topical lotion 0.1 %* | (Betamethasone Valerate) | 1 | |
| *betamethasone valerate topical ointment 0.1 %* | (Betamethasone Valerate) | 1 | |

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|---|---|---|---|
| *betamethasone, augmented topical cream 0.05 %* | (Betamethasone/Propylene Glyc) | 1 | |
| *betamethasone, augmented topical gel 0.05 %* | (Betamethasone Dipropionate) | 1 | |
| *betamethasone, augmented topical lotion 0.05 %* | (Betamethasone/Propylene Glyc) | 1 | |
| *betamethasone, augmented topical ointment 0.05 %* | (Diprolene) | 1 | |
| *clobetasol scalp solution 0.05 %* | (Clobetasol Propionate) | 1 | |
| *clobetasol topical cream 0.05 %* | (Clobetasol Propionate) | 1 | |
| *clobetasol topical gel 0.05 %* | (Clobetasol Propionate) | 1 | |
| *clobetasol topical lotion 0.05 %* | (Clobetasol Propionate) | 1 | |
| *clobetasol topical ointment 0.05 %* | (Temovate) | 1 | |
| *clobetasol topical shampoo 0.05 %* | (Clobex) | 1 | |
| *clobetasol-emollient topical cream 0.05 %* | (Clobetasol Propionate/Emoll) | 1 | |
| *clobetasol-emollient topical foam 0.05 %* | (Olux-E) | 1 | |
| EUCRISA TOPICAL OINTMENT 2 % | | 1 | |
| *fluocinolone topical cream 0.01 %* | (Synalar) | 1 | |
| *fluocinolone topical cream 0.025 %* | (Synalar) | 1 | |
| *fluocinolone topical ointment 0.025 %* | (Synalar) | 1 | |
| *fluocinonide topical cream 0.05 %* | (Vanos) | 1 | |
| *fluocinonide topical gel 0.05 %* | (Fluocinonide) | 1 | |
| *fluocinonide topical ointment 0.05 %* | (Fluocinonide) | 1 | |
| *fluocinonide topical solution 0.05 %* | (Fluocinonide) | 1 | |
| *fluticasone propionate topical cream 0.05 %* | (Fluticasone Propionate) | 1 | |
| *halobetasol propionate topical cream 0.05 %* | (Halobetasol Propionate) | 1 | |
| *halobetasol propionate topical ointment 0.05 %* | (Halobetasol Propionate) | 1 | |
| *hydrocortisone 2.5% cream* | (Hydrocortisone) | 1 | |

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|---|---|---|---|
| *hydrocortisone topical cream 1 %* | (Hydrocortisone) | 1 | |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | (Hydrocortisone) | 1 | |
| *hydrocortisone topical lotion 2.5 %* | (Scalacort) | 1 | |
| *hydrocortisone topical ointment 1 %* | (Hydrocortisone) | 1 | |
| *hydrocortisone topical ointment 2.5 %* | (Hydrocortisone) | 1 | |
| *hydrocortisone valerate topical cream 0.2 %* | (Hydrocortisone Valerate) | 1 | |
| *mometasone topical cream 0.1 %* | (Mometasone Furoate) | 1 | |
| *mometasone topical ointment 0.1 %* | (Mometasone Furoate) | 1 | |
| *mometasone topical solution 0.1 %* | (Mometasone Furoate) | 1 | |
| *pimecrolimus topical cream 1 %* | (Elidel) | 1 | QL (100 per 30 days) |
| *procto-med hc topical cream with perineal applicator 2.5 %* | (Anusol-HC) | 1 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | (Anusol-HC) | 1 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | (Anusol-HC) | 1 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | (Tacrolimus) | 1 | QL (100 per 30 days) |
| *triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml* | | 1 | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %* | (Triamcinolone Acetonide) | 1 | |
| *triamcinolone acetonide topical cream 0.5 %* | (Triamcinolone Acetonide) | 1 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | (Triamcinolone Acetonide) | 1 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | (Triamcinolone Acetonide) | 1 | |
| **Agentes Dermatológicos, Otros** | | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | (Acitretin) | 1 | |
| *acyclovir topical ointment 5 %* | (Zovirax) | 1 | QL (30 per 30 days) |

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|---|---|---|---|
| *ammonium lactate topical cream 12 %* | (Ammonium Lactate) | 1 | |
| *ammonium lactate topical lotion 12 %* | (Ammonium Lactate) | 1 | |
| *calcipotriene scalp solution 0.005 %* | (Calcipotriene) | 1 | QL (120 per 30 days) |
| *calcipotriene topical cream 0.005 %* | (Calcipotriene) | 1 | QL (120 per 30 days) |
| *calcipotriene topical ointment 0.005 %* | (Calcipotriene) | 1 | QL (120 per 30 days) |
| *fluorouracil topical cream 5 %* | (Carac) | 1 | |
| *fluorouracil topical solution 2 %, 5 %* | (Fluorouracil) | 1 | |
| *imiquimod topical cream in packet 5 %* | (Imiquimod) | 1 | QL (24 per 30 days) |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | | 1 | ST; NDS; QL (5 per 5 days) |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | (Methoxsalen) | 1 | NDS |
| PANRETIN TOPICAL GEL 0.1 % | | 1 | NDS; QL (60 per 28 days) |
| *podofilox topical solution 0.5 %* | (Podofilox) | 1 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | | 1 | QL (180 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | | 1 | PA NSO; NDS |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (Absorica) | 1 | |
| **Antibacterianos Dermatológicos** | | | |
| *clindamycin phosphate topical solution 1 %* | (Cleocin T) | 1 | QL (180 per 30 days) |
| *clindamycin phosphate topical swab 1 %* | (Clindacin P) | 1 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | (Clindamycin Phos/Benzoyl Perox) | 1 | |
| *erythromycin with ethanol topical solution 2 %* | (Erythromycin Base In Ethanol) | 1 | |
| *gentamicin topical cream 0.1 %* | (Gentamicin Sulfate) | 1 | QL (90 per 30 days) |

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|---|---|---|---|
| *gentamicin topical ointment 0.1 %* | (Gentamicin Sulfate) | 1 | QL (120 per 30 days) |
| *metronidazole topical cream 0.75 %* | (Metronidazole) | 1 | |
| *metronidazole topical gel 0.75 %* | (Rosadan) | 1 | |
| *metronidazole topical gel 1 %* | | 1 | |
| *mupirocin topical ointment 2 %* | (Centany) | 1 | QL (220 per 30 days) |
| *rosadan topical cream 0.75 %* | (Metronidazole) | 1 | |
| *selenium sulfide topical lotion 2.5 %* | (Selenium Sulfide) | 1 | |
| *silver sulfadiazine topical cream 1 %* | (Silvadene) | 1 | |
| *ssd topical cream 1 %* | (Silvadene) | 1 | |
| **Escabicidas Y Pediculicidas** | | | |
| *malathion topical lotion 0.5 %* | (Ovide) | 1 | |
| *permethrin topical cream 5 %* | (Elimite) | 1 | QL (60 per 30 days) |
| **Retinoides Dermatológicos** | | | |
| *adapalene topical cream 0.1 %* | (Differin) | 1 | |
| ALTRENO TOPICAL LOTION 0.05 % | | 1 | PA |
| *tazarotene topical cream 0.1 %* | (Tazorac) | 1 | |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | (Retin-A) | 1 | PA |
| **Agentes Gastrointestinales** | | | |
| **Agentes Antiúlceras Y Supresores De Ácidos** | | | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | (Lansoprazole/Amoxicil n/Clarith) | 1 | |
| *cimetidine hcl oral solution 300 mg/5 ml* | (Cimetidine HCl) | 1 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg* | (Nexium) | 1 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | (Nexium) | 1 | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg* | (Nexium) | 1 | ST; QL (30 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | (Nexium) | 1 | ST; QL (60 per 30 days) |

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|---|---|---|---|
| *famotidine oral tablet 20 mg* | (Pepcid) | 1 | |
| *famotidine oral tablet 40 mg* | (Pepcid) | 1 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | (Prevacid) | 1 | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | (Prevacid) | 1 | QL (60 per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | (Cytotec) | 1 | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | (Omeprazole) | 1 | |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | (Protonix) | 1 | |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | (Aciphex) | 1 | |
| *sucralfate oral tablet 1 gram* | (Carafate) | 1 | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | | 1 | PA |
| **Agentes Gastrointestinales, Otros** | | | |
| *carglumic acid oral tablet, dispersible 200 mg* | (Carglumic Acid) | 1 | PA; NDS |
| *constulose oral solution 10 gram/15 ml* | (Lactulose) | 1 | |
| *cromolyn oral concentrate 100 mg/5 ml* | (Gastrocrom) | 1 | |
| *dicyclomine oral capsule 10 mg* | (Dicyclomine HCl) | 1 | |
| *dicyclomine oral solution 10 mg/5 ml* | (Dicyclomine HCl) | 1 | |
| *dicyclomine oral tablet 20 mg* | (Dicyclomine HCl) | 1 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | (Lomotil) | 1 | PA-HRM; AGE (Max 64 Years) |
| *enulose oral solution 10 gram/15 ml* | (Lactulose) | 1 | |
| *generlac oral solution 10 gram/15 ml* | (Lactulose) | 1 | |
| *glycopyrrolate oral tablet 1 mg* | (Robinul) | 1 | |
| *glycopyrrolate oral tablet 2 mg* | (Robinul) | 1 | |
| *kionex oral suspension 15 gram/60 ml* | (Sodium Polystyrene Sulfonate) | 1 | |
| *lactulose oral solution 10 gram/15 ml* | (Lactulose) | 1 | |

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|---|---|---|---|
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | | 1 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | | 1 | |
| *loperamide oral capsule 2 mg* | (Loperamide HCl) | 1 | |
| *lubiprostone oral capsule 24 mcg* | (Amitiza) | 1 | QL (60 per 30 days) |
| *lubiprostone oral capsule 8 mcg* | (Amitiza) | 1 | QL (120 per 30 days) |
| *metoclopramide hcl oral solution 5 mg/5 ml* | | 1 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | (Reglan) | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | | 1 | QL (30 per 30 days) |
| *sodium polystyrene sulfonate oral powder 15 gram* | (Sodium Polystyrene Sulfonate) | 1 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | (Sodium Polystyrene Sulfonate) | 1 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | (Sodium Polystyrene Sulfon/Sorb) | 1 | |
| TRULANCE ORAL TABLET 3 MG | | 1 | QL (30 per 30 days) |
| *ursodiol oral capsule 200 mg, 400 mg* | (Reltone) | 1 | NDS |
| *ursodiol oral capsule 300 mg* | (Reltone) | 1 | |
| *ursodiol oral tablet 250 mg* | (Urso) | 1 | |
| *ursodiol oral tablet 500 mg* | (Urso) | 1 | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | | 1 | |
| XERMELO ORAL TABLET 250 MG | | 1 | PA; NDS; QL (84 per 28 days) |
| **Enlaces De Fosfato** | | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | (Calcium Acetate) | 1 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | (Calcium Acetate) | 1 | |

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|---|---|---|---|
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | (Renvela) | 1 | |
| *sevelamer carbonate oral tablet 800 mg* | (Renvela) | 1 | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | (Sevelamer HCl) | 1 | |
| **Laxantes** | | | |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | (Golytely) | 1 | |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | (Golytely) | 1 | |
| *gavilyte-n oral recon soln 420 gram* | (Sodium Chloride/Nahco3/Kcl/Peg) | 1 | |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | (Golytely) | 1 | |
| *peg-electrolyte soln oral recon soln 420 gram* | (Sodium Chloride/Nahco3/Kcl/Peg) | 1 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | (Suprep) | 1 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)* | (Suprep) | 1 | |
| **Agentes Genitourinarios** | | | |
| **Agentes Genitourinarios, Varios** | | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | (Uroxatral) | 1 | QL (30 per 30 days) |
| *dutasteride oral capsule 0.5 mg* | (Avodart) | 1 | |
| *finasteride oral tablet 5 mg* | (Proscar) | 1 | |
| *tamsulosin oral capsule 0.4 mg* | (Flomax) | 1 | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | (Terazosin HCl) | 1 | |
| **Antiespasmódicos, Urinario** | | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | (Bethanechol Chloride) | 1 | |

