2025

CENTERS PLAN FOR HEALTHY LIVING

Formulario para 2025
(Lista de medicamentos cubiertos)

Centers Plan for Medicare Advantage Care (HMO)

N.° de identificación del envío del formulario aprobado por HPMS (Health Plan Management System, HPMS) 25209, número de versión 18

Este formulario se actualizó el 1 de septiembre de 2025. Para obtener la información actualizada o para hacer preguntas, comuníquese con Servicios al Miembro de Centers Plan for Medicare Advantage Care (HMO) al 1-888-807-5717 (los usuarios de TTY deben llamar al 711), los siete días de la semana, las 24 horas del día, o visite www.centersplan.com/mapd.

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Servicios de Intérprete Multilingüe

English	We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-807-5717 (TTY: 711). Someone who speaks English can help you. This is a free service.
Albanian	Ne kemi në dispozicion shërbime përkthimi për t'ju përgjigjiur çdo pyetjeje që mund të keni lidhur me shëndetin tuaj apo me planin tuaj të mjekimit. Për të siguruar një përkthyes/e, na telefononi në 1-888-807-5717 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.
Arabic	لدينا خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة قد تراودك بشأن خطتنا للصحة أو الأدوية. للحصول على مترجم فوري، اتصل بنا فحسب على الرقم 1-888-807-5717 (لمستخدمي الهاتف النصي: 711). يمكن لشخصٍ يتحدث العربية مساعدتك. هذه خدمة مجانية.
Bengali	আমাদের স্বাস্থ্য বা ওষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। দোভাষী পেতে হলে, আমাদের কেবল 1-888-807-5717 (TTY: 711) -এ কল করে যোগাযোগ করুন। বাংলাভাষী কেউ আপনাকে সাহায্য করতে পারেন। এটি বিনামূল্যে প্রাপ্ত পরিষেবা।
Simplified Chinese	我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-888-807-5717 (TTY 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。
Traditional Chinese	**您**對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-888-807-5717 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務
French	Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance-maladie ou d'assurance-médicaments. Pour obtenir un interprète, il suffit de nous appeler au 1-888-807-5717 (TTY : 711). Une personne qui parle français peut vous aider. Il s'agit d'un service gratuit.
French Creole	Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen konsènan plan sante ak medikaman nou an. Pou w jwenn yon entèprèt, annik rele nou nan 1-888-807-5717 (TTY : 711). Yon moun ki pale Kreyòl Ayisyen ka ede w. Sèvis sa a gratis.
German	Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Für einen Dolmetscher, rufen Sie uns einfach unter der Rufnummer 1-888-807-5717 (TTY: 711) an. Eine Person, die Deutsch spricht, kann Ihnen helfen. Dies ist ein kostenloser Dienst.
Greek	Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περίθαλψής μας. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-888-807-5717 (TTY: 711). Κάποιος που μιλάει Ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.
Hindi	**हमारे स्वास्थ्य या ड्रग योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया की सेवा प्राप्त करने के लिए**, **हमें** 1-888-807-5717 (TTY: 711) **पर कॉल करें। हिंदीअंग्रेज़ी जानने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह निशुल्क सेवा है।**

Italian	Disponiamo di servizi di interpretariato gratuiti per eventuali domande sul nostro piano di assistenza sanitaria e farmaceutica. Per ricevere il supporto di un interprete, chiamare il numero 1-888-807-5717 (TTY: 711). Sarà disponibile qualcuno che parli italiano. Il servizio è gratuito.
Japanese	弊社の健康および薬品に対するプランについて、お客様がお尋ねになりたいすべてのご質問にお答えするため弊社は無料通訳サービスを用意しております。通訳サービスを受けるには、弊社までお電話ください：1-888-807-5717（TTY: 711）。日本語が話せる方がお手伝いします。こうしたサービスは無料です。
Korean	귀하의 건강 또는 약품 플랜에 대한 질문에 답변해드리는 무료 통역 서비스를 제공합니다. 통역사를 구하려면 1-888-807-5717 (TTY: 711) 번으로 전화하십시오. 한국어를 할 줄 아는 사람이 도와줄 수 있습니다. 이 서비스는 무료입니다.
Polish	Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu zdrowotnego lub planu przyjmowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić pod numer 1-888-807-5717 (TTY: 711). Pomocy udzieli osoba mówiąca po Polskie. Usługa jest bezpłatna.
Portugese	Contamos com serviços gratuitos de interpretação para sanar suas dúvidas sobre o plano de saúde ou medicamentos. Para conseguir um intérprete, entre em contato conosco pelo 1-888-807-5717 (TTY: 711). Alguém que fala português irá ajudá-lo. Este serviço é gratuito.
Russian	Мы предоставляем бесплатные услуги переводчика, чтобы ответить на любые ваши вопросы о нашем плане медицинского обслуживания или программе лекарственных препаратов. Чтобы воспользоваться услугами переводчика, просто позвоните нам по телефону 1-888-807-5717 (TTY : 711). Вам может помочь русскоязычный человек. Это бесплатная услуга.
Spanish	Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para recibir la ayuda de un intérprete, llámenos al 1-888-807-5717 (TTY: 711). Alguien que hable español puede ayudarle. Éste es un servicio gratuito.
Tagalog	Mayroon kaming mga libreng serbisyo ng pag-interpret upang sagutin ang mga katanungan mo tungkol sa kalusugan o plano sa paggagamot. Para makakuha ng taga-interpret, tawagan kami sa 1-888-807-5717 (TTY: 711). Taong nagsasalita ng tagalog ang makakatulong sa iyo. Ito ay libreng serbisyo.
Urdu	ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ ترجمان حاصل کرنے کے لیے، ہمیں 1-888-807-5717 (TTY: 711) پر کال کریں۔ کوئی اردو بولنے والا آپ کی مدد کر سکتا ہے۔ یہ مفت خدمت ہے۔
Vietnamese	Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi về chương trình bảo hiểm y tế hoặc thuốc của chúng tôi. Để yêu cầu người thông dịch, chỉ cần gọi cho chúng tôi theo số 1-888-807-5717 (TTY: 711). Ai đó nói tiếng Việt có thể giúp bạn. Đây là dịch vụ miễn phí.
Yiddish	מיר האבן אומזיסטע איבערזעצונג סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט האבן וועגן אייער געזונטהייט אדער דראג פלאן. צו באקומען אן איבערזעצער, רופט אונז ביי 1-888-807-5717 (TTY: 711). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

Centers Plan for Medicare Advantage Care (HMO)
Formulario para 2025
(Lista de medicamentos cubiertos o "Lista de medicamentos")

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

N.° de identificación del envío del Formulario aprobado por HPMS (Health Plan Management System, HPMS) 25209, número de versión 18.

Nota dirigida a los miembros existentes: Este Formulario sufrió modificaciones con respecto al del año pasado. Por favor, revise este documento para asegurarse de que todavía contenga los medicamentos que usted toma.

Cuando esta Lista de medicamentos (Formulario) hace referencia a los términos "nosotros", "nos" o "nuestro", se refiere a Centers Plan for Healthy Living LLC. Cuando hace referencia a "el plan" o "nuestro plan," se refiere a Centers Plan for Medicare Advantage Care (HMO).

Este documento incluye una Lista de medicamentos (formulario) para nuestro plan, que está actualizada al 1 de septiembre de 2025. Para obtener una Lista de medicamentos (formulario) actualizada, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (formulario), figura en la portada y en la contraportada.

