



FORMULARIO PARA 2025

(LISTA DE MEDICAMENTOS CUBIERTOS)

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

FORMULARY ID 25256, VERSION 10

ASTIVA HEALTH SERVICIO AL MIEMBRO

1-866-688-9021 (TTY: 711)

Horas de operación:

8:00AM to 8:00PM, siete días a la semana de Octubre 1 - Marzo 31
8:00AM to 8:00PM, de lunes - viernes, excepto días festivos
de Abril 1 - Septiembre 30

MESA DE ASISTENCIA DE FARMACIA

1-833-697-6561

Horas de operación:

24 horas al día, 7 días a la semana

ESTE FORMULARIO SE ACTUALIZO EL **02/01/2025**. PARA CONSULTAR UN LISTADO COMPLETO O SI TIENE OTRAS PREGUNTAS, COMUNÍQUESE CON ASTIVA HEALTH, INC'S DEPARTAMENTO DE SERVICIO AL MIEMBRO AL 1-866-688-9021. (LOS USUARIOS DE TTY DEBEN LLAMAR AL 711), DE 8:00AM A 8:00PM, SIETE DÍAS A LA SEMANA DE OCTUBRE 1 - MARZO 31, Y 8:00AM A 8:00PM DE LUNES- VIERNES, EXCEPTO FESTIVOS IMPORTANTES DE ABRIL 1- SEPTIEMBRE 30 8:00AM A 8:00PM, O VISITE WWW.ASTIVAHEALTH.COM.

Modelo de Formulario de la Parte D para 2025 completo

Nota para los miembros actuales: este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma. Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Astiva

Health, Inc.. Cuando dice “plan” o “nuestro plan”, hace referencia a Astiva Health Savings Plan (HMO) 001, Astiva Health Savings Plan - NorCal (HMO) 011, Astiva Health Premier Plan (HMO) 010, Astiva Health Premier Plan (HMO) - NorCal 012, Astiva Health C-SNP Deluxe (HMO C-SNP) 007, Astiva Health C-SNP WOW (HMO C-SNP) 008, o Astiva Health C-SNP WOW - NorCal (HMO C-SNP) 013.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el **02/01/2024**. Comuníquese con nosotros para obtener un formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2025 y periódicamente durante el año.

¿Qué es el Formulario de Astiva Health, Inc.?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Astiva Health, Inc. con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, Astiva Health, Inc. cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Astiva Health, Inc. y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero se podrían agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones por parte de Astiva Health, Inc. Debemos seguir las normas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y

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usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Astiva Health, Inc.?”.

- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario; o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o a ambos. O podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.
 - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Astiva Health, Inc.?”.

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2025 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2025, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el **02/01/2025**. Para recibir información actualizada sobre los medicamentos cubiertos por Astiva Health, Inc. comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En el evento de cambios que no son de mantenimiento al formulario durante todo el año, Astiva Health, Inc. puede hacer cambios a través de hojas de erratas enviado por correo a usted.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 1. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría de agentes cardiovasculares. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Astiva Health, Inc. cubre tanto los medicamentos de marca como los genéricos.

Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA), dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Astiva Health, Inc. exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con Astiva Health, Inc. antes de obtener sus medicamentos con receta. Si no obtiene autorización, es posible que Astiva Health, Inc. no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Astiva Health, Inc. limita la cantidad del medicamento que cubrirá Astiva Health, Inc. Por ejemplo, Astiva Health, Inc. proporciona 9 tabletas por receta para sumatriptan. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, Astiva Health, Inc. requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Astiva Health, Inc. no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, Astiva Health, Inc. cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 8. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea documentos para explicar nuestra restricción de autorización previa y de tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a Astiva Health, Inc. que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo

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puedo solicitar que se haga una excepción al Formulario de Astiva Health, Inc.?” en la página “v” para obtener información acerca de cómo solicitar una excepción.

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

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto.

Si resulta que Astiva Health, Inc. no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por Astiva Health, Inc. Cuando reciba la lista, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por Astiva Health, Inc.
- Puede solicitar que Astiva Health, Inc. haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Astiva Health, Inc?

Puede solicitarle a Astiva Health, Inc que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Astiva Health, Inc limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Astiva Health, Inc. solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, nivel, o a la restricción de uso. **Cuando solicita una excepción al Formulario, nivel, o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Para miembros que están fuera de su período de transición, y experimentar un cambio en el nivel de atención, en qué miembro está cambiando de un tratamiento a otro (por ejemplo, de un centro de atención a largo plazo a hospital a centro de atención a largo plazo, de hospital a casa, de casa a centro de atención a largo plazo), al ingreso o al alta de un entorno de tratamiento o un centro de atención a largo plazo, Astiva Health, Inc permitirá al miembro acceder a una recarga equivalente a un suministro de un mes para medicamentos del formulario y una transición de suministro de emergencia de un mes para medicamentos que no están en el formulario (incluido los medicamentos de la parte D que están en el formulario de Astiva Health, Inc pero requieren autorización previa o terapia escalonada).

Esta política no se aplica a permisos de ausencia a corto plazo. (por ejemplo, feriados o vacaciones) de un centro de atención a largo plazo o instalaciones hospitalarias.

En la medida en que un afiliado esté fuera de su período de transición de 90 días y se encuentre en un entorno ambulatorio, la organización seguirá proporcionando un suministro de emergencia de medicamentos que no están en el formulario (incluidos los medicamentos de la parte d que están en el formulario que de otro modo requerirían autorización previa o terapia escalonada según las reglas de administración de utilización), sobre una base de caso por caso, mientras se procesa una solicitud de excepción. En la medida en que un afiliado esté fuera de su período de transición de 90 días y se encuentre en un entorno de atención a largo plazo, la organización aún proporcionará un suministro de emergencia de medicamentos cubiertos por la parte d que no están en el formulario (incluidos los medicamentos cubiertos por la parte d que están en el formulario y que de otro modo requerirían autorización previa o terapia escalonada según las reglas de administración de utilización del Plan), mientras se procesa una solicitud de excepción.

Modelo de Formulario de la Parte D para 2025 completo

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Astiva Health, Inc, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Astiva Health, Inc, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, 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 Astiva Health, Inc.

El Formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Astiva Health, Inc. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página I-1 La primera columna de la tabla

menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, IBU ORAL TABLET) y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *ibuprofen oral tablet*).

Astiva CSNP 2025 6-Tier (Lista de Medicamentos Cubiertos)

Lista de medicamentos por condición médica

| | |
|--|-----|
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| AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS | 31 |
| AGENTES ANTIANSIEDAD | 32 |
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| AGENTES DEL SISTEMA NERVIOSO CENTRAL | 64 |
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La leyenda

1: Medicamentos Genericos Preferidos

2: Medicamentos Genericos

3: Medicamentos De Marca Preferidos

4: Medicamentos No Preferidos

5: Medicamentos De Especialidad

6: Medicamentos De Atención Selecta

EX: Medicamento Excluido - Este medicamento recetado normalmente no está cubierto por un plan de medicamentos recetados de Medicare y se considera una cobertura mejorada. El monto que paga cuando obtiene una receta para este medicamento no cuenta para los costos totales de sus medicamentos (es decir