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|---|---|---|---|
| *fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg* | (Toviaz) | 1 | |
| *flavoxate oral tablet 100 mg* | (Flavoxate HCl) | 1 | |
| *mirabegron oral tablet extended release 24 hr 25 mg, 50 mg* | (Myrbetriq) | 1 | |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | (Oxybutynin Chloride) | 1 | |
| *oxybutynin chloride oral tablet 5 mg* | (Oxybutynin Chloride) | 1 | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | (Oxybutynin Chloride) | 1 | |
| *solifenacin oral tablet 10 mg, 5 mg* | (Vesicare) | 1 | |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | (Detrol LA) | 1 | |
| *tolterodine oral tablet 1 mg, 2 mg* | (Detrol) | 1 | |
| *trospium oral tablet 20 mg* | (Trospium Chloride) | 1 | |
| **Agentes Hormonales, Estimulante/Reemplazo/Modificador** | | | |
| **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* | (Cytomel) | 1 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | (Cytomel) | 1 | |
| *methimazole oral tablet 10 mg, 5 mg* | (Methimazole) | 1 | |
| *propylthiouracil oral tablet 50 mg* | (Propylthiouracil) | 1 | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | | 1 | PA; NDS |
| **Andrógenos** | | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | (Danazol) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | (Depo-Testosterone) | 1 | PA |
| *testosterone cypionate intramuscular oil 200 mg/ml (1 ml)* | (Depo-Testosterone) | 1 | PA |
| *testosterone enanthate intramuscular oil 200 mg/ml* | (Testosterone Enanthate) | 1 | PA; QL (5 per 28 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | (Vogelxo) | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | (Vogelxo) | 1 | PA; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | (Testosterone) | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | (Testosterone) | 1 | PA; QL (300 per 30 days) |
| **Estrógenos Y Antiestrógenos** | | | |
| *abigale lo oral tablet 0.5-0.1 mg* | (Activella) | 1 | |
| *abigale oral tablet 1-0.5 mg* | (Activella) | 1 | 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) | 1 | |
| *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* | (Minivelle) | 1 | QL (8 per 28 days) |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | (Vagifem) | 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* | (Minivelle) | 1 | 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) | 1 | QL (4 per 28 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | (Estrace) | 1 | |
| *estradiol vaginal tablet 10 mcg* | (Vagifem) | 1 | QL (18 per 28 days) |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg* | (Activella) | 1 | PA-HRM; AGE (Max 64 Years) |
| *estradiol-norethindrone acet oral tablet 1-0.5 mg* | (Activella) | 1 | PA-HRM; AGE (Max 64 Years) |
| *mimvey oral tablet 1-0.5 mg* | (Activella) | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | | 1 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | | 1 | 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 | | 1 | PA-HRM; AGE (Max 64 Years) |
| *raloxifene oral tablet 60 mg* | (Evista) | 1 | |
| *yuvafem vaginal tablet 10 mcg* | (Vagifem) | 1 | QL (18 per 28 days) |
| **Glucocorticoides/Mineralocorticoides** | | | |
| *dexamethasone oral solution 0.5 mg/5 ml* | (Dexamethasone) | 1 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | (Dexamethasone) | 1 | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml* | (Dexamethasone Sodium Phosphate) | 1 | |
| *fludrocortisone oral tablet 0.1 mg* | (Fludrocortisone Acetate) | 1 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | (Cortef) | 1 | |
| *methylprednisolone acetate injection suspension 40 mg/ml* | (Depo-Medrol) | 1 | |
| *methylprednisolone oral tablet 16 mg, 4 mg, 8 mg* | (Medrol) | 1 | |
| *methylprednisolone oral tablet 32 mg* | (Medrol) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *methylprednisolone oral tablets,dose pack 4 mg* | (Medrol) | 1 | |
| *prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)* | (Pediapred) | 1 | PA BvD |
| *prednisolone oral solution 15 mg/5 ml* | (Pediapred) | 1 | PA BvD |
| *prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | (Pediapred) | 1 | PA BvD |
| *prednisone oral solution 5 mg/5 ml* | (Prednisone) | 1 | PA BvD |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | (Prednisone) | 1 | PA BvD |
| *prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)* | (Prednisone) | 1 | |
| *triamcinolone acetonide injection suspension 40 mg/ml* | (Kenalog-40) | 1 | |
| **Pituitario** | | | |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | | 1 | PA; NDS; QL (35 per 28 days) |
| *desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)* | (Desmopressin (Nonrefrigerated)) | 1 | |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | (Desmopressin (Nonrefrigerated)) | 1 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* | (DDAVP) | 1 | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | | 1 | PA; NDS |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* | (Somatuline Depot) | 1 | PA NSO; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | | 1 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | | 1 | PA NSO; NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | | 1 | PA; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | | 1 | PA; 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) | | 1 | PA; NDS |
| *octreotide acetate injection solution 1,000 mcg/ml* | (Octreotide Acetate) | 1 | NDS |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* | (Octreotide Acetate) | 1 | |
| *octreotide acetate injection solution 200 mcg/ml* | (Octreotide Acetate) | 1 | |
| ORGOVYX ORAL TABLET 120 MG | | 1 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | | 1 | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | | 1 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | | 1 | PA; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | (lanreotide) | 1 | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | (lanreotide) | 1 | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | | 1 | PA; NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Progestinas** | | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | | 1 | QL (0.65 per 84 days) |
| *gallifrey oral tablet 5 mg* | (Norethindrone Acetate) | 1 | |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | (Depo-Provera) | 1 | |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | (Depo-Provera) | 1 | |
| *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)* | (Megestrol Acetate) | 1 | PA-HRM; AGE (Max 64 Years) |
| *norethindrone acetate oral tablet 5 mg* | (Norethindrone Acetate) | 1 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | (Prometrium) | 1 | |
| **Agentes Inmunológicos** | | | |
| **Agentes Inmunológicos** | | | |
| *adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml* | (Yuflyma(Cf) Autoinjector) | 1 | PA; NDS |
| *adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml* | (Yuflyma(Cf) Autoinjector) | 1 | PA; NDS |
| *adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml* | (Adalimumab-Aaty) | 1 | PA; NDS |
| *adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml* | (Yuflyma(Cf) Autoinjector) | 1 | PA; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | | 1 | PA; NDS |
| *azathioprine oral tablet 50 mg* | (Imuran) | 1 | PA BvD |
| *azathioprine sodium injection recon soln 100 mg* | (Azathioprine Sodium) | 1 | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | | 1 | PA; NDS; QL (8 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 1 | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 1 | PA NSO; NDS; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 1 | PA; NDS |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 1 | PA; NDS |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) | 1 | PA; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 1 | PA; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 1 | PA; NDS |
| *cyclosporine intravenous solution 250 mg/5 ml* (Sandimmune) | 1 | PA BvD |
| *cyclosporine modified oral capsule 100 mg, 25 mg* (Neoral) | 1 | PA BvD |
| *cyclosporine modified oral capsule 50 mg* (Neoral) | 1 | PA BvD |
| *cyclosporine modified oral solution 100 mg/ml* (Neoral) | 1 | PA BvD |
| *cyclosporine oral capsule 100 mg, 25 mg* (Sandimmune) | 1 | PA BvD |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | 1 | PA; NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adbm) | 1 | PA; NDS |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adbm) | 1 | PA; 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) | 1 | PA; NDS |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | | 1 | PA; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | | 1 | PA; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | | 1 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | | 1 | PA; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | | 1 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | | 1 | PA; NDS |
| *everolimus (immunosuppressive) oral tablet 0.25 mg* | (Zortress) | 1 | PA BvD |
| *everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg* | (Zortress) | 1 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | | 1 | PA BvD; NDS |
| *gengraf oral capsule 100 mg, 25 mg* | (Neoral) | 1 | PA BvD |
| *gengraf oral solution 100 mg/ml* | (Neoral) | 1 | PA BvD |

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|---|---|---|
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | 1 | PA; NDS |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 1 | PA; NDS |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd) | 1 | PA; NDS |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd) | 1 | PA; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 1 | PA; 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 | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA; 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 | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 1 | PA; 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 | 1 | PA; NDS; Only NDCs starting with 00074 |
| *infliximab intravenous recon soln 100 mg* (Remicade) | 1 | PA; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 1 | PA; NDS |

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|---|---|---|---|
| *leflunomide oral tablet 10 mg, 20 mg* | (Arava) | 1 | |
| *mycophenolate mofetil (hcl) intravenous recon soln 500 mg* | (Cellcept) | 1 | PA BvD |
| *mycophenolate mofetil oral capsule 250 mg* | (Cellcept) | 1 | PA BvD |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | (Cellcept) | 1 | PA BvD; NDS |
| *mycophenolate mofetil oral tablet 500 mg* | (Cellcept) | 1 | PA BvD |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* | (Myfortic) | 1 | PA BvD |
| NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML | | 1 | PA NSO; NDS |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | | 1 | PA BvD; NDS |
| OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | | 1 | PA; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | | 1 | PA; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | | 1 | PA; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | | 1 | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | | 1 | PA; 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) | | 1 | PA; NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | | 1 | PA; NDS |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | | 1 | PA; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | (tacrolimus) | 1 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | | 1 | 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 | | 1 | ST |
| REZUROCK ORAL TABLET 200 MG | | 1 | PA NSO; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | | 1 | PA; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | | 1 | PA; NDS |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML | | 1 | PA; NDS |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | | 1 | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | (ustekinumab-aekn) | 1 | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML | (ustekinumab-aekn) | 1 | PA; NDS |
| *sirolimus oral solution 1 mg/ml* | (Rapamune) | 1 | PA BvD |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | (Rapamune) | 1 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | | 1 | PA; NDS |

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|---|---|---|---|
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML | | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | | 1 | PA; NDS |
| *tacrolimus intravenous solution 5 mg/ml* | (Tacrolimus) | 1 | PA BvD |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | (Prograf) | 1 | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg* | (Astagraf XL) | 1 | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 5 mg* | (Astagraf XL) | 1 | PA BvD; NDS |
| TAVNEOS ORAL CAPSULE 10 MG | | 1 | PA; NDS; QL (180 per 30 days) |
| *tofacitinib oral solution 1 mg/ml* | (Xeljanz) | 1 | PA; NDS |
| *tofacitinib oral tablet 10 mg, 5 mg* | (Xeljanz) | 1 | PA; NDS |
| *tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg* | (Xeljanz XR) | 1 | PA; NDS |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | | 1 | PA; NDS |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | | 1 | PA; NDS |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | 1 | PA; NDS |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | 1 | PA; NDS |

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|---|---|---|
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 1 | PA; NDS |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 1 | PA; 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) | 1 | PA; NDS |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 1 | PA; NDS |
| *ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml* (Ustekinumab-Aauz) | 1 | PA |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML | 1 | PA; NDS |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 1 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 1 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 1 | PA; NDS |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty) | 1 | PA; NDS |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty) | 1 | PA; NDS |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty) | 1 | PA; NDS |
| **Vacunas** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 1 | $0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | $0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | $0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 1 | $0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 1 | $0 copay |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 1 | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 1 | $0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 1 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 1 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 1 | PA BvD; $0 copay |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 1 | PA BvD; $0 copay |

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|---|---|---|
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 1 | PA BvD; $0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 1 | $0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 1 | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 1 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 1 | PA BvD; $0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 1 | PA BvD; $0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 1 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 1 | $0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 1 | $0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 1 | $0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 1 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 1 | $0 copay |

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

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|---|---|---|
| PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | $0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 1 | |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | 1 | $0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | 1 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 1 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 1 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 1 | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD; $0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 1 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 1 | |

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|---|---|---|
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 1 | $0 copay; QL (2 per 365 days) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 1 | $0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | 1 | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 1 | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 1 | $0 copay |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 1 | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 1 | $0 copay |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | $0 copay |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 1 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 1 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine) | 1 | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 1 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 1 | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 1 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 1 | $0 copay |