Por lo general, debe acudir a las farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coaseguro pueden cambiar el al 1 de enero de 2025 y de forma periódica durante el año.

¿Qué es el formulario de Centers Plan for Medicare Advantage Care?

En este documento, utilizamos los términos Lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Centers Plan for Medicare Advantage Care después de consultar a un equipo de proveedores de atención médica, el cual representa las terapias con medicamentos recetados consideradas necesarias para llevar a cabo un programa de tratamiento de calidad. Por lo general, nuestro plan cubre los medicamentos listados en nuestro formulario, siempre y cuando el medicamento sea necesario en términos médicos, los medicamentos recetados se despachen desde una farmacia de la red de Centers Plan for Medicare Advantage Care y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿El formulario puede sufrir cambios?

La mayoría de los cambios en la cobertura de medicamentos ocurre el 1.º de enero, pero nuestro plan puede agregar o quitar medicamentos del formulario en el transcurso del año, cambiarlos de nivel de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web: www.centersplan.com/mapd.

A continuación se presentan los cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por los cambios de la cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos retirar inmediatamente un medicamento de nuestro formulario si lo sustituimos por una nueva versión de ese medicamento, la cual aparecerá en el mismo nivel de costo compartido o en uno inferior y con la misma cantidad de restricciones o menos. Cuando agregamos 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 pasarlo inmediatamente a un nivel diferente de costo compartido o agregar nuevas restricciones.

  Solo podemos hacer estos cambios inmediatos si estamos agregando una nueva versión genérica de un medicamento de marca, o determinadas versiones biosimilares nuevas de un producto biológico original, que ya estaba en el formulario (por ejemplo, un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

  Si actualmente toma ese medicamento de marca o ese producto biológico original, podríamos no informarle con anticipación antes de hacer un cambio inmediato, pero más adelante le daremos información sobre los cambios específicos que hemos hecho.

  Si hacemos el cambio, usted o la persona que expide su receta pueden solicitarnos que hagamos una excepción y sigamos cubriéndole el medicamento que se va a cambiar. Para más información, consulte la sección "¿Cómo solicito una excepción al Formulario de Centers Plan for Medicare Advantage Care?"

  Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para más información, consulte la sección "¿Qué son los productos biológicos originales y qué relación guardan 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 su retirada por motivos de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego avisar 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 eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un

biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o trasladarlo a otro nivel de costo compartido, o ambas cosas. Podemos hacer cambios con base en nuevos lineamientos clínicos. En caso de que retiremos medicamentos de nuestro formulario; agreguemos requisitos de autorización previa, límites de cantidades o terapias escalonadas a un medicamento; o pasemos un medicamento a un nivel de costo compartido más elevado, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de la entrada en vigencia del cambio. Otra posibilidad es que, cuando el miembro solicite una reposición del medicamento, reciba un suministro para 30 días junto con un aviso del cambio.

Si realizamos estos otros cambios, usted o la persona que expide su receta pueden pedirnos que hagamos una excepción y sigamos cubriendo el medicamento que estaba tomando. El aviso que le entregaremos también incluirá información sobre cómo solicitar una excepción. Además, puede encontrar información en la sección "¿Cómo solicito una excepción al Formulario de Centers Plan for Medicare Advantage Care?"

Cambios que no lo afectarán si está tomando actualmente el medicamento. Por lo general, si usted está tomando un medicamento incluido en nuestro formulario para 2025 y que estaba bajo cobertura al comienzo del año, no suspenderemos ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin restricciones nuevas para aquellos miembros que lo estén tomando por el resto del año de la cobertura. No recibirá un aviso directo este año sobre los cambios que no lo afecten. Sin embargo, el 1.º de enero del próximo año, dichos cambios lo afectarían y es importante que consulte el formulario en el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está actualizado el 1 de septiembre de 2025. Para obtener información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Si se ve afectado por un cambio en el formulario, le enviaremos por correo un Aviso sobre cambios en el formulario (Formulary Change Notices, FCN).

¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Enfermedad

El formulario comienza en la página 1. Los medicamentos en este formulario están agrupados en categorías según el tipo de enfermedad para la que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca están listados en la categoría "Agentes cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en 1. Luego busque su medicamento en la categoría correspondiente.

Listado en orden alfabético

Si no sabe en qué categoría buscar, debe buscar su medicamento en el índice que comienza en la página I-1. El índice contiene una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están listados en este índice. Busque en el índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página donde

puede encontrar la información sobre la cobertura. Vaya a la página listada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico es aquel que contiene los mismos ingredientes activos que el medicamento de marca y tiene la aprobación de la FDA. Por lo general, los medicamentos genéricos funcionan igual de bien que los de marca y suelen costar menos. Hay medicamentos genéricos de remplazo disponibles para muchos medicamentos de marca. Los medicamentos genéricos suelen poder sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, pero esto depende de las leyes estatales.

¿Qué son los productos biológicos originales y qué relación guardan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, puede ser un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, cuentan con alternativas que se denominan biosimilares. Generalmente, los biosimilares funcionan igual de bien que los productos biológicos originales y pueden costar menos. 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 más 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”.

¿Existe alguna restricción en mi cobertura?

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

- **Autorización previa:** Nuestro plan le exige a usted o a quien expide su receta obtener autorización previa para determinados medicamentos. Esto significa que deberá recibir la aprobación por parte de Centers Plan for Medicare Advantage Care antes de surtir sus medicamentos recetados. Si no obtiene la aprobación, tal vez nuestro plan no cubra el medicamento.

- **Límites de cantidad:** Nuestro plan limita la cantidad que cubriremos de determinados medicamentos. Por ejemplo, Centers Plan for Medicare Advantage Care proporciona 9 tabletas por receta de sumatriptán 100 mg. Esto podría ser adicional a un suministro estándar para uno o tres meses.

- **Terapia escalonada:** En algunos casos, nuestro plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa

enfermedad. Por ejemplo, si el medicamento A y el medicamento B sirven para el tratamiento de su condición médica, Centers Plan for Medicare Advantage Care podría no cubrir el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le sirve, entonces nuestro plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene límites o requisitos adicionales al buscar en el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a ciertos medicamentos cubiertos al visitar nuestro sitio web. Hemos publicado en línea unos documentos que explican nuestras restricciones con respecto a la autorización previa y la terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada.

Puede solicitar que nuestro plan haga una excepción en cuanto a estas restricciones o estos límites o pedir una lista de otros medicamentos similares que puedan servir para tratar su enfermedad. Consulte la sección "¿Cómo solicitar una excepción para el formulario de Centers Plan for Medicare Advantage Care?" en la página v para obtener información sobre cómo solicitar una excepción.

¿Qué ocurre 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 al Miembro y preguntar si su medicamento está cubierto.

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar, que esté cubierto por Centers Plan for Medicare Advantage Care.

- Puede pedir que nuestro plan haga una excepción y cubra su medicamento. Consulte más abajo para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Centers Plan for Medicare Advantage Care?

Puede solicitar que nuestro plan haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que nos puede solicitar.

- Puede pedirnos que cubramos un medicamento aun cuando este no se encuentre en nuestro formulario. De aprobarse, este medicamento estará cubierto a un nivel predeterminado de costo compartido y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.

- Puede pedirnos que renunciemos a una restricción de cobertura, como la autorización previa, la terapia escalonada o un límite de cantidad de su medicamento. Por ejemplo, nuestro plan limita la cantidad que cubriremos de determinados medicamentos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.

- Puede pedirnos que cubramos un medicamento del formulario a un costo compartido más bajo si este medicamento no se encuentra en el nivel de especialidades. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.

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

Usted o quien expide su receta deben ponerse en contacto con nosotros para solicitar una excepción del nivel o del formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, el profesional que expide su receta deberá explicar las razones médicas que justifiquen por qué usted necesita que se apruebe la excepción.** Por lo general, debemos tomar nuestra decisión dentro de un plazo de 72 horas de haber recibido la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si usted cree (y nosotros estamos de acuerdo) que su salud puede verse gravemente afectada si tiene que esperar hasta 72 horas por una decisión. Si estamos de acuerdo, o si quien expide su receta solicita una excepción acelerada, debemos comunicarle nuestra decisión a más tardar 24 horas después de recibir la declaración justificativa de quien expide su receta.

¿Qué ocurre si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o regular de nuestro plan, podría estar tomando medicamentos que no estén en nuestro formulario. O podría estar tomando un medicamento que está en nuestro formulario, pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con quien expide su receta para solicitar una decisión de cobertura que demuestre que cumple los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico deciden qué debe hacer, podríamos cubrir su medicamento en determinados casos durante los primeros 90 días en los que usted es miembro de nuestro plan.
Para cada uno de sus medicamentos que no figure en nuestro formulario o tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta es por menos días, permitiremos varios surtidos para proporcionarle hasta un máximo de 30 días de suministro del medicamento. Si no se aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted fue miembro del plan por menos de 90 días.

Si es residente de una institución de cuidado a largo plazo y necesita un medicamento que no está en nuestro formulario o su capacidad para obtener los medicamentos es limitada, pero tiene más de 90 días como miembro del plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras tramita una excepción al formulario.

Si alguno de los siguientes cambios en los niveles de cuidados se aplica a su caso, podría tener derecho a recibir un suministro de transición de los medicamentos que está tomando actualmente:

- Si usted se muda de un centro de cuidado prolongado a un hospital u otras instalaciones.
- Si usted se retira de un centro de atención a largo plazo para regresar a su hogar.
- Si usted recibe el alta de un centro especializado de enfermería.

Los cambios en el nivel de atención enumerados anteriormente son solo algunas de las razones por las que podría calificar para un suministro de transición. Para obtener más información, comuníquese con el Servicio de Asistencia Farmacéutica al 1-888-807-5717 (los usuarios de TTY deben llamar al 711), los siete días de la semana, las 24 horas del día.

Para obtener más información

Para obtener más información sobre la cobertura de medicamentos recetados de Centers Plan for Medicare Advantage Care, revise su Evidencia de cobertura y otros materiales sobre el plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en 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), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

Formulario de Centers Plan for Medicare Advantage Care

El formulario que comienza en la página 1 proporciona información sobre la cobertura de medicamentos por parte de nuestro plan.
Si le resulta difícil encontrar su medicamento en la lista, pase al índice que comienza en la página I-1.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúscula (p. ej., LIPITOR), mientras que los genéricos aparecen en minúscula y cursiva (p. ej., *atorvastatina*).

La información de la columna Requerimientos/límites le indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

En este documento, puede encontrar las siguientes abreviaciones:
ABREVIACIONES DE LAS NOTAS DE COBERTURA

RESTRICCIONES DE GESTIÓN DE USO		
ABREVIACIÓN	**DESCRIPCIÓN**	**EXPLICACIÓN**
AGE (EDAD) (Máx. X años)	Autorización previa, editar la edad	Solo se requiere autorización previa para los beneficiarios que superen este límite de edad.
NDS	SIN suministro de días extendidos	Este medicamento se limita a un suministro de un mes o menos. Usted no puede surtir una receta por un suministro superior a un mes.
PA	Restricción de autorización previa	Usted (o su médico) debe obtener una autorización previa nuestra antes de surtir sus recetas de este medicamento. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento.
PA BvD	Restricción de autorización previa para la determinación de Parte B vs. Parte D	Es posible que este medicamento esté incluido en su cobertura médica de la Parte B o en la cobertura de medicamentos recetados de la Parte D. Usted (o su médico) debe obtener una autorización previa de nuestro plan para determinar si este medicamento está cubierto por la Parte D de Medicare antes de surtir sus recetas de este medicamento. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento.
PA-HRM	Autorización previa, medicamento de alto riesgo	Este medicamento está calificado por Centers for Medicaid and Medicare Services (CMS) como potencialmente perjudicial y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare mayores de 65 años. Usted (o su médico) debe obtener una autorización previa por parte de nuestro plan antes de surtir sus recetas de este medicamento si tiene 65 años o más. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento.
PA NSO	Autorización previa solo para miembros o medicamentos nuevos	Si es un miembro nuevo o si no ha tomado este medicamento antes, usted (o su médico) debe obtener una autorización previa nuestra antes de surtir sus recetas de este medicamento. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento.
PA NSO-HRM	Autorización previa para toma de medicamento de alto riesgo por primera vez	Este medicamento está calificado por Centers for Medicaid and Medicare Services (CMS) como potencialmente perjudicial y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare mayores de 65 años. Usted (o su médico) debe obtener una autorización previa por

RESTRICCIONES DE GESTIÓN DE USO		
ABREVIACIÓN	**DESCRIPCIÓN**	**EXPLICACIÓN**
		parte de nuestro plan antes de surtir sus recetas de este medicamento si tiene 65 años o más. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento. Sin embargo, una vez que reciba la autorización previa y empiece a tomar este medicamento, no necesitará obtener una nueva autorización previa el año siguiente.
QL	Restricción de límites de cantidad	Nuestro plan limita la cantidad de este medicamento que está cubierto por receta, o dentro de un plazo específico.
ST	Restricción de terapia escalonada	Antes de que nuestro plan le proporcione cobertura para este medicamento, debe probar antes otro(s) medicamento(s) para tratar su enfermedad. Este medicamento solo estará cubierto si el otro medicamento no le funciona.

Las siguientes abreviaciones de la nota de cobertura adicional se pueden encontrar en el cuerpo de este documento.