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|---|---|---|---|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | | 1 | $0 copay |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | | 1 | $0 copay |
| VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | | 1 | $0 copay |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | | 1 | $0 copay |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | | 1 | $0 copay |
| **Agentes Oftálmicos** | | | |
| **Agentes Antiglaucoma** | | | |
| *acetazolamide oral capsule, extended release 500 mg* | (Acetazolamide) | 1 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | (Acetazolamide) | 1 | |
| *acetazolamide sodium injection recon soln 500 mg* | (Acetazolamide Sodium) | 1 | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | (Betaxolol HCl) | 1 | |
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %* | (Alphagan P) | 1 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | (Alphagan P) | 1 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | (Combigan) | 1 | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | (Azopt) | 1 | |

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|---|---|---|---|
| *carteolol ophthalmic (eye) drops 1 %* | (Carteolol HCl) | 1 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | (Dorzolamide HCl) | 1 | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | (Cosopt) | 1 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | (Xalatan) | 1 | QL (2.5 per 25 days) |
| *levobunolol ophthalmic (eye) drops 0.5 %* | (Levobunolol HCl) | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | (bimatoprost) | 1 | QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | (Methazolamide) | 1 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | (Vuity) | 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | | 1 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | | 1 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | | 1 | |
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | (Timolol Maleate) | 1 | |
| *timolol ophthalmic (eye) drops 0.5 %* | (Betimol) | 1 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | (Travatan Z) | 1 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | | 1 | QL (5 per 30 days) |
| **Agentes Para Los Ojos, Oídos, Nariz, Garganta** | | | |
| **Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta** | | | |
| *acetic acid otic (ear) solution 2 %* | (Acetic Acid) | 1 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | (Bacitracin) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | (Bacitracin/Polymyxin B Sulfate) | 1 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | (Ciprofloxacin HCl) | 1 | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | (Ciprofloxacin HCl/Dexameth) | 1 | QL (7.5 per 7 days) |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | (Erythromycin Base) | 1 | QL (3.5 per 4 days) |
| *gentamicin ophthalmic (eye) drops 0.3 %* | (Gentamicin Sulfate) | 1 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | (Hydrocortisone/Acetic Acid) | 1 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | (Vigamox) | 1 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | | 1 | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (Neomycin/Bacit/P-Myx/Hydrocort) | 1 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (Neomycin/Bacitracin/Polymyxinb) | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | (Maxitrol) | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | (Maxitrol) | 1 | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | (Neomycin/Polymyxn B/Gramicidin) | 1 | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | (Neomycin/Polymyxin B/Hydrocort) | 1 | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | (Neomycin/Polymyxin B/Hydrocort) | 1 | |

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|---|---|---|---|
| *neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (Neomycin/Bacit/P-Myx/Hydrocort) | 1 | |
| *neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (Neomycin/Bacitracin/Polymyxinb) | 1 | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | (Ocuflox) | 1 | |
| *ofloxacin otic (ear) drops 0.3 %* | (Ocuflox) | 1 | |
| *polycin ophthalmic (eye) ointment 500-10,000 unit/gram* | (Bacitracin/Polymyxin B Sulfate) | 1 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | (Polymyxin B Sulf/Trimethoprim) | 1 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | (Sulfacetamide Sodium) | 1 | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | (Sulfacetamide Sodium) | 1 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | (Sulfacetamide/Prednisolone Sp) | 1 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | (Tobramycin) | 1 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | (Tobramycin/Dexamethasone) | 1 | |
| *tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %* | (Zylet) | 1 | |
| *trifluridine ophthalmic (eye) drops 1 %* | (Trifluridine) | 1 | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | | 1 | PA; NDS; QL (10 per 42 days) |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | | 1 | |

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|---|---|---|---|
| **Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta** | | | |
| *bromfenac ophthalmic (eye) drops 0.07 %* | (Prolensa) | 1 | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | (Restasis) | 1 | QL (60 per 30 days) |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | (Dexamethasone Sodium Phosphate) | 1 | |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | (Diclofenac Sodium) | 1 | |
| *difluprednate ophthalmic (eye) drops 0.05 %* | (Durezol) | 1 | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | | 1 | QL (8.3 per 14 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | (Flunisolide) | 1 | QL (50 per 25 days) |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | (Dermotic) | 1 | |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | (FML) | 1 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | (Flurbiprofen Sodium) | 1 | |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | (Fluticasone Propionate) | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | | 1 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | | 1 | QL (5.6 per 14 days) |
| *ketorolac ophthalmic (eye) drops 0.5 %* | (Acular) | 1 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | | 1 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | | 1 | QL (5 per 16 days) |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | (Lotemax) | 1 | QL (10 per 14 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %* | (Alrex) | 1 | ST |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | (Alrex) | 1 | QL (15 per 19 days) |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | (Mometasone Furoate) | 1 | QL (34 per 30 days) |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | (Pred Forte) | 1 | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | | 1 | QL (60 per 30 days) |
| **Agentes De Ojos, Oídos, Nariz Y Garganta, Varios** | | | |
| *atropine ophthalmic (eye) drops 1 %* | | 1 | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | (Azelastine HCl) | 1 | QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | (Azelastine HCl) | 1 | QL (30 per 25 days) |
| *azelastine ophthalmic (eye) drops 0.05 %* | (Azelastine HCl) | 1 | |
| *cromolyn ophthalmic (eye) drops 4 %* | (Cromolyn Sodium) | 1 | |
| *epinastine ophthalmic (eye) drops 0.05 %* | (Epinastine HCl) | 1 | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | (Ipratropium Bromide) | 1 | QL (30 per 28 days) |
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | (Ipratropium Bromide) | 1 | QL (15 per 10 days) |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | | 1 | QL (12 per 28 days) |
| *olopatadine ophthalmic (eye) drops 0.1 %* | (Olopatadine HCl) | 1 | |
| *olopatadine ophthalmic (eye) drops 0.2 %* | (Olopatadine HCl) | 1 | |

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|---|---|---|---|
| **Agentes Terapeuticos Misceláneos** | | | |
| **Agentes Terapeuticos Misceláneos** | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | | 1 | PA; NDS |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | | 1 | |
| *betaine oral powder 1 gram/scoop* | (Cystadane) | 1 | PA; NDS |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | (Buspirone HCl) | 1 | |
| *diazoxide oral suspension 50 mg/ml* | (Proglycem) | 1 | NDS |
| *glucagon emergency kit (human) injection recon soln 1 mg* | (Glucagen) | 1 | |
| *glutamine (sickle cell) oral powder in packet 5 gram* | (Glutamine) | 1 | PA; NDS; QL (180 per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | | 1 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | | 1 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | | 1 | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | (Vistaril) | 1 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | (Leucovorin Calcium) | 1 | |
| *mesna oral tablet 400 mg* | (Mesnex) | 1 | NDS |
| *nitroglycerin rectal ointment 0.4 % (w/w)* | (Rectiv) | 1 | QL (30 per 30 days) |
| *pyridostigmine bromide oral tablet 60 mg* | (Mestinon) | 1 | |
| THALOMID ORAL CAPSULE 100 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |

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|---|---|---|---|
| THALOMID ORAL CAPSULE 150 MG, 200 MG | | 1 | PA NSO; NDS; QL (56 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | | 1 | PA NSO; NDS; QL (224 per 28 days) |
| TYBOST ORAL TABLET 150 MG | | 1 | QL (30 per 30 days) |
| VEOZAH ORAL TABLET 45 MG | | 1 | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | | 1 | PA; 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 | | 1 | PA; NDS; QL (90 per 30 days) |
| *alyq oral tablet 20 mg* | (Cialis) | 1 | PA; QL (60 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | (Tracleer) | 1 | PA; LA; NDS; QL (60 per 30 days) |
| *macitentan oral tablet 10 mg* | (Opsumit) | 1 | PA; NDS; QL (30 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | (Viagra) | 1 | PA; QL (360 per 30 days) |
| *tadalafil oral tablet 2.5 mg* | (Cialis) | 1 | PA; QL (30 per 30 days) |
| *tadalafil oral tablet 5 mg* | (Cialis) | 1 | 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 | | 1 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 100 MCG | | 1 | PA; NDS; QL (480 per 30 days) |
| UPTRAVI ORAL TABLET 150 MCG | | 1 | PA; NDS; QL (300 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | | 1 | PA; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | | 1 | PA; NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | | 1 | PA; NDS |
| **Analgésicos** | | | |
| **Agentes Antiinflamatorios No Esteroideos** | | | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | (Celebrex) | 1 | QL (60 per 30 days) |
| *diclofenac epolamine transdermal patch 12 hour 1.3 %* | (Flector) | 1 | PA; QL (60 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | (Diclofenac Potassium) | 1 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | (Diclofenac Sodium) | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg* | (Diclofenac Sodium) | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg* | (Diclofenac Sodium) | 1 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg* | (Diclofenac Sodium) | 1 | QL (60 per 30 days) |
| *diclofenac sodium topical drops 1.5 %* | (Diclofenac Sodium) | 1 | QL (300 per 30 days) |
| *diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)* | (Diclofenac Sodium) | 1 | PA; NDS; QL (224 per 28 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg* | (Arthrotec 50) | 1 | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg* | (Arthrotec 50) | 1 | |
| *etodolac oral capsule 200 mg, 300 mg* | (Etodolac) | 1 | |
| *etodolac oral tablet 400 mg* | (Lodine) | 1 | |
| *etodolac oral tablet 500 mg* | (Lodine) | 1 | |
| *flurbiprofen oral tablet 100 mg* | (Flurbiprofen) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *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* | (Ibuprofen) | 1 | QL (240 per 30 days) |
| *ibuprofen oral tablet 600 mg, 800 mg* | (Ibuprofen) | 1 | |
| *indomethacin oral capsule 25 mg, 50 mg* | (Indomethacin) | 1 | PA-HRM; AGE (Max 64 Years) |
| *ketorolac oral tablet 10 mg* | (Ketorolac Tromethamine) | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *meloxicam oral tablet 15 mg, 7.5 mg* | (Meloxicam) | 1 | |
| *nabumetone oral tablet 500 mg, 750 mg* | (Nabumetone) | 1 | |
| *naproxen oral tablet 250 mg, 375 mg* | (Naproxen) | 1 | |
| *naproxen oral tablet 500 mg* | (Naproxen) | 1 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg* | (Naproxen) | 1 | |
| *sulindac oral tablet 150 mg, 200 mg* | (Sulindac) | 1 | |
| **Analgésicos, Varios** | | | |
| *acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml* | (Acetaminophen with Codeine) | 1 | NDS; QL (4500 per 30 days) |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | (Acetaminophen with Codeine) | 1 | NDS; QL (4500 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | (Acetaminophen with Codeine) | 1 | NDS; QL (360 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | (Acetaminophen with Codeine) | 1 | NDS; 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) | 1 | NDS; QL (4 per 28 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | (Fioricet with Codeine) | 1 | PA-HRM; NDS; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral capsule 50-300-40 mg* | (Esgic) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |

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|---|---|---|---|
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | (Esgic) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | (Esgic) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *endocet oral tablet 10-325 mg* | (Oxycodone HCl/Acetaminophen) | 1 | NDS; QL (180 per 30 days) |
| *endocet oral tablet 2.5-325 mg, 5-325 mg* | (Oxycodone HCl/Acetaminophen) | 1 | NDS; QL (360 per 30 days) |
| *endocet oral tablet 7.5-325 mg* | (Oxycodone HCl/Acetaminophen) | 1 | NDS; QL (240 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | (Fentanyl Citrate) | 1 | PA; NDS; 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* | (Fentanyl) | 1 | NDS; 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* | (Hydrocodone/Acetaminophen) | 1 | NDS; QL (2700 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg* | (Hydrocodone/Acetaminophen) | 1 | NDS; QL (180 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 5-325 mg* | (Hydrocodone/Acetaminophen) | 1 | NDS; QL (240 per 30 days) |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | (Dilaudid) | 1 | NDS; QL (180 per 30 days) |
| *methadone oral tablet 10 mg* | (Diskets) | 1 | NDS; QL (120 per 30 days) |
| *methadone oral tablet 5 mg* | (Diskets) | 1 | NDS; QL (180 per 30 days) |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | (Morphine Sulfate) | 1 | PA; NDS; QL (180 per 30 days) |
| *morphine oral solution 10 mg/5 ml (2 mg/ml)* | (Morphine Sulfate) | 1 | NDS; QL (700 per 30 days) |
| *morphine oral solution 20 mg/5 ml (4 mg/ml)* | (Morphine Sulfate) | 1 | NDS; QL (300 per 30 days) |