OTROS REQUISITOS ESPECIALES PARA LA COBERTURA		
ABREVIACIÓN	**DESCRIPCIÓN**	**EXPLICACIÓN**
LA	Medicamentos de acceso limitado	Este medicamento recetado solo está disponible en ciertas farmacias. Para más información, consulte el Directorio de Farmacias o llame al Servicio de Asistencia Farmacéutica al 1-888-807-5717, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. Los usuarios de TTY deben llamar al 711.
NM	Medicamento no disponible para pedidos por correo	Podrá recibir un suministro de más de 1 mes de la mayoría de los medicamentos en su formulario mediante el pedido por correo con un costo compartido reducido. Los medicamentos que no están disponibles para pedidos por correo se indican con las siglas “NM” en la columna de requisitos/límites de su formulario.
NDS	Sin suministro de días extendidos	Este medicamento **no está** disponible en un suministro de días extendidos

ABREVIACIONES DE CONCENTRACIÓN Y FORMA DE DOSIFICACIÓN	
Abreviación	**Descripción**
8 hr	8 horas
12 hr	12 horas
24 hr	24 horas
72 hr	72 horas
act	activado
aero	aerosol
admin	administración
ampul	ampolla
app	aplicador
appl	aplicador
auto	automático
cap	cápsula
chew	masticable
CT	recuento
comb	combo
conc	concentrado
del	demorado
delayed	demorado
disinteg	desintegración
disintegrat	desintegración
dose	dosis
DR	liberación retrasada
EC	Revestimiento entérico
emolnt	emoliente
ENFit	conector de alimentación enteral
er	liberación extendida
ER	liberación extendida
ext	extendida
extnd	extendida
extend	extendida
gast	gástrico
HFA	hidrofluoroalcano
hi	alto
IR	liberación inmediata
liqd	líquido
loz	pastilla
lo	bajo
lozeng	pastilla

ABREVIACIONES DE CONCENTRACIÓN Y FORMA DE DOSIFICACIÓN	
Abreviación	**Descripción**
mini lozenge	pastilla en miniatura
misc	varios
MP	Bomba dosificadora
muco	mucosa
pak	paquete
pack	paquete
PCA	Administración controlada por el paciente
pell	bolita
pk	envase
Powdr	polvo
pt	paciente
recon	reconstituido
rel	liberación
releas	liberación
soln	solución
sprinkl	espolvorear
susp	suspensión
suspen	suspensión
syring	jeringa
tab	tableta
TD	transdérmico
var	variable
w/	con

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Agentes Anti Cáncer			
Agentes Anti Cáncer			
abiraterone oral tablet 250 mg	(Abirtega)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	2	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		5	PA NSO; NM; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		5	PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG		5	PA NSO; NM; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		5	PA NSO; NM; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		5	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
azacitidine injection recon soln 100 mg	(Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	5	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	5	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NM; NDS
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	1	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		5	PA NSO; NM; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		1	
bortezomib injection recon soln 1 mg, 2.5 mg		4	PA NSO
bortezomib injection recon soln 3.5 mg	(Velcade)	4	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML		4	PA NSO
BOSULIF ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)

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
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	5	PA BvD; NM; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	4	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)

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
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	5	PA NSO; NM; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	5	PA NSO; NM; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	5	NM; NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Caelyx)	5	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NM; 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
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		5	PA NSO; NM; NDS; QL (90 per 30 days)
erlotinib oral tablet 100 mg, 25 mg		5	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg		5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		4	
etoposide intravenous solution 20 mg/ml		4	
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	5	NM; NDS
everolimus (antineoplastic) oral tablet 10 mg	(Torpenz)	5	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	5	PA NSO; NM; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	4	
FAKZYNJA ORAL TABLET 200 MG		5	PA NSO; NM; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		5	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		3	PA BvD
floxuridine injection recon soln 0.5 gram		1	PA BvD

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		2	PA BvD
flutamide oral capsule 125 mg	(Eulexin)	4	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	5	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		5	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	5	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	(lomustine)	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	(lomustine)	5	NM; NDS
GOMEKLI ORAL CAPSULE 1 MG		5	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		5	PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		5	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		5	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG		5	PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA NSO; NM; NDS; QL (21 per 28 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
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	2	
imatinib oral tablet 100 mg (Gleevec)	3	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	3	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	5	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	5	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg (Lutrate Depot (3 month))	4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NM; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NM; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
megestrol oral tablet 20 mg, 40 mg	1	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	5	NM; NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	1	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	5	PA BvD; NM; NDS
pazopanib oral tablet 200 mg (Votrient)	5	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	5	NM; NDS
pemetrexed disodium intravenous recon soln 100 mg, 500 mg (Alimta)	5	NM; NDS
pemetrexed disodium intravenous solution 25 mg/ml	5	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
sorafenib oral tablet 200 mg (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS

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TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	(nilotinib hcl)	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	(nilotinib hcl)	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		5	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG		5	PA NSO; NM; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml	(etoposide)	2	
toremifene oral tablet 60 mg	(Fareston)	5	NM; NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		4	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		5	NM; NDS

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TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	4	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NM; NDS; QL (20 per 28 days)
Agentes 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	4	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg (Suboxone)	4	QL (60 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	4	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		1	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	
disulfiram oral tablet 250 mg, 500 mg		2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		1	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg		2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		4	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	4	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		4	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	4	
Agentes Antiansiedad			
Benzodiacepinas			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	NM; NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	NM; NDS; QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	NM; 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)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		4	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		4	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	1	NM; NDS; QL (150 per 30 days)
lorazepam 4 mg/ml vial inner	(Ativan)	1	
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	4	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	1	NM; NDS; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	NM; NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	NM; NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	NM; NDS; QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	2	NM; NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	2	NM; NDS; QL (120 per 30 days)
triazolam oral tablet 0.125 mg		2	NM; NDS; QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	2	NM; NDS; QL (60 per 30 days)
Agentes Antidemencia			
Agentes Antidemencia			

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	2	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		1	
donepezil oral tablet,disintegrating 5 mg		1	QL (30 per 30 days)
ergoloid oral tablet 1 mg		3	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		4	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		2	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		2	ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	2	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		4	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		2	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	4	QL (30 per 30 days)
Agentes Antidiabetico			
Agentes Antidiabeticos, Varios			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		3	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml (Riomet)	4	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 750 mg	1	QL (60 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	5	PA; NM; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		2	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	2	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		1	QL (120 per 30 days)
repaglinide oral tablet 2 mg		1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG		3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG		3	QL (60 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulinas			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	2	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	2	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	2	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	2	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	2	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	3	max $35 copay per month supply
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	3	max $35 copay per month supply

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	3	max $35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	3	max $35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	3	max $35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	3	max $35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	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)	3	max $35 copay per month supply

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	3	max $35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	3	max $35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	3	max $35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	max $35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		3	max $35 copay per month supply; QL (15 per 28 days)
Sulfonilureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide oral tablet 10 mg		1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		1	QL (60 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	PA-HRM; AGE (Max 64 Years)
Agentes Antigota			
Agentes Antigota, Otros			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	4	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
Agentes Antimigraña			
Agentes Antimigraña			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		3	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	1	QL (18 per 30 days)

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
hydroxychloroquine oral tablet 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		2	
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NM; NDS; QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	4	
pentamidine inhalation recon soln 300 mg	(Nebupent)	4	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	4	
praziquantel oral tablet 600 mg	(Biltricide)	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
Agentes Antiparkinson			
Agentes Antiparkinson			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		1	
amantadine hcl oral tablet 100 mg		2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine oral tablet 2.5 mg		2	
cabergoline oral tablet 0.5 mg		2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg		1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg	2	
carbidopa-levodopa oral tablet,disintegrating 25-100 mg, 25-250 mg	4	
entacapone oral tablet 200 mg	4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NM; NDS; QL (600 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	4	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NM; NDS; QL (560 per 28 days)
Agentes Antipsicóticos		
Agentes Antipsicóticos		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NM; NDS; QL (2.4 per 42 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	2	
aripiprazole oral tablet,disintegrating 10 mg	4	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NM; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST

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)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	2	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	4	QL (30 per 30 days)
lurasidone oral tablet 80 mg (Latuda)	4	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	3	QL (240 per 30 days)
molindone oral tablet 25 mg	3	QL (270 per 30 days)
molindone oral tablet 5 mg	5	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	3	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	5	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	2	
risperidone oral tablet 0.25 mg		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		4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	5	NM; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		5	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		5	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML		5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML		5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML		5	NM; NDS; QL (0.56 per 56 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	4	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Agentes Calóricos		
Agentes Calóricos		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %		4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %		4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		4	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		2	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		4	PA BvD
Agentes Cardiovasculares			
Agentes Alfa-Adrenérgicos			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	2	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	2	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	
prazosin oral capsule 1 mg, 2 mg, 5 mg		2	
Agentes Antiarritmicos			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	2	
amiodarone oral tablet 400 mg		2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
flecainide oral tablet 100 mg, 150 mg, 50 mg		2	
MULTAQ ORAL TABLET 400 MG		3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		4	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	
quinidine sulfate oral tablet 200 mg, 300 mg		4	
Agentes Bloqueadores Beta-Adrenérgicos			
acebutolol oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		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		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	1	
sotalol oral tablet 240 mg	(Betapace)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		4	
Agentes Bloqueadores Da Canal De Calcio			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	
diltiazem 24hr er 360 mg cap once-a-day dosage	(Tiadylt ER)	2	
diltiazem 24hr er 420 mg cap	(Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		4	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		1	
Agentes Cardiovasculares, Varios			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; NM; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		3	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	1	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	3	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	5	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	3	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	5	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg		2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; QL (30 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	
irbesartan oral tablet 75 mg		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)	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
telmisartan oral tablet 20 mg		1	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	2	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		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)	4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		2	
Dislipidémicos			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	2	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	2	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		2	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cholestyramine light oral powder in packet 4 gram		2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	4	
colesevelam oral tablet 625 mg	(WelChol)	4	
colestipol oral packet 5 gram		2	
colestipol oral tablet 1 gram	(Colestid)	2	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	2	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		1	
fluvastatin oral capsule 20 mg, 40 mg		2	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	2	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	4	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	4	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		3	ST; QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	4	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
niacor oral tablet 500 mg	(niacin)	4	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	2	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 80 mg		1	
pravastatin oral tablet 20 mg, 40 mg		1	QL (30 per 30 days)
prevalite oral powder in packet 4 gram		2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		1	QL (30 per 30 days)
Diuréticos			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	
chlorthalidone oral tablet 25 mg, 50 mg		1	
furosemide injection solution 10 mg/ml		1	
furosemide injection syringe 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		1	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	5	PA; NM; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		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)	5	PA; NM; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Inhibidores De Enzima Convertidoras De Angiotensina			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		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		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		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, 2.5 mg, 5 mg	(Altace)	1	
ramipril oral capsule 10 mg		1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		2	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	4	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; QL (30 per 30 days)
Vasodilatadores			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	2	
minoxidil oral tablet 10 mg, 2.5 mg		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)	2	
Agentes De Enfermedad Intestinal Inflamatoria			
Agentes De Enfermedad Intestinal Inflamatoria			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	4	
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg		4	
budesonide rectal foam 2 mg/actuation	(Uceris)	4	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	4	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	4	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
Agentes De Enfermedad Ósea Metabólica			
Agentes De Enfermedad Ósea Metabólica			
alendronate oral solution 70 mg/75 ml		4	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		1	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	4	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	5	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg		1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; NM; NDS; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		3	QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	5	PA; NM; NDS; QL (2.48 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		5	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NM; NDS
Agentes De Trastorno De Sueño			
Agentes De Trastorno De Sueño			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	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		4	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		4	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG		5	PA; NM; NDS; QL (90 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG		5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG		5	PA; NM; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)		5	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; NM; NDS; QL (15 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	3	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	2	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	2	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	5	PA; NM; NDS

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
methylphenidate hcl oral solution 10 mg/5 ml (Methylin)	4	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	5	PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)

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PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
riluzole oral tablet 50 mg (Rilutek)	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)
Agentes Del Tracto Respiratorio		
Agentes Del Tracto Respiratorio, Otros		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	3	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
KALYDECO ORAL TABLET 150 MG		5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML		5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML		5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; NM; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	(Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		5	PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	4	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	4	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		5	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NM; NDS
Antiinflamatorios, Corticoesteroides Inhalados			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	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)	4	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	1	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		1	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		1	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		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	(Wixela Inhub)	1	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	1	QL (60 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)	4	
Broncodilatadores			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		1	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		3	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %		1	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		1	PA BvD; QL (540 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		3	QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml		4	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		2	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	4	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		3	QL (60 per 30 days)
Agentes Dentales Y Orales			
Agentes Dentales Y Orales			
cevimeline oral capsule 30 mg	(Evoxac)	2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	
Agentes Dermatológicos			
Agentes Antiinflamatorios Dermatológicos			
ala-cort topical cream 1 %	(hydrocortisone)	1	
betamethasone dipropionate topical cream 0.05 %		2	
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		2	
betamethasone valerate topical lotion 0.1 %		2	
betamethasone valerate topical ointment 0.1 %		1	
betamethasone, augmented topical cream 0.05 %		1	
betamethasone, augmented topical gel 0.05 %		2	
betamethasone, augmented topical lotion 0.05 %		2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	
clobetasol topical gel 0.05 %		2	
clobetasol topical lotion 0.05 %	(Clobex)	4	
clobetasol topical ointment 0.05 %		2	
clobetasol topical shampoo 0.05 %	(Clobex)	2	
clobetasol-emollient topical cream 0.05 %		2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
clobetasol-emollient topical foam 0.05 %	(Olux-E)	4	
EUCRISA TOPICAL OINTMENT 2 %		3	
fluocinolone topical cream 0.01 %		2	
fluocinolone topical cream 0.025 %	(Synalar)	2	
fluocinolone topical ointment 0.025 %	(Synalar)	2	
fluocinonide topical cream 0.05 %		2	
fluocinonide topical cream 0.1 %	(Vanos)	2	
fluocinonide topical gel 0.05 %		2	
fluocinonide topical ointment 0.05 %		2	
fluocinonide topical solution 0.05 %		2	
fluticasone propionate topical cream 0.05 %		1	
halobetasol propionate topical cream 0.05 %		2	
halobetasol propionate topical ointment 0.05 %		4	
hydrocortisone 2.5% cream		1	
hydrocortisone topical cream 1 %	(Ala-Cort)	1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	1	
hydrocortisone topical lotion 2.5 %		1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		2	
mometasone topical cream 0.1 %		1	
mometasone topical ointment 0.1 %		1	
mometasone topical solution 0.1 %		1	
pimecrolimus topical cream 1 %	(Elidel)	4	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	

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
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %		4	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	1	
Agentes Dermatológicos, Otros			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		3	
acyclovir topical ointment 5 %	(Zovirax)	4	QL (30 per 30 days)
ammonium lactate topical cream 12 %		1	
ammonium lactate topical lotion 12 %	(AmLactin)	1	
calcipotriene scalp solution 0.005 %		2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		4	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		4	QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %		2	
fluorouracil topical solution 5 %		4	
imiquimod topical cream in packet 5 %		2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		3	QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		5	NM; NDS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
PANRETIN TOPICAL GEL 0.1 %		5	NM; NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		5	PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	4	
Antibacterianos Dermatológicos			
clindamycin phosphate topical solution 1 %		1	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	
clindamycin-benzoyl peroxide topical gel 1-5 %		4	
erythromycin with ethanol topical solution 2 %		2	
gentamicin topical cream 0.1 %		2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	(clindamycin-benzoyl peroxide)	1	
rosadan topical cream 0.75 %	(metronidazole)	2	
selenium sulfide topical lotion 2.5 %		1	
silver sulfadiazine topical cream 1 %	(SSD)	1	
ssd topical cream 1 %	(silver sulfadiazine)	4	
Escabicidas Y Pediculicidas			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %	(Elimite)	2	QL (60 per 30 days)
Retinoides Dermatológicos			
adapalene topical cream 0.1 %	(Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %		4	PA