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|---|---|---|---|
| MORPHINE ORAL TABLET 15 MG | | 1 | NDS; QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | | 1 | NDS; QL (120 per 30 days) |
| *morphine oral tablet extended release 100 mg, 200 mg* | (MS Contin) | 1 | NDS; QL (60 per 30 days) |
| *morphine oral tablet extended release 15 mg, 30 mg* | (MS Contin) | 1 | NDS; QL (90 per 30 days) |
| *morphine oral tablet extended release 60 mg* | (MS Contin) | 1 | NDS; QL (60 per 30 days) |
| *oxycodone oral capsule 5 mg* | (Oxycodone HCl) | 1 | NDS; QL (180 per 30 days) |
| *oxycodone oral tablet 10 mg, 5 mg* | (Roxicodone) | 1 | NDS; QL (180 per 30 days) |
| *oxycodone oral tablet 15 mg, 30 mg* | (Roxicodone) | 1 | NDS; QL (120 per 30 days) |
| *oxycodone oral tablet 20 mg* | (Roxicodone) | 1 | NDS; QL (120 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg* | (Oxycodone HCl/Acetaminophen) | 1 | NDS; QL (180 per 30 days) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | (Oxycodone HCl/Acetaminophen) | 1 | NDS; QL (360 per 30 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | (Oxycodone HCl/Acetaminophen) | 1 | NDS; QL (240 per 30 days) |
| *tramadol oral tablet 50 mg* | (Tramadol HCl) | 1 | NDS; QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | (Tramadol HCl/Acetaminophen) | 1 | NDS; QL (300 per 30 days) |
| **Anestésicos** | | | |
| **Anestesia Local** | | | |
| *dermacinrx lidocan 5% patch outer* | (Lidoderm) | 1 | PA; QL (90 per 30 days) |
| *glydo mucous membrane jelly in applicator 2 %* | (Lidocaine HCl) | 1 | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane jelly in applicator 2 %* | (Lidocaine HCl) | 1 | QL (30 per 30 days) |

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|---|---|---|---|
| *lidocaine hcl mucous membrane solution 2 %* | (Lidocaine HCl) | 1 | |
| *lidocaine topical adhesive patch,medicated 5 %* | (Lidoderm) | 1 | PA; QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | (Lidocaine) | 1 | PA; QL (240 per 30 days) |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | (Lidocaine/Prilocaine) | 1 | PA; QL (30 per 30 days) |
| *lidocan iii topical adhesive patch,medicated 5 %* | (Lidoderm) | 1 | PA; QL (90 per 30 days) |
| *tridacaine iii topical adhesive patch,medicated 5 %* | (Lidoderm) | 1 | PA; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | | 1 | PA; QL (90 per 30 days) |
| **Antagonistas De Metales Pesados** | | | |
| **Antagonistas De Metales Pesados** | | | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | (Jadenu Sprinkle) | 1 | PA; NDS |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | (Jadenu) | 1 | PA |
| *penicillamine oral tablet 250 mg* | (Depen) | 1 | PA; NDS |
| *trientine oral capsule 250 mg* | (Syprine) | 1 | PA; NDS; QL (240 per 30 days) |
| **Anti Infecciosos (Membrana Cutánea Y Mucosa)** | | | |
| **Anti Infecciosos (Membrana Cutánea Y Mucosa)** | | | |
| *clindamycin phosphate vaginal cream 2 %* | (Cleocin) | 1 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | (Vandazole) | 1 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | (Terconazole) | 1 | |
| *terconazole vaginal suppository 80 mg* | (Terconazole) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Antibacterianos** | | | |
| **Aminoglicósidos** | | | |
| *amikacin injection solution 500 mg/2 ml* | (Amikacin Sulfate) | 1 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | | 1 | PA; NDS; QL (235.2 per 28 days) |
| *gentamicin injection solution 40 mg/ml* | (Gentamicin Sulfate) | 1 | |
| *gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml* | (Gentamicin Sulfate/PF) | 1 | |
| *neomycin oral tablet 500 mg* | (Neomycin Sulfate) | 1 | |
| *streptomycin intramuscular recon soln 1 gram* | (Streptomycin Sulfate) | 1 | NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | | 1 | NDS; QL (224 per 28 days) |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | (Tobi) | 1 | PA BvD; NDS |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | (Tobramycin Sulfate) | 1 | |
| **Antibacteriales, Misceláneos** | | | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | (Cleocin HCl) | 1 | |
| *clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)* | (Cleocin Phosphate) | 1 | |
| *clindamycin phosphate injection solution 150 mg/ml* | (Cleocin Phosphate) | 1 | |
| *colistin (colistimethate na) injection recon soln 150 mg* | (Coly-Mycin M Parenteral) | 1 | NDS |
| *daptomycin intravenous recon soln 350 mg, 500 mg* | (Cubicin Rf) | 1 | NDS |
| *fosfomycin tromethamine oral packet 3 gram* | (Monurol) | 1 | |

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|---|---|---|---|
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | (Zyvox) | 1 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | (Zyvox) | 1 | NDS |
| *linezolid oral tablet 600 mg* | (Zyvox) | 1 | |
| *methenamine hippurate oral tablet 1 gram* | (Hiprex) | 1 | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | (Metronidazole/Sodium Chloride) | 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | (Metronidazole) | 1 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | (Macrodantin/Macrobid) | 1 | QL (120 per 30 days) |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | (Macrobid) | 1 | QL (60 per 30 days) |
| *trimethoprim oral tablet 100 mg* | (Trimethoprim) | 1 | |
| *vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg* | (Vancomycin HCl) | 1 | |
| *vancomycin intravenous recon soln 750 mg* | | 1 | |
| *vancomycin oral capsule 125 mg* | (Vancocin HCl) | 1 | QL (56 per 14 days) |
| *vancomycin oral capsule 250 mg* | (Vancocin HCl) | 1 | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | | 1 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | | 1 | PA; NDS; QL (90 per 30 days) |
| **Antibióticos B-Lactam Misceláneos** | | | |
| *aztreonam injection recon soln 1 gram, 2 gram* | (Azactam) | 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | | 1 | PA; LA; NDS |
| *ertapenem injection recon soln 1 gram* | (Ertapenem Sodium) | 1 | |
| *imipenem-cilastatin intravenous recon soln 250 mg* | (Primaxin) | 1 | |

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|---|---|---|---|
| *imipenem-cilastatin intravenous recon soln 500 mg* | (Primaxin) | 1 | |
| *meropenem intravenous recon soln 1 gram, 2 gram, 500 mg* | (Meropenem) | 1 | |
| **Cefalosporinas** | | | |
| *cefaclor oral capsule 250 mg, 500 mg* | (Cefaclor) | 1 | |
| *cefadroxil oral capsule 500 mg* | (Cefadroxil) | 1 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | (Cefadroxil) | 1 | |
| *cefazolin injection recon soln 1 gram, 500 mg* | (Cefazolin Sodium) | 1 | |
| *cefazolin intravenous recon soln 10 gram* | (Cefazolin Sodium) | 1 | |
| *cefdinir oral capsule 300 mg* | (Cefdinir) | 1 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | (Cefdinir) | 1 | |
| *cefepime injection recon soln 1 gram, 2 gram* | (Cefepime HCl) | 1 | |
| *cefixime oral capsule 400 mg* | (Suprax) | 1 | |
| *cefixime oral tablet 400 mg* | (Cefixime) | 1 | |
| *cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram* | (Cefoxitin Sodium) | 1 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | (Cefpodoxime Proxetil) | 1 | |
| *cefprozil oral tablet 250 mg, 500 mg* | (Cefprozil) | 1 | |
| *ceftaroline fosamil intravenous recon soln 400 mg, 600 mg* | (Teflaro) | 1 | NDS |
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* | (Ceftazidime) | 1 | |
| *ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | (Ceftriaxone Sodium) | 1 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | (Cefuroxime Axetil) | 1 | |

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|---|---|---|---|
| *cefuroxime sodium injection recon soln 750 mg* | (Cefuroxime Sodium) | 1 | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | (Cefuroxime Sodium) | 1 | |
| *cephalexin oral capsule 250 mg, 500 mg* | (Cephalexin) | 1 | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | (Cephalexin) | 1 | |
| *tazicef injection recon soln 1 gram, 6 gram* | (Ceftazidime) | 1 | |
| *tazicef injection recon soln 2 gram* | (ceftazidime) | 1 | |
| **Macrólidos** | | | |
| *azithromycin intravenous recon soln 500 mg* | | 1 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml* | (Zithromax) | 1 | |
| *azithromycin oral suspension for reconstitution 200 mg/5 ml* | (Zithromax) | 1 | |
| *azithromycin oral tablet 250 mg* | (Zithromax) | 1 | |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg* | (Zithromax) | 1 | |
| *azithromycin oral tablet 500 mg* | (Zithromax) | 1 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | (Clarithromycin) | 1 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | (Clarithromycin) | 1 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | (Eryped 400) | 1 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml* | (Eryped 400) | 1 | |
| *erythromycin oral tablet 250 mg, 500 mg* | (Ery-Tab) | 1 | |

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|---|---|---|---|
| *fidaxomicin oral tablet 200 mg* | (Dificid) | 1 | NDS; QL (20 per 10 days) |
| **Penicilinas** | | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | (Amoxicillin) | 1 | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | (Amoxicillin) | 1 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | (Amoxicillin) | 1 | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | (Amoxicillin) | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml* | (Augmentin) | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml* | (Augmentin) | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml* | (Augmentin) | 1 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg* | (Augmentin) | 1 | |
| *amoxicillin-pot clavulanate oral tablet 500-125 mg* | (Augmentin) | 1 | |
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | (Amoxicillin/Potassium Clav) | 1 | |
| *ampicillin oral capsule 500 mg* | (Ampicillin Trihydrate) | 1 | |
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg* | (Ampicillin Sodium) | 1 | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* | (Unasyn) | 1 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | | 1 | |

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|---|---|---|---|
| *dicloxacillin oral capsule 250 mg, 500 mg* | (Dicloxacillin Sodium) | 1 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | | 1 | |
| LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 % | | 1 | |
| *nafcillin injection recon soln 1 gram, 10 gram, 2 gram* | (Nafcillin Sodium) | 1 | |
| *penicillin g potassium injection recon soln 20 million unit* | (Penicillin G Potassium) | 1 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | (Penicillin V Potassium) | 1 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | (Penicillin V Potassium) | 1 | |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 4.5 gram, 40.5 gram* | (Piperacillin Sodium/Tazobactam) | 1 | |
| *piperacillin-tazobactam intravenous recon soln 3.375 gram* | | 1 | |
| **Quinolonas** | | | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* | (Cipro) | 1 | |
| *ciprofloxacin hcl oral tablet 750 mg* | (Cipro) | 1 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | (Ciprofloxacin In 5 % Dextrose) | 1 | |
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml* | (Levofloxacin In Dextrose 5 %) | 1 | |
| *levofloxacin oral solution 250 mg/10 ml* | (Levofloxacin) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | (Levofloxacin) | 1 | |
| *moxifloxacin 400 mg/250 ml bag suv, p/f, inner* | (Moxifloxacin/Sod.Ace, Sul/Water) | 1 | |
| *moxifloxacin oral tablet 400 mg* | (Moxifloxacin HCl) | 1 | |
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | (Moxifloxacin/Sod.Ace, Sul/Water) | 1 | |
| **Sulfonamidas** | | | |
| *sulfadiazine oral tablet 500 mg* | (Sulfadiazine) | 1 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | (Sulfamethoxazole/Trimethoprim) | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg* | (Bactrim) | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 800-160 mg* | (Bactrim) | 1 | |
| **Tetraciclinas** | | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | (Demeclocycline HCl) | 1 | |
| *doxy-100 intravenous recon soln 100 mg* | (Doxycycline Hyclate) | 1 | |
| *doxycycline hyclate intravenous recon soln 100 mg* | (Doxycycline Hyclate) | 1 | |
| *doxycycline hyclate oral capsule 100 mg* | (Morgidox) | 1 | |
| *doxycycline hyclate oral capsule 50 mg* | (Morgidox) | 1 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | (Doryx) | 1 | |
| *doxycycline monohydrate oral capsule 100 mg* | (Doxycycline Monohydrate) | 1 | |
| *doxycycline monohydrate oral capsule 50 mg* | (Doxycycline Monohydrate) | 1 | |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | (Doxycycline Monohydrate) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *doxycycline monohydrate oral tablet 100 mg* | (Avidoxy) | 1 | |
| *doxycycline monohydrate oral tablet 50 mg* | (Avidoxy) | 1 | |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | (Minocycline HCl) | 1 | |
| *tetracycline oral capsule 250 mg, 500 mg* | (Tetracycline HCl) | 1 | |
| *tigecycline intravenous recon soln 50 mg* | (Tygacil) | 1 | |
| **Anticonceptivos** | | | |
| **Anticonceptivos** | | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *altavera (28) oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | (Ortho-Novum) | 1 | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | (Ortho-Novum) | 1 | |
| *amethyst (28) oral tablet 90-20 mcg (28)* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *apri oral tablet 0.15-0.03 mg* | (Desogestrel-Ethinyl Estradiol) | 1 | |
| *aubra eq oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (Loestrin) | 1 | |
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | (Loestrin) | 1 | |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (Loestrin Fe) | 1 | |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *aviane oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *ayuna oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Desog-E.Estradiol/E.Estradiol) | 1 | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (Loestrin Fe) | 1 | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *camila oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | (Norgestrel-Ethinyl Estradiol) | 1 | |
| *cyred eq oral tablet 0.15-0.03 mg* | (Desogestrel-Ethinyl Estradiol) | 1 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | (Ortho-Novum) | 1 | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | (Ortho-Novum) | 1 | |
| *deblitane oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Desog-E.Estradiol/E.Estradiol) | 1 | |
| *dolishale oral tablet 90-20 mcg (28)* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *elinest oral tablet 0.3-30 mg-mcg* | (Norgestrel-Ethinyl Estradiol) | 1 | |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | (Nuvaring) | 1 | QL (1 per 28 days) |
| *emzahh oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *enilloring vaginal ring 0.12-0.015 mg/24 hr* | (Nuvaring) | 1 | QL (1 per 28 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *enskyce oral tablet 0.15-0.03 mg* | (Desogestrel-Ethinyl Estradiol) | 1 | |
| *errin oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *estarylla oral tablet 0.25-0.035 mg* | (Ortho Tri-Cyclen) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg* | (Ethynodiol D-Ethinyl Estradiol) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | (Ethynodiol D-Ethinyl Estradiol) | 1 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | (Nuvaring) | 1 | QL (1 per 28 days) |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (Loestrin Fe) | 1 | |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *haloette vaginal ring 0.12-0.015 mg/24 hr* | (Nuvaring) | 1 | QL (1 per 28 days) |
| *heather oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Levonorgestrel/Ethin.Estradiol) | 1 | QL (91 per 84 days) |
| *incassia oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Levonorgestrel/Ethin.Estradiol) | 1 | QL (91 per 84 days) |
| *isibloom oral tablet 0.15-0.03 mg* | (Desogestrel-Ethinyl Estradiol) | 1 | |
| *jencycla oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Levonorgestrel/Ethin.Estradiol) | 1 | QL (91 per 84 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *juleber oral tablet 0.15-0.03 mg* | (Desogestrel-Ethinyl Estradiol) | 1 | |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (Loestrin) | 1 | |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | (Loestrin) | 1 | |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (Loestrin Fe) | 1 | |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Desog-E.Estradiol/E.Estradiol) | 1 | |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | (Ethynodiol D-Ethinyl Estradiol) | 1 | |
| *kelnor 1/50 (28) oral tablet 1-50 mg-mcg* | (Ethynodiol D-Ethinyl Estradiol) | 1 | |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | | 1 | |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (Loestrin) | 1 | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | (Loestrin) | 1 | |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (Loestrin Fe) | 1 | |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *lessina oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Levonorgestrel/Ethin.Estradiol) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | (Balcoltra) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Levonorgestrel/Ethin.Estradiol) | 1 | QL (91 per 84 days) |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *levora-28 oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | | 1 | |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | (Norgestrel-Ethinyl Estradiol) | 1 | |
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | (Loestrin) | 1 | |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *lyleq oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *lyza oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *meleya oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (Loestrin) | 1 | |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | (Loestrin) | 1 | |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *mili oral tablet 0.25-0.035 mg* | (Ortho Tri-Cyclen) | 1 | |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | | 1 | |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM | | 1 | |
| *mono-linyah oral tablet 0.25-0.035 mg* | (Ortho Tri-Cyclen) | 1 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | | 1 | |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | (Norelgestromin/Ethin.Estradiol) | 1 | QL (3 per 28 days) |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Loestrin Fe) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Ortho Tri-Cyclen) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Ortho Tri-Cyclen) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg* | (Ortho Tri-Cyclen) | 1 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | (Ortho-Novum) | 1 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | (Ortho-Novum) | 1 | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | (Ortho-Novum) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | (Ortho-Novum) | 1 | |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | (Ortho-Novum) | 1 | |
| *orquidea oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Desog-E.Estradiol/E.Estradiol) | 1 | |
| *portia 28 oral tablet 0.15-0.03 mg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | (Desogestrel-Ethinyl Estradiol) | 1 | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Levonorgestrel/Ethin.Estradiol) | 1 | QL (91 per 84 days) |
| *sharobel oral tablet 0.35 mg* | (Norethindrone) | 1 | |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Desog-E.Estradiol/E.Estradiol) | 1 | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | | 1 | |
| *sprintec (28) oral tablet 0.25-0.035 mg* | (Ortho Tri-Cyclen) | 1 | |
| *sronyx oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (Loestrin Fe) | 1 | |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Loestrin Fe) | 1 | |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Loestrin Fe) | 1 | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Ortho Tri-Cyclen) | 1 | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Loestrin Fe) | 1 | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Ortho Tri-Cyclen) | 1 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Ortho Tri-Cyclen) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Ortho Tri-Cyclen) | 1 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Ortho Tri-Cyclen) | 1 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Ortho Tri-Cyclen) | 1 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Ortho Tri-Cyclen) | 1 | |
| *tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (Ortho Tri-Cyclen) | 1 | |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Ortho Tri-Cyclen) | 1 | |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Ortho Tri-Cyclen) | 1 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Ortho Tri-Cyclen) | 1 | |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | (Norgestrel-Ethinyl Estradiol) | 1 | |
| *tyblume oral tablet,chewable 0.1 mg-20 mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | (Ethynodiol D-Ethinyl Estradiol) | 1 | |
| *vienva oral tablet 0.1-20 mg-mcg* | (Levonorgestrel/Ethin.Estradiol) | 1 | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Desog-E.Estradiol/E.Estradiol) | 1 | |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Desog-E.Estradiol/E.Estradiol) | 1 | |
| *vylibra oral tablet 0.25-0.035 mg* | (Ortho Tri-Cyclen) | 1 | |
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Loestrin Fe) | 1 | |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | (Norelgestromin/Ethin.Estradiol) | 1 | QL (3 per 28 days) |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | (Norelgestromin/Ethin.Estradiol) | 1 | QL (3 per 28 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | (Ethynodiol D-Ethinyl Estradiol) | 1 | |
| **Anticonvulsivos** | | | |
| **Anticonvulsivos** | | | |
| *brivaracetam intravenous solution 50 mg/5 ml* | (Briviact) | 1 | NDS; QL (80 per 30 days) |
| *brivaracetam oral solution 10 mg/ml* | (Briviact) | 1 | QL (600 per 30 days) |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | (Briviact) | 1 | NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | (brivaracetam) | 1 | NDS; QL (80 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | (Equetro) | 1 | |
| *carbamazepine oral suspension 100 mg/5 ml* | (Tegretol) | 1 | |
| *carbamazepine oral tablet 200 mg* | (Tegretol) | 1 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | (Tegretol XR) | 1 | |
| *carbamazepine oral tablet,chewable 100 mg, 200 mg* | (Carbamazepine) | 1 | |
| *clobazam oral suspension 2.5 mg/ml* | (Onfi) | 1 | QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | (Onfi) | 1 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | | 1 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | | 1 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg* | (Diastat) | 1 | |
| DILANTIN ORAL CAPSULE 30 MG | | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | (Depakote Sprinkle) | 1 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | (Depakote ER) | 1 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | (Depakote) | 1 | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG | | 1 | ST; NDS; QL (90 per 30 days) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG | | 1 | ST; NDS; QL (60 per 30 days) |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | | 1 | PA NSO; NDS |
| *epitol oral tablet 200 mg* | (Tegretol) | 1 | |
| *eslicarbazepine oral tablet 200 mg, 400 mg* | (Aptiom) | 1 | ST; NDS; QL (30 per 30 days) |
| *eslicarbazepine oral tablet 600 mg, 800 mg* | (Aptiom) | 1 | ST; NDS; QL (60 per 30 days) |
| *ethosuximide oral capsule 250 mg* | (Zarontin) | 1 | |
| *ethosuximide oral solution 250 mg/5 ml* | (Zarontin) | 1 | |
| *felbamate oral suspension 600 mg/5 ml* | (Felbatol) | 1 | |
| *felbamate oral tablet 400 mg, 600 mg* | (Felbatol) | 1 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | | 1 | PA NSO; NDS |
| *fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml* | (Cerebyx) | 1 | |
| *gabapentin oral capsule 100 mg, 300 mg* | (Neurontin) | 1 | QL (360 per 30 days) |
| *gabapentin oral capsule 400 mg* | (Neurontin) | 1 | QL (270 per 30 days) |
| *gabapentin oral solution 250 mg/5 ml* | (Neurontin) | 1 | QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | (Neurontin) | 1 | QL (180 per 30 days) |
| *gabapentin oral tablet 800 mg* | (Neurontin) | 1 | QL (120 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *lacosamide intravenous solution 200 mg/20 ml* | (Vimpat) | 1 | QL (200 per 5 days) |
| *lacosamide oral solution 10 mg/ml* | (Vimpat) | 1 | QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Vimpat) | 1 | QL (60 per 30 days) |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (Lamictal) | 1 | |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | (Lamictal) | 1 | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | (Lamictal Odt) | 1 | |
| *levetiracetam intravenous solution 500 mg/5 ml* | (Keppra) | 1 | |
| *levetiracetam oral solution 100 mg/ml* | (Keppra) | 1 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | (Keppra) | 1 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | (Keppra XR) | 1 | |
| *levetiracetam oral tablet for suspension 250 mg, 500 mg* | (Levetiracetam) | 1 | ST |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | | 1 | QL (10 per 30 days) |
| *methsuximide oral capsule 300 mg* | (Celontin) | 1 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | | 1 | QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | (Trileptal) | 1 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | (Trileptal) | 1 | |
| *perampanel oral suspension 0.5 mg/ml* | (Fycompa) | 1 | ST; NDS; QL (720 per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | (Fycompa) | 1 | ST; NDS; QL (30 per 30 days) |
| *perampanel oral tablet 2 mg* | (Fycompa) | 1 | ST; QL (30 per 30 days) |