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
tazarotene topical cream 0.1 %	(Tazorac)	3	
tretinoin topical cream 0.025 %	(Avita)	2	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	2	PA
Agentes Gastrointestinales			
Agentes Antiúlceras Y Supresores De Ácidos			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		4	
cimetidine hcl oral solution 300 mg/5 ml		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	4	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	4	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	1	
Agentes Gastrointestinales, Otros			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	4	
dicyclomine oral capsule 10 mg		1	
dicyclomine oral solution 10 mg/5 ml		2	
dicyclomine oral tablet 20 mg		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)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		3	
lactulose oral solution 10 gram/15 ml	(Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		3	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	4	QL (60 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		3	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		3	
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	5	NM; NDS

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ursodiol oral capsule 300 mg		3	
ursodiol oral tablet 250 mg		3	
ursodiol oral tablet 500 mg	(URSO Forte)	3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		3	
XERMELO ORAL TABLET 250 MG		5	PA; NM; NDS; QL (84 per 28 days)
Enlaces De Fosfato			
calcium acetate(phosphat bind) oral capsule 667 mg		2	
calcium acetate(phosphat bind) oral tablet 667 mg		2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	4	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg		4	
Laxantes			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		3	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	3	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		3	
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		1	
Antiespasmódicos, Urinario			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	2	
flavoxate oral tablet 100 mg		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	2	
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		1	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		2	
tolterodine oral tablet 1 mg, 2 mg		2	
trospium oral capsule,extended release 24hr 60 mg		4	
trospium oral tablet 20 mg		2	
Agentes Hormonales, Estimulante/Reemplazo/Modificador			
Agentes Tiroideos Y Antitiroideos			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
Andrógenos			
danazol oral capsule 100 mg, 200 mg, 50 mg		4	
oxandrolone oral tablet 10 mg, 2.5 mg		4	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	PA
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	4	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		3	PA; QL (2 per 28 days)
Estrógenos Y Antiestrógenos			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		3	PA-HRM; AGE (Max 64 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	4	QL (18 per 28 days)
Glucocorticoides/Mineralocorticoides			
dexamethasone oral solution 0.5 mg/5 ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablet 32 mg		1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		1	PA BvD
prednisolone oral solution 15 mg/5 ml		1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		2	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	2	PA BvD
prednisone oral solution 5 mg/5 ml		2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	1	
Pituitario			
ACTHAR INJECTION GEL 80 UNIT/ML		5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML		5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML		5	PA; NM; NDS; QL (30 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide (3 month))	4	PA NSO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	4	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ORILISSA ORAL TABLET 150 MG		5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NM; NDS
Progestinas			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	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)		4	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
Agentes Inmunológicos			
Agentes Inmunológicos			

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM; NDS
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	PA BvD; NM; NDS
azathioprine oral tablet 50 mg (Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg	1	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		5	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	2	PA BvD
cyclosporine modified oral capsule 50 mg		2	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	4	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	4	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		5	PA; NM; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	4	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		5	PA; NM; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	(Remicade)	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		5	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	2	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	2	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML		5	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		5	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		5	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG		5	PA; NM; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 90 MG/ML	5	PA; NM; NDS
sirolimus oral solution 1 mg/ml	5	PA BvD; NM; NDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)		5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	(ustekinumab)	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab)	5	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	4	PA BvD
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		5	PA; NM; NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		5	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML		5	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		5	PA; NM; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	5	PA; NM; NDS
Vacunas		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay

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GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	$0 copay

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

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

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TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	$0 copay
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	$0 copay

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VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML		3	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT		3	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)		3	$0 copay
Agentes Oftálmicos			
Agentes Antiglaucoma			
acetazolamide oral capsule, extended release 500 mg		2	
acetazolamide oral tablet 125 mg, 250 mg		2	
acetazolamide sodium injection recon soln 500 mg		1	
betaxolol ophthalmic (eye) drops 0.5 %		1	
bimatoprost ophthalmic (eye) drops 0.03 %		4	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	2	
brimonidine ophthalmic (eye) drops 0.2 %		2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	4	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	4	
carteolol ophthalmic (eye) drops 1 %		1	
dorzolamide ophthalmic (eye) drops 2 %		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)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
levobunolol ophthalmic (eye) drops 0.5 %		1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	4	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	QL (5 per 30 days)
Agentes Para Los Ojos, Oídos, Nariz, Garganta			
Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta			
acetic acid otic (ear) solution 2 %		1	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		1	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		4	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	QL (3.5 per 4 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		2	
gentamicin ophthalmic (eye) drops 0.3 %		2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		2	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	2	
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		2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	2	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
tobramycin ophthalmic (eye) drops 0.3 %		1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		2	
trifluridine ophthalmic (eye) drops 1 %		4	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		5	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		3	
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	3	ST
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	4	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	4	
bromfenac ophthalmic (eye) drops 0.09 %		4	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	4	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	2	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		1	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		2	
cromolyn ophthalmic (eye) drops 4 %		1	
epinastine ophthalmic (eye) drops 0.05 %		4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		3	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	1	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	1	
Agentes Terapeuticos Misceláneos			
Agentes Terapeuticos Misceláneos			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	PA; NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		3	
betaine oral powder 1 gram/scoop	(Cystadane)	5	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML		5	PA; NM; NDS
diazoxide oral suspension 50 mg/ml	(Proglycem)	4	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	5	PA; NM; NDS; QL (180 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
mesna oral tablet 400 mg	(Mesnex)	5	NM; NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	4	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		5	PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		3	
Agentes Vasodilatadores			
Agentes Vasodilatadores			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
OPSUMIT ORAL TABLET 10 MG		5	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	3	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		2	PA
tadalafil oral tablet 5 mg	(Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		5	PA; NM; NDS
Analgésicos			
Agentes Antiinflamatorios No Esteroideos			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		1	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		1	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		4	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	1	QL (1000 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg		1	
ibu oral tablet 400 mg	(ibuprofen)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	1	
sulindac oral tablet 150 mg, 200 mg		1	
Analgésicos, Varios			
acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)		1	NM; NDS; QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	NM; NDS; QL (4500 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	NM; NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	NM; 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)	2	NM; NDS; QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	PA-HRM; NM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	NM; NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	NM; NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	NM; NDS; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		3	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		2	NM; NDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml		2	NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		2	NM; NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		1	NM; NDS; QL (180 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
hydrocodone-acetaminophen oral tablet 5-325 mg		1	NM; NDS; QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg	(Dilaudid)	1	NM; NDS; QL (180 per 30 days)
hydromorphone oral tablet 8 mg	(Dilaudid)	2	NM; NDS; QL (180 per 30 days)
methadone oral tablet 10 mg		1	NM; NDS; QL (120 per 30 days)
methadone oral tablet 5 mg		1	NM; NDS; QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	PA; NM; NDS; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml		1	NM; NDS; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	NM; NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		4	NM; NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		4	NM; NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg		2	NM; NDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	2	NM; NDS; QL (90 per 30 days)
morphine oral tablet extended release 60 mg	(MS Contin)	2	NM; NDS; QL (60 per 30 days)
oxycodone oral capsule 5 mg		2	NM; NDS; QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		2	NM; NDS; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	2	NM; NDS; QL (120 per 30 days)
oxycodone oral tablet 20 mg		2	NM; NDS; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	2	NM; NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	NM; NDS; QL (360 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	NM; NDS; QL (240 per 30 days)
tramadol oral tablet 50 mg		1	NM; NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		1	NM; NDS; QL (300 per 30 days)
Anestésicos			
Anestesia Local			
dermacinrx lidocan 5% patch outer	(lidocaine)	4	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 %	(Glydo)	1	QL (30 per 30 days)
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	4	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		2	PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	1	
lidocaine-prilocaine topical cream 2.5-2.5 %		1	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	4	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)
Antagonistas De Metales Pesados			
Antagonistas De Metales Pesados			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	3	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
Anti Infecciosos (Membrana Cutánea Y Mucosa)			