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|---|---|---|---|
| *perampanel oral tablet 4 mg, 6 mg* | (Fycompa) | 1 | ST; NDS; QL (60 per 30 days) |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | (Phenobarbital) | 1 | 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* | (Phenobarbital) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| *phenytek oral capsule 200 mg, 300 mg* | (Dilantin) | 1 | |
| *phenytoin oral suspension 125 mg/5 ml* | (Dilantin-125) | 1 | |
| *phenytoin oral tablet,chewable 50 mg* | (Dilantin) | 1 | |
| *phenytoin sodium extended oral capsule 100 mg* | (Dilantin) | 1 | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | (Dilantin) | 1 | |
| *phenytoin sodium intravenous solution 50 mg/ml* | (Phenytoin Sodium) | 1 | |
| *phenytoin sodium intravenous syringe 50 mg/ml* | (Phenytoin Sodium) | 1 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | (Lyrica) | 1 | QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | (Lyrica) | 1 | QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | (Lyrica) | 1 | QL (900 per 30 days) |
| *primidone oral tablet 125 mg* | (Mysoline) | 1 | |
| *primidone oral tablet 250 mg, 50 mg* | (Mysoline) | 1 | |
| *rufinamide oral suspension 40 mg/ml* | (Banzel) | 1 | ST; NDS |
| *rufinamide oral tablet 200 mg* | (Banzel) | 1 | ST |
| *rufinamide oral tablet 400 mg* | (Banzel) | 1 | ST; NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | | 1 | PA BvD; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG | | 1 | ST |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG | (levetiracetam) | 1 | ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SUBVENITE ORAL SUSPENSION 10 MG/ML | | 1 | PA NSO |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (Lamictal) | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | (Tiagabine HCl) | 1 | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | (Topamax) | 1 | |
| *topiramate oral capsule, sprinkle 50 mg* | (Topamax) | 1 | |
| *topiramate oral solution 25 mg/ml* | (Eprontia) | 1 | 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)* | (Valproic Acid (As Sodium Salt)) | 1 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | (Valproic Acid (As Sodium Salt)) | 1 | |
| *valproic acid oral capsule 250 mg* | (Valproic Acid) | 1 | |
| 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) | | 1 | NDS; QL (10 per 30 days) |
| *vigabatrin oral powder in packet 500 mg* | (Sabril) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigabatrin oral tablet 500 mg* | (Sabril) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral powder in packet 500 mg* | (Sabril) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral tablet 500 mg* | (Sabril) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigpoder oral powder in packet 500 mg* | (Sabril) | 1 | PA NSO; NDS; QL (180 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | | 1 | NDS; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | | 1 | NDS; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | | 1 | NDS; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | | 1 | |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | | 1 | NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | | 1 | |
| *zonisamide oral capsule 100 mg, 25 mg* | (Zonegran) | 1 | |
| *zonisamide oral capsule 50 mg* | (Zonegran) | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | | 1 | PA NSO; NDS; QL (1080 per 30 days) |
| **Antidepresivos** | | | |
| **Antidepresivos** | | | |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | (Amitriptyline HCl) | 1 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | (Amoxapine) | 1 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | | 1 | NDS |
| AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG | | 1 | NDS |
| *bupropion hcl oral tablet 100 mg, 75 mg* | (Bupropion HCl) | 1 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | (Forfivo XL) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | (Wellbutrin SR) | 1 | |
| *citalopram oral solution 10 mg/5 ml* | (Citalopram Hydrobromide) | 1 | |
| *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) | 1 | |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | (Norpramin) | 1 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | (Pristiq) | 1 | QL (30 per 30 days) |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | (Doxepin HCl) | 1 | |
| *doxepin oral concentrate 10 mg/ml* | (Doxepin HCl) | 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | | 1 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | | 1 | ST; QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg* | (Cymbalta) | 1 | QL (120 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 30 mg* | (Cymbalta) | 1 | QL (90 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 60 mg* | (Cymbalta) | 1 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | | 1 | ST; NDS; QL (30 per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5 ml* | (Escitalopram Oxalate) | 1 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | (Lexapro) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) | | 1 | PA NSO; NDS |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26) | | 1 | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | | 1 | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg* | (Prozac) | 1 | |
| *fluoxetine oral capsule 40 mg* | (Prozac) | 1 | |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | (Fluoxetine HCl) | 1 | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | (Fluvoxamine Maleate) | 1 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | (Imipramine HCl) | 1 | |
| MARPLAN ORAL TABLET 10 MG | | 1 | |
| *mirtazapine oral tablet 15 mg, 30 mg* | (Remeron) | 1 | |
| *mirtazapine oral tablet 45 mg, 7.5 mg* | (Remeron) | 1 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* | (Remeron) | 1 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | (Nefazodone HCl) | 1 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | (Pamelor) | 1 | |
| *nortriptyline oral solution 10 mg/5 ml* | (Nortriptyline HCl) | 1 | |
| *paroxetine hcl oral suspension 10 mg/5 ml* | (Paroxetine HCl) | 1 | 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) |

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|---|---|---|---|
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 37.5 mg* | (Paxil CR) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| *paroxetine hcl oral tablet extended release 24 hr 25 mg* | (Paxil CR) | 1 | 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* | (Perphenazine/Amitriptyline HCl) | 1 | |
| *phenelzine oral tablet 15 mg* | (Nardil) | 1 | |
| *protriptyline oral tablet 10 mg, 5 mg* | (Protriptyline HCl) | 1 | |
| RALDESY ORAL SOLUTION 10 MG/ML | | 1 | PA NSO; NDS; QL (1200 per 30 days) |
| *sertraline oral concentrate 20 mg/ml* | (Zoloft) | 1 | |
| *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) | | 1 | PA NSO; NDS |
| *tranylcypromine oral tablet 10 mg* | (Parnate) | 1 | |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | (Trazodone HCl) | 1 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | (Trimipramine Maleate) | 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | | 1 | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg* | (Effexor XR) | 1 | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg* | (Effexor XR) | 1 | QL (90 per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | (Venlafaxine HCl) | 1 | |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* | (Viibryd) | 1 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | | 1 | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | | 1 | PA NSO; NDS; QL (14 per 14 days) |

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|---|---|---|---|
| **Antifúngicos** | | | |
| **Antifúngicos** | | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | | 1 | PA BvD |
| *amphotericin b injection recon soln 50 mg* | (Amphotericin B) | 1 | PA BvD |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | (Ambisome) | 1 | PA BvD; NDS |
| *ciclopirox topical cream 0.77 %* | (Loprox) | 1 | QL (180 per 30 days) |
| *ciclopirox topical solution 8 %* | (Ciclodan) | 1 | QL (19.8 per 30 days) |
| *ciclopirox topical suspension 0.77 %* | (Loprox) | 1 | QL (180 per 30 days) |
| *clotrimazole mucous membrane troche 10 mg* | (Clotrimazole) | 1 | |
| *clotrimazole topical cream 1 %* | (Clotrimazole) | 1 | |
| *clotrimazole topical solution 1 %* | (Clotrimazole) | 1 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | (Clotrimazole/Betamethasone Dip) | 1 | QL (90 per 30 days) |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | | 1 | NDS |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | | 1 | PA; NDS |
| *econazole nitrate topical cream 1 %* | (Econazole Nitrate) | 1 | QL (170 per 30 days) |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | (Fluconazole In Nacl,Iso-Osm) | 1 | |
| *fluconazole oral suspension for reconstitution 10 mg/ml* | (Diflucan) | 1 | |
| *fluconazole oral suspension for reconstitution 40 mg/ml* | (Diflucan) | 1 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Diflucan) | 1 | |
| *flucytosine oral capsule 250 mg, 500 mg* | (Ancobon) | 1 | NDS |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | (Griseofulvin, Microsize) | 1 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *griseofulvin microsize oral tablet 500 mg* | (Griseofulvin, Microsize) | 1 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg* | (Griseofulvin Ultramicrosize) | 1 | |
| *itraconazole oral capsule 100 mg* | (Sporanox) | 1 | |
| *ketoconazole oral tablet 200 mg* | (Ketoconazole) | 1 | |
| *ketoconazole topical cream 2 %* | (Ketoconazole) | 1 | QL (180 per 30 days) |
| *ketoconazole topical shampoo 2 %* | (Ketoconazole) | 1 | QL (360 per 30 days) |
| *micafungin intravenous recon soln 100 mg, 50 mg* | (Mycamine) | 1 | |
| *miconazole-3 vaginal suppository 200 mg* | (Miconazole Nitrate) | 1 | |
| *nyamyc topical powder 100,000 unit/gram* | (Nystatin) | 1 | QL (60 per 30 days) |
| *nystatin oral suspension 100,000 unit/ml* | (Nystatin) | 1 | |
| *nystatin oral tablet 500,000 unit* | (Nystatin) | 1 | |
| *nystatin topical cream 100,000 unit/gram* | (Nystatin) | 1 | QL (60 per 30 days) |
| *nystatin topical ointment 100,000 unit/gram* | (Nystatin) | 1 | QL (60 per 30 days) |
| *nystatin topical powder 100,000 unit/gram* | (Nystatin) | 1 | QL (60 per 30 days) |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | (Nystatin/Triamcinolone Acet) | 1 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | (Nystatin/Triamcinolone Acet) | 1 | |
| *nystop topical powder 100,000 unit/gram* | (Nystatin) | 1 | QL (60 per 30 days) |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | (Noxafil) | 1 | PA; NDS |
| *terbinafine hcl oral tablet 250 mg* | (Terbinafine HCl) | 1 | |
| *voriconazole intravenous recon soln 200 mg* | (Vfend IV) | 1 | PA BvD; NDS |
| *voriconazole intravenous solution 10 mg/ml* | (Vfend IV) | 1 | PA BvD; NDS |

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|---|---|---|---|
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | (Vfend) | 1 | PA; NDS |
| *voriconazole oral tablet 200 mg, 50 mg* | (Vfend) | 1 | |
| **Antihistamínicos** | | | |
| **Antihistamínicos** | | | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | (Hydroxyzine HCl) | 1 | |
| *levocetirizine oral tablet 5 mg* | (Levocetirizine Dihydrochloride) | 1 | |
| **Antimicobacteriales** | | | |
| **Antimicobacteriales** | | | |
| *dapsone oral tablet 100 mg, 25 mg* | (Dapsone) | 1 | |
| *ethambutol oral tablet 100 mg, 400 mg* | (Myambutol) | 1 | |
| *isoniazid oral tablet 100 mg, 300 mg* | (Isoniazid) | 1 | |
| *pyrazinamide oral tablet 500 mg* | (Pyrazinamide) | 1 | |
| *rifabutin oral capsule 150 mg* | (Mycobutin) | 1 | |
| *rifampin intravenous recon soln 600 mg* | (Rifadin) | 1 | |
| *rifampin oral capsule 150 mg, 300 mg* | (Rifampin) | 1 | |
| *rifapentine oral tablet 150 mg* | (Priftin) | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | | 1 | PA; NDS |
| TRECATOR ORAL TABLET 250 MG | | 1 | |
| **Antivirales (Sitémico)** | | | |
| **Inhibidores De La Transcriptasa Inversa Análogos De Nucleósidos Y Nucleótidos Para El Vih** | | | |
| *abacavir oral solution 20 mg/ml* | (Ziagen) | 1 | |
| *abacavir oral tablet 300 mg* | (Ziagen) | 1 | |

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|---|---|---|---|
| *abacavir-lamivudine oral tablet 600-300 mg* | (Epzicom) | 1 | |
| APTIVUS ORAL CAPSULE 250 MG | | 1 | NDS |
| *atazanavir oral capsule 150 mg* | (Reyataz) | 1 | |
| *atazanavir oral capsule 200 mg, 300 mg* | (Reyataz) | 1 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | | 1 | 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 | | 1 | NDS |
| *cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)* | (Cabotegravir) | 1 | NDS; QL (24 per 365 days) |
| *cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)* | (Cabotegravir) | 1 | NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | | 1 | NDS |
| *darunavir oral tablet 600 mg* | (Prezista) | 1 | |
| *darunavir oral tablet 800 mg* | (Prezista) | 1 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | | 1 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | | 1 | NDS |
| *didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg* | (Didanosine) | 1 | |
| DOVATO ORAL TABLET 50-300 MG | | 1 | NDS |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | | 1 | NDS |
| *efavirenz oral capsule 200 mg, 50 mg* | (Efavirenz) | 1 | |
| *efavirenz oral tablet 600 mg* | (Efavirenz) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | (Atripla) | 1 | |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | (Symfi) | 1 | NDS |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | (Symfi) | 1 | NDS |
| *emtricitabine oral capsule 200 mg* | (Emtriva) | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg* | (Truvada) | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 133-200 mg* | (Truvada) | 1 | NDS |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | (Complera) | 1 | NDS |
| EMTRIVA ORAL SOLUTION 10 MG/ML | | 1 | |
| *etravirine oral tablet 100 mg, 200 mg* | (Intelence) | 1 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | | 1 | NDS |
| *fosamprenavir oral tablet 700 mg* | (Lexiva) | 1 | NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | | 1 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | | 1 | NDS |
| IDVYNSO ORAL TABLET 100-0.25 MG | | 1 | NDS; QL (30 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | | 1 | |
| ISENTRESS HD ORAL TABLET 600 MG | | 1 | NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | | 1 | NDS |
| ISENTRESS ORAL TABLET 400 MG | | 1 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | | 1 | NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | | 1 | |
| JULUCA ORAL TABLET 50-25 MG | | 1 | NDS |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | (lopinavir-ritonavir) | 1 | QL (480 per 30 days) |
| *lamivudine oral solution 10 mg/ml* | (Epivir) | 1 | |
| *lamivudine oral tablet 100 mg* | (Epivir) | 1 | |
| *lamivudine oral tablet 150 mg, 300 mg* | (Epivir) | 1 | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | (Combivir) | 1 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | | 1 | |
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* | (Kaletra) | 1 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | (Kaletra) | 1 | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | (Kaletra) | 1 | QL (120 per 30 days) |
| *maraviroc oral tablet 150 mg, 300 mg* | (Selzentry) | 1 | NDS |
| *nevirapine oral suspension 50 mg/5 ml* | (Nevirapine) | 1 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200 mg* | (Nevirapine) | 1 | QL (60 per 30 days) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | (Nevirapine) | 1 | QL (30 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | | 1 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | | 1 | NDS |
| PIFELTRO ORAL TABLET 100 MG | | 1 | NDS |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | | 1 | NDS |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| PREZISTA ORAL SUSPENSION 100 MG/ML | | 1 | NDS |
| PREZISTA ORAL TABLET 150 MG | | 1 | NDS |
| PREZISTA ORAL TABLET 75 MG | | 1 | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | | 1 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | | 1 | NDS |
| *rilpivirine hcl oral tablet 25 mg* | (Edurant) | 1 | NDS |
| *rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)* | (Rilpivirine) | 1 | NDS |
| *ritonavir oral tablet 100 mg* | (Norvir) | 1 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | | 1 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | | 1 | NDS |
| SELZENTRY ORAL TABLET 25 MG | | 1 | |
| SELZENTRY ORAL TABLET 75 MG | | 1 | NDS |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | (Stavudine) | 1 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | | 1 | NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK) | | 1 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | | 1 | PA BvD; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | | 1 | NDS |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | (Viread) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TIVICAY ORAL TABLET 10 MG | | 1 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | | 1 | NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | | 1 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | | 1 | NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | | 1 | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | | 1 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | | 1 | NDS |
| VEMLIDY ORAL TABLET 25 MG | | 1 | NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | | 1 | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | | 1 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | | 1 | NDS |
| VOCABRIA ORAL TABLET 30 MG | | 1 | |
| *zidovudine oral capsule 100 mg* | (Retrovir) | 1 | |
| *zidovudine oral syrup 10 mg/ml* | (Retrovir) | 1 | |
| *zidovudine oral tablet 300 mg* | (Zidovudine) | 1 | |
| **Antivirales Hcv** | | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | | 1 | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG | (sofosbuvir-velpatasvir) | 1 | PA; NDS; QL (28 per 28 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | | 1 | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG | (ledipasvir-sofosbuvir) | 1 | PA; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| **Antivirales, Varios** | | | |
| LIVTENCITY ORAL TABLET 200 MG | | 1 | PA; NDS |
| *oseltamivir oral capsule 30 mg* | (Tamiflu) | 1 | QL (84 per 180 days) |
| *oseltamivir oral capsule 45 mg* | (Tamiflu) | 1 | QL (48 per 180 days) |
| *oseltamivir oral capsule 75 mg* | (Tamiflu) | 1 | QL (42 per 180 days) |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | (Tamiflu) | 1 | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | | 1 | QL (20 per 5 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | | 1 | QL (11 per 28 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | | 1 | QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | | 1 | QL (60 per 180 days) |
| **Interferones** | | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | | 1 | PA; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | | 1 | PA; NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Nucleósidos Y Nucleótidos** | | | |
| *acyclovir oral capsule 200 mg* | (Acyclovir) | 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | (Acyclovir) | 1 | |
| *acyclovir oral tablet 400 mg, 800 mg* | (Acyclovir) | 1 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | (Acyclovir Sodium) | 1 | PA BvD |
| *adefovir oral tablet 10 mg* | (Hepsera) | 1 | |
| *entecavir oral tablet 0.5 mg, 1 mg* | (Baraclude) | 1 | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | (Famciclovir) | 1 | |
| *ribavirin oral tablet 200 mg* | (Ribavirin) | 1 | |
| *valacyclovir oral tablet 1 gram, 500 mg* | (Valtrex) | 1 | |
| *valganciclovir oral recon soln 50 mg/ml* | (Valcyte) | 1 | NDS |
| *valganciclovir oral tablet 450 mg* | (Valcyte) | 1 | |
| **Cofactores Enzimáticos/Otros** | | | |
| **Cofactores Enzimáticos/Otros** | | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | | 1 | PA; NDS; QL (90 per 30 days) |
| **Dispositivos** | | | |
| **Dispositivos** | | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | | 1 | PA; ST |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | 1 | PA; ST |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 1 | PA; ST |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 1 | PA; ST |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | 1 | PA; ST |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 1 | PA; ST |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 1 | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | 1 | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | 1 | PA; ST |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 1 | PA; ST |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | PA; ST |
| BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | 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) | 1 | PA; ST |
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100) | 1 | PA; ST |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | | 1 | 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) | 1 | PA; ST |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | 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) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | 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) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | | 1 | PA; ST |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16 | | 1 | PA; ST |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic) | 1 | 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" | 1 | PA; ST |
| DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2" | 1 | PA; ST |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | 1 | PA; ST |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8" | | 1 | PA; ST |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | 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" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |

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

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

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | 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) | 1 | PA; ST |
| EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| 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" | | 1 | PA; ST |
| EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4" | | 1 | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |

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

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH UNI-SLIP SYR 1 ML | (insulin syringe needleless) | 1 | 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) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16" | | 1 | PA; ST |
| EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | | 1 | PA; ST |
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 1 | 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) | 1 | PA; ST |
| GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (CareFine Pen Needle) | 1 | PA; ST |
| GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29 | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | (insulin syringe-needle u-100) | 1 | PA; ST |
| GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2" | | 1 | 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) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | | 1 | |
| INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16" | | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| INSULIN 1/2 ML SYRINGE 1/2 ML 29 | (Ultilet Insulin Syringe) | 1 | PA; ST |
| INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE | | 1 | PA; ST |
| INSULIN 3/10 ML SYRINGE 0.3 ML 30 | (Ultra Comfort Insulin Syringe) | 1 | 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)) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" | (Easy Touch Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (Easy Touch Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2" | (BD Eclipse Luer-Lok) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 | (Advocate Syringes) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (Easy Touch Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16 | (Advocate Syringes) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE | (Ultilet Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE | (Monoject Syringe) | 1 | PA; ST |
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | 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) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| 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) | 1 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE | | 1 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16" | | 1 | PA; ST |
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | | 1 | PA; ST |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | | 1 | PA; ST |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (CareFine Pen Needle) | 1 | PA; ST |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | 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) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) | (insulin syringes (disposable)) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3" | | 1 | PA; ST |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | | 1 | PA; ST |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | (Embrace Pen Needle) | 1 | PA; ST |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | (CareFine Pen Needle) | 1 | PA; ST |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (Advocate Pen Needle) | 1 | PA; ST |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | 1 | PA; ST |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | PA; ST |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | PA; ST |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | 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) | 1 | PA; ST |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| 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) | 1 | PA; ST |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | 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) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | 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" | | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort Touch Pen Needle) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | (True-Comfort Pro Pen Needle) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort EZ PRO Safety Pen Ndl) | 1 | PA; ST |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | | 1 | PA; ST |
| SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| NEEDLES, INSULIN DISP., SAFETY | (insulin syringe-needle u-100) | 1 | 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) | 1 | 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) | 1 | 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) | 1 | PA; ST |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| 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) | 1 | PA; ST |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | 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" | | 1 | PA; ST |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | 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) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" | (Thinpro Insulin Syringe) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | 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) | 1 | 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) | 1 | PA; ST |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8" | | 1 | PA; ST |

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

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

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

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

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

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16" | | 1 | 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) | 1 | PA; ST |
| ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | | 1 | PA; ST |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |

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

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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

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

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64" | | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16" | | 1 | PA; ST |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | | 1 | PA; ST |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | | 1 | PA; ST |
| V-GO 20 DEVICE | | 1 | QL (30 per 30 days) |
| V-GO 30 DEVICE | | 1 | QL (30 per 30 days) |
| V-GO 40 DEVICE | | 1 | 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) | 1 | PA; ST |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Preparaciones De Reemplazo** | | | |
| **Preparaciones De Reemplazo** | | | |
| *d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution* | (Dextrose 5 % and 0.9 % NaCl) | 1 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | (Dextrose 5 % and 0.9 % NaCl) | 1 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | (Dextrose 5 %-0.45 % Sod Chlord) | 1 | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | (Potassium Chloride) | 1 | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | (Potassium Chloride) | 1 | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | (Potassium Chloride) | 1 | |
| *magnesium sulfate injection solution 500 mg/ml (50 %)* | (Magnesium Sulfate) | 1 | |
| *magnesium sulfate injection syringe 500 mg/ml (50 %)* | (Magnesium Sulfate) | 1 | |
| *potassium chloride intravenous solution 2 meq/ml* | (Potassium Chloride) | 1 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | (Potassium Chloride) | 1 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | (Potassium Chloride) | 1 | |
| *potassium chloride oral tablet extended release 10 meq* | (Klor-Con 8) | 1 | |
| *potassium chloride oral tablet extended release 15 meq, 20 meq* | (Klor-Con 8) | 1 | |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq* | (Potassium Chloride) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 15 meq* | (Potassium Chloride) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 20 meq* | (Potassium Chloride) | 1 | |