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Anti Infecciosos (Membrana Cutánea Y Mucosa)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	4	
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		4	
Antibacterianos			
Aminoglicósidos			
amikacin injection solution 500 mg/2 ml		2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		5	PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml		1	
neomycin oral tablet 500 mg		2	
streptomycin intramuscular recon soln 1 gram		5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		4	
Antibacteriales, Misceláneos			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg		5	NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	4	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	4	
methenamine hippurate oral tablet 1 gram		2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		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		1	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		4	
vancomycin oral capsule 125 mg	(Vancocin)	4	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA; NM; NDS; QL (90 per 30 days)
Antibióticos B-Lactam Misceláneos			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram	4	
imipenem-cilastatin intravenous recon soln 250 mg	4	
imipenem-cilastatin intravenous recon soln 500 mg (Primaxin IV)	4	
meropenem 2 gram vial inner, suv, p/f	4	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	3	
Cefalosporinas		
cefaclor oral capsule 250 mg, 500 mg	2	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	2	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefepime injection recon soln 1 gram, 2 gram	4	
cefixime oral capsule 400 mg	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cefuroxime axetil oral tablet 250 mg, 500 mg		1	
cefuroxime sodium injection recon soln 750 mg		2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		2	
cephalexin oral capsule 250 mg, 500 mg		1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	(ceftazidime)	4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		5	NM; NDS
Macrólidos			
azithromycin intravenous recon soln 500 mg	(Zithromax)	4	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	2	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		4	
clarithromycin oral tablet 250 mg, 500 mg		2	
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	5	NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
erythromycin oral tablet 250 mg, 500 mg		4	
Penicilinas			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		1	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		4	
ampicillin oral capsule 500 mg		1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	4	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	4	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	
Quinolonas		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	2	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	2	
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
moxifloxacin oral tablet 400 mg		2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	4	
Sulfonamidas			
sulfadiazine oral tablet 500 mg		4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetraciclinas			
demeclocycline oral tablet 150 mg, 300 mg		4	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	4	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	4	
doxycycline hyclate oral capsule 100 mg		2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		2	
doxycycline hyclate oral tablet 50 mg	(Targadox)	2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 150 mg		1	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		1	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	1	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	1	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 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
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	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 (contraceptive))	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
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	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	1	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		1	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl 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-ethinyl estrad)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
Anticonvulsivos			
Anticonvulsivos			
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		3	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	
carbamazepine oral tablet 200 mg	(Epitol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		2	
clobazam oral suspension 2.5 mg/ml	(Onfi)	4	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		5	ST; NM; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		5	ST; NM; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	4	ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	5	ST; NM; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	5	ST; NM; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	
felbamate oral suspension 600 mg/5 ml		4	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NM; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	(perampanel)	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	5	ST; NM; NDS; QL (60 per 30 days)
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)	2	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)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	2	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	4	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	4	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	4	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
phenytoin sodium intravenous solution 50 mg/ml		1	
phenytoin sodium intravenous syringe 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	2	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	4	QL (900 per 30 days)
primidone oral tablet 125 mg		2	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	5	ST; NM; NDS
rufinamide oral tablet 200 mg	(Banzel)	4	ST
rufinamide oral tablet 400 mg	(Banzel)	5	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		5	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	4	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral capsule, sprinkle 50 mg		4	
topiramate oral solution 25 mg/ml	(Eprontia)	4	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
valproic acid oral capsule 250 mg		2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		5	NM; NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		3	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		3	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		3	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		4	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; NM; NDS; QL (1080 per 30 days)
Antidepresivos			
Antidepresivos			

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
escitalopram oxalate oral solution 5 mg/5 ml		4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg	(Prozac)	1	
fluoxetine oral capsule 40 mg		1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
MARPLAN ORAL TABLET 10 MG		4	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg		1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		4	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	4	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	
phenelzine oral tablet 15 mg	(Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg		4	
RALDESY ORAL SOLUTION 10 MG/ML		4	PA NSO; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		5	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	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		1	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	4	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; NM; NDS; QL (14 per 14 days)
Antifúngicos			
Antifúngicos			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
amphotericin b injection recon soln 50 mg		4	PA BvD

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	5	PA BvD; NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	1	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	1	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	2	
clotrimazole-betamethasone topical cream 1-0.05 %		1	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NM; NDS
econazole nitrate topical cream 1 %		2	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml		2	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		4	
griseofulvin microsize oral tablet 500 mg		4	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	2	
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		2	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		1	QL (360 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	3	
miconazole-3 vaginal suppository 200 mg		2	
nyamyc topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		2	
nystatin oral tablet 500,000 unit		2	
nystatin topical cream 100,000 unit/gram		1	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		1	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystop topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	5	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg		4	
Antihistamínicos			
Antihistamínicos			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
Antimicobacteriales			
Antimicobacteriales			
dapsone oral tablet 100 mg, 25 mg		2	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ethambutol oral tablet 100 mg, 400 mg	2	
isoniazid oral tablet 100 mg, 300 mg	1	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	4	
rifabutin oral capsule 150 mg	4	
rifampin intravenous recon soln 600 mg (Rifadin)	4	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antivirales (Sitémico)		
Antirretrovirales		
abacavir oral solution 20 mg/ml (Ziagen)	4	
abacavir oral tablet 300 mg	4	
abacavir-lamivudine oral tablet 600-300 mg	4	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
atazanavir oral capsule 150 mg	4	
atazanavir oral capsule 200 mg, 300 mg (Reyataz)	4	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NM; NDS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		5	NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		5	NM; NDS
darunavir oral tablet 600 mg, 800 mg	(Prezista)	5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		4	
DOVATO ORAL TABLET 50-300 MG		5	NM; NDS
EDURANT ORAL TABLET 25 MG		5	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		5	NM; NDS
efavirenz oral capsule 200 mg		4	
efavirenz oral capsule 50 mg		2	
efavirenz oral tablet 600 mg		4	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	4	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	5	NM; NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	3	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	5	NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
etravirine oral tablet 100 mg, 200 mg (Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
fosamprenavir oral tablet 700 mg	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	4	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	2	
lamivudine oral tablet 100 mg	4	
lamivudine oral tablet 150 mg (Epivir)	2	
lamivudine oral tablet 300 mg (Epivir)	4	
lamivudine-zidovudine oral tablet 150-300 mg	4	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	3	QL (480 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	4	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	4	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	5	NM; NDS
nevirapine oral suspension 50 mg/5 ml	4	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	4	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	4	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	5	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	3	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	NM; NDS
VOCABRIA ORAL TABLET 30 MG		4	
zidovudine oral capsule 100 mg	(Retrovir)	2	
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	
zidovudine oral tablet 300 mg		2	
Antivirales Hcv			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG		5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG		5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG		5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	5	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; NM; NDS; QL (28 per 28 days)
Antivirales, Varios			
LIVTENCITY ORAL TABLET 200 MG		5	PA; NM; NDS
oseltamivir oral capsule 30 mg	(Tamiflu)	2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	2	QL (540 per 180 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
Interferones		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS
Nucleósidos Y Nucleótidos		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	4	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	4	PA BvD
adefovir oral tablet 10 mg (Hepsera)	4	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	4	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ribavirin oral tablet 200 mg	3	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	5	NM; NDS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
valganciclovir oral tablet 450 mg	(Valcyte)	3	
Cofactores Enzimáticos/Otros			
Cofactores Enzimáticos/Otros			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		5	PA; NM; 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
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(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 NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	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 70% SWABS	(Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL WIPES 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
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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		1	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		1	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		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
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"		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 ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		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 25GX1" 1 ML 25 X 1"		1	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	1	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		1	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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 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 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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 PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	PA; ST