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|---|---|---|---|
| *potassium citrate oral tablet extended release 10 meq (1,080 mg)* | (Urocit-K) | 1 | |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K) | 1 | |
| *potassium citrate oral tablet extended release 5 meq (540 mg)* | (Urocit-K) | 1 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | (Sodium Chloride 0.45 %) | 1 | |
| *sodium chloride 0.9 % intravenous parenteral solution* | | 1 | |
| *sodium chloride 0.9% solution mini-bag, single use* | | 1 | |
| **Productos Sanguíneos/Modificadores/Expansores De Volumen** | | | |
| **Agentes Hematológicos, Varios** | | | |
| *anagrelide oral capsule 0.5 mg* | (Agrylin) | 1 | |
| *anagrelide oral capsule 1 mg* | (Agrylin) | 1 | |
| *tranexamic acid oral tablet 650 mg* | (Tranexamic Acid) | 1 | |
| **Anticoagulantes** | | | |
| *dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg* | (Pradaxa) | 1 | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | | 1 | |
| ELIQUIS ORAL TABLET 2.5 MG | | 1 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | | 1 | 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) | | 1 | QL (960 per 30 days) |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | | 1 | QL (120 per 30 days) |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* | (Lovenox) | 1 | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* | (Lovenox) | 1 | QL (48 per 30 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml* | (Lovenox) | 1 | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* | (Lovenox) | 1 | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60 mg/0.6 ml* | (Lovenox) | 1 | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* | (Arixtra) | 1 | NDS; QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | (Arixtra) | 1 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* | (Arixtra) | 1 | NDS; QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* | (Arixtra) | 1 | 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* | (Heparin Sodium,Porcine) | 1 | |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | (Warfarin Sodium) | 1 | |
| *rivaroxaban oral suspension for reconstitution 1 mg/ml* | (Xarelto) | 1 | QL (600 per 30 days) |
| *rivaroxaban oral tablet 2.5 mg* | (Xarelto) | 1 | 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* | (Warfarin Sodium) | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | | 1 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | (rivaroxaban) | 1 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | (rivaroxaban) | 1 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG | (rivaroxaban) | 1 | QL (60 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | (rivaroxaban) | 1 | ST; QL (60 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **Inhibidores De Agregación De Plaquetas** | | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | (Aspirin/Dipyridamole) | 1 | |
| *cilostazol oral tablet 100 mg, 50 mg* | (Cilostazol) | 1 | |
| *clopidogrel oral tablet 75 mg* | (Plavix) | 1 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | (Dipyridamole) | 1 | PA-HRM; AGE (Max 64 Years) |
| *pentoxifylline oral tablet extended release 400 mg* | (Pentoxifylline) | 1 | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | (Effient) | 1 | |
| *ticagrelor oral tablet 60 mg, 90 mg* | (Brilinta) | 1 | |
| **Modificadores De Formación De Sangre** | | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | | 1 | PA; NDS; QL (60 per 30 days) |
| *eltrombopag olamine oral powder in packet 12.5 mg* | (Promacta) | 1 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral powder in packet 25 mg* | (Promacta) | 1 | PA; NDS; QL (180 per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg* | (Promacta) | 1 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral tablet 25 mg* | (Promacta) | 1 | PA; NDS; QL (30 per 30 days) |
| *eltrombopag olamine oral tablet 50 mg, 75 mg* | (Promacta) | 1 | PA; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | | 1 | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | | 1 | PA; NDS; QL (20 per 30 days) |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | | 1 | PA; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | | 1 | PA; NDS |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; 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 | 1 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 1 | PA; QL (4 per 28 days) |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 1 | PA; NDS |
| **Reemplazo/Modificadores De Enzima** | | |
| **Reemplazo/Modificadores De Enzima** | | |
| 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 | 1 | |
| *javygtor oral tablet,soluble 100 mg* (Kuvan) | 1 | PA; NDS |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* (Nitisinone) | 1 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 1 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 1 | PA BvD; NDS |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 1 | PA; NDS |
| *sapropterin oral tablet,soluble 100 mg* (Kuvan) | 1 | PA; NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | | 1 | PA; LA; NDS |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | | 1 | |
| **Relajantes Musculares Esqueléticos** | | | |
| **Relajantes Musculares Esqueléticos** | | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | (Baclofen) | 1 | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | (Fexmid) | 1 | |
| *dantrolene oral capsule 100 mg, 50 mg* | (Dantrium) | 1 | |
| *dantrolene oral capsule 25 mg* | (Dantrium) | 1 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | (Methocarbamol) | 1 | |
| *tizanidine oral tablet 2 mg* | (Zanaflex) | 1 | |
| *tizanidine oral tablet 4 mg* | (Zanaflex) | 1 | |
| **Vitaminas Y Minerales** | | | |
| **Vitaminas Y Minerales** | | | |
| *bal-care dha combo pack 27-1-430 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *bal-care dha essential pack 27 mg iron-1 mg -374 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *c-nate dha softgel 28 mg iron-1 mg - 200 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *completenate tablet chew 29 mg iron-1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *folivane-ob capsule 85-1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *kosher prenatal plus iron tab 30 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *marnatal-f capsule 60 mg iron-1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 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* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *mynatal capsule 65 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *mynatal oral tablet 90-1-50 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *mynatal plus captab 65 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *mynatal-z captab 65 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *mynate 90 plus oral tablet extended release 90 mg iron-1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *newgen tablet 32-1,000 mg-mcg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 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* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *pnv-omega softgel 28-1-300 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *pr natal 400 combo pack 29-1-400 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *pr natal 400 ec combo pack 29-1-400 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *pr natal 430 combo pack 29 mg iron-1 mg -430 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *pr natal 430 ec combo pack 29-1-430 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *prenaissance oral capsule 29-1.25-55-325 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *prenaissance plus oral capsule 28-1-50-250 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *prenatabs fa tablet 29-1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *prenatal 19 chewable tablet 29 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *prenatal plus iron tablet (rx) 29 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 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* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *r-natal ob softgel 20 mg iron- 1 mg-320 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *select-ob chewable caplet 29 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *select-ob chewable caplet 29 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *se-natal 19 chewable tablet 29 mg iron- 1 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *taron-c dha capsule 35-1-200 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *vitafol gummies 3.33 mg iron- 0.33 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *vitafol-ob+dha combo pack 65-1-250 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *zatean-pn dha capsule 27 mg iron-1 mg -300 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *zatean-pn plus softgel 28-1-300 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |
| *zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg* | (Pnv,Calcium 72/Iron/Folic Acid) | 1 | |

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## Aviso sobre requisitos de no discriminación y accesibilidad
## La discriminación es contra la ley

ATRIO Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo. ATRIO Health Plans no excluye a las personas ni las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad o sexo. ATRIO Health Plans:

- Proporciona ayudas y servicios gratuitos a personas con discapacidad para que puedan comunicarse eficazmente con nosotros, como:
    - Intérpretes de lenguaje de señas calificados
    - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, como:
    - Intérpretes cualificados
    - Información redactada en otros idiomas

Si necesita alguno de los servicios enumerados anteriormente, comuníquese con el Departamento de Servicios para Miembros de ATRIO al número gratuito 1-877-672-8620, todos los días de 8 a. m. a 8 p. m. Los usuarios de TTY deben llamar al 711.

Si considera que ATRIO Health Plans no ha brindado estos servicios o ha discriminado de otra manera por motivos de raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante:

ATRIO Compliance Officer:
550 Hawthorne Avenue, Suite 140, Salem, OR 97301
1-877-672-8620 (TTY 711)
Presentar una queja ante la línea directa de cumplimiento de ATRIO:
1-877-309-9952 or compliance@atriohp.com

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, comuníquese con Servicios para miembros sin cargo al 1-877-672-8620, todos los días de 8 a. m. a 8 p. m. Los usuarios de TTY deben llamar al 711.

También puede presentar una queja por derechos civiles ante el Departamento de Salud y Servicios Humanos de los EE. UU., Oficina de Derechos Civiles, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo postal o teléfono a:

U.S. Department of Health and Human Services,
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Los formularios de queja están disponibles en http://www.hhs.gov/ocr/office/file/index.html

**Español (Spanish) -** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de Asistencia lingüística. Llame al 1-877-672-8620 (TTY: 711).

**Tiếng Việt (Vietnamese) -** CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-877-672-8620 (TTY: 711)

**繁體中文 (Chinese) - 注意：如果您講國語，您可以免費獲得語言援助服務。請致電 1-877-672-8620 (TTY：711）。**

**Русский (Russian) -** ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами перевода. Телефон: 1-877-672-8620 (телетайп: 711).

**한국어 (Korean) -** 유의사항: 무료 한국어 지원 서비스를 이용하실 수 있습니다. 전화번호는 1-877-672-8620 (TTY: 711) 번입니다.

**Українська (Ukrainian) -** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-672-8620 (телетайп: 711).

**日本語 (Japanese) -** 注意事項：日本語でのサービスをご希望の場合、1-877-672-8620（TTY:711）までご連絡ください。このサービスは無料です。

**Română (Romanian) -** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-672-8620 (TTY: 711).

**ខ្មែរ (Cambodian) -** ចំណាំ៖ ប្រសិនបើអ្នក កនិយាយភាសាខ្មែរ សេវាកម្ម ជំនួយភាសាឥតគិតថ្លៃ អាចរកបាន។ ទូរស័ព្ទ ទៅ 1-877-672-8620 (TTY: 711)។

**Oroomiffa (Oromo) -** XIYYEEFFANNAA: Afaandubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, niargama. 1-877-672-8620 (TTY: 711) Bilbilaa.

**Deutsch (German) -** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-672-8620 (TTY: 711).

**Français (French) -** ATTENTION : Si vous parlez français, des services d'aide linguistique sont disponibles gratuitement. Appelez le 1-877-672-8620 (ATS : 711).

**ภาษาไทย (Thai) -** โปรดทราบ: ถ้ าคุณพูดภาษาไทย คุณสามารถใช้ บริการช่ วยเหลือทางภาษาได้ ฟรี โทร 1-877-672-8620 (TTY: 711)

**فارسی (Farsi) -** توجه: اگر فارسی صحبت می کنید، کمک زبان رایگان در اختیار شما قرار می گیرد. با شماره 1-877-672-8620 (TTY: 1-800-735-2900) تماس بگیرید.

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم 1-877-672-8620 )رقم هاتف الصم والبكم 1-800-735-2900).

Aviso de no discriminación

Formulario aprobado
OMB# 0938-1421

# Aviso de disponibilidad de servicios de asistencia lingüística y recursos y servicios auxiliares

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-672-8620 or speak to your provider.

**Spanish:** ATENCIÓN: Si habla español, dispone de servicios gratuitos de asistencia lingüística. También dispone de recursos y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-877-672-8620 o hable con su proveedor.

**Chinese Mandarin:** 注意：如果您讲中文普通话，我们提供免费的语言协助服务。此外，我们还免费提供相应的辅助工具和服务，以无障碍格式提供信息。请致电 1-877-672-8620 或联系您的服务提供商。

**Chinese Cantonese:** 注意：如果您講粵語，我們可以為您提供免費的語言協助服務。還免費提供適當的輔助工具和服務，以可存取的格式提供資訊。請致電 1-877-672-8620 或與您的提供者聯絡。

**Tagalog:** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-672-8620 o makipag-usap sa iyong provider.

**French:** ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir de l'information dans des formats accessibles sont également offerts gratuitement. Composez le 1-877-672-8620 ou parlez-en à votre fournisseur.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-672-8620 hoặc trao đổi với người cung cấp dịch vụ của bạn.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenz-Angebote zur Verfügung. Auch entsprechende Hilfsmittel und Angebote zur barrierefreien Informationsbereitstellung sind kostenlos verfügbar. Rufen Sie 1-877-672-8620 an oder wenden Sie sich an Ihren Anbieter.

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-672-8620번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-672-8620 или обратитесь к своему поставщику услуг.

**Arabic:**
تنبيه: إذا تحدثت اللغة العربية، فتتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-877-672-8620 أو تحدث إلى مقدم الخدمة".

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-672-8620 पर कॉल करें या अपने प्रदाता से बात करें।

**Italian:** ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-877-672-8620 o rivolgiti al tuo fornitore.

**Portuguese:** ATENÇÃO: Se fala português, estão disponíveis para si serviços gratuitos de assistência linguística. Os recursos auxiliares e os serviços adequados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-672-8620 ou fale com o seu fornecedor.

**French Creole:** ATANSYON: Si ou pale Kreyòl, sèvis asistans lang gratis la disponib pou ou. Zouti ak sèvis yo ki bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele 1-877-672-8620 oswa pale ak founisè ou.

**Polish:** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-672-8620 lub porozmawiaj ze swoim dostawcą.

**Japanese:** 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-672-8620 までお電話ください。または、ご利用の事業者にご相談ください。

Este formulario fue actualizado el 10/30/2026

Para obtener información más reciente o si tiene otras preguntas, comuníquese con ATRIO Health Plans al **1-877-672-8620** (TTY 711), todos los días de 8:00 a. m. a 8:00 p. m., hora local, o visite **atriohp.com.**