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 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
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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	PA; ST
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	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) 0.3 ML 29 GAUGE X 1/2"		1	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 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
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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) 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) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		1	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 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
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

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 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
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	PA; ST
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 0.3 ML SYRINGE 0.3 ML 30 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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	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 FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		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 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 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
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(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

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
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	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
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	1	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	1	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE		1	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 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
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	PA; ST
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
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 ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		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 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 4MM 32G 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
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		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	1	PA; ST

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Droplet Insulin Syr(half unit))	1	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 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 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"	(Droplet 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"	(Easy Touch Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	PA; ST
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 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	1	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 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 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(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
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 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		1	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(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 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	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
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
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 29 GAUGE X 1/2"		1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	1	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
NOVOFINE 30 NEEDLE		1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		1	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"		1	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)		3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		3	QL (1 per 365 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
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 6MM 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	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
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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
PENTIPS PEN NEEDLE 32GX5/32" 4MM 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
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	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 31GX5/16" 31 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
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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"		1	PA; ST
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		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
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		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
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		1	PA; ST
STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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
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 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	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
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 SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 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
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	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
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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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 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 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
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 MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		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 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST

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UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(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
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 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
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 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		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
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
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		3	QL (30 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
Preparaciones De Reemplazo			
Preparaciones De Reemplazo			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	
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 %)		4	
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	
potassium chloride intravenous solution 2 meq/ml		2	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		4	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	1	
potassium chloride oral tablet extended release 15 meq		4	
potassium chloride oral tablet extended release 20 meq		1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)		2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		2	
sodium chloride 0.9% solution mini-bag, single use		2	
Productos Sanguíneos/Modificadores/Expansores De Volumen			
Agentes Hematológicos, Varios			
anagrelide oral capsule 0.5 mg	(Agrylin)	4	
anagrelide oral capsule 1 mg		4	
tranexamic acid oral tablet 650 mg		3	
Anticoagulantes			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	3	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	4	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	4	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	4	QL (18 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	4	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	4	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	3	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NM; NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	5	NM; NDS; QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	4	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	(Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	3	QL (60 per 30 days)
Inhibidores De Agregación De Plaquetas			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	3	
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 50 mg, 75 mg		2	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg		1	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	2	QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	4	
Modificadores De Formación De Sangre			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		5	PA; NM; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	5	PA; NM; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	5	PA; NM; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	5	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		5	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		5	PA; NM; NDS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		5	PA; NM; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML		3	PA; QL (4 per 28 days)
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		3	
javygtor oral tablet,soluble 100 mg	(sapropterin)	5	PA; NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA BvD; NM; NDS
sapropterin oral tablet,soluble 100 mg	(Javygtor)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		5	PA; NM; LA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
Relajantes Musculares Esqueléticos		
Relajantes Musculares Esqueléticos		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
baclofen oral tablet 15 mg	4	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg	4	
dantrolene oral capsule 25 mg (Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg	1	PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg	1	
tizanidine oral tablet 4 mg (Zanaflex)	1	
Vitaminas Y Minerales		
Vitaminas Y Minerales		
bal-care dha combo pack 27-1-430 mg	1	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	1	
c-nate dha softgel 28 mg iron-1 mg - 200 mg	1	
completenate tablet chew 29 mg iron-1 mg	1	
folivane-ob capsule 85-1 mg	1	
kosher prenatal plus iron tab 30 mg iron- 1 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
marnatal-f capsule 60 mg iron-1 mg	1	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
mynatal advance oral tablet 90-1-50 mg	1	
mynatal capsule 65 mg iron- 1 mg	1	
mynatal oral tablet 90-1-50 mg	1	
mynatal plus captab 65 mg iron- 1 mg	1	
mynatal-z captab 65 mg iron- 1 mg	1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	1	
newgen tablet 32-1,000 mg-mcg	1	
niva-plus tablet 27 mg iron- 1 mg	1	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe	1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1	
o-cal prenatal oral tablet 15 mg iron-1,000 mcg	1	
pnv 29-1 oral tablet 29 mg iron- 1 mg	1	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1	
pnv-omega softgel 28-1-300 mg	1	
pr natal 400 combo pack 29-1-400 mg	1	
pr natal 400 ec combo pack 29-1-400 mg	1	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	1	
pr natal 430 ec combo pack 29-1-430 mg	1	
prena1 true combo pack 30 mg iron-1.4 mg-300 mg	1	
prenaissance oral capsule 29-1.25-55-325 mg	1	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
prenaissance plus oral capsule 28-1-50-250 mg		1	
prenatabs fa tablet 29-1 mg		1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		1	
prenatal 19 chewable tablet 29 mg iron- 1 mg		1	
prenatal low iron oral tablet 27 mg iron- 1 mg		1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
prenatal-u capsule 106.5-1 mg		1	
preplus oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
pretab oral tablet 29-1 mg		1	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	
se-natal 19 chewable tablet 29 mg iron- 1 mg		1	
taron-c dha capsule 35-1-200 mg		1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg		1	
triveen-duo dha oral combo pack 29-1-400 mg		1	
virt-c dha softgel (rx) 35-1-200 mg		1	
virt-nate dha softgel 28 mg iron-1 mg -200 mg		1	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg		1	
virt-pn plus oral capsule 28-1-300 mg		1	

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
vitafol gummies 3.33 mg iron- 0.33 mg	1	
vitafol nano oral tablet 18 mg iron- 1 mg	1	
vitafol-ob+dha combo pack 65-1-250 mg	1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	1	
vp-pnv-dha oral capsule 28 mg iron-1 mg-200 mg	1	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus softgel 28-1-300 mg	1	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

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1ST TIER UNIFINE PENTIPS PLUS 132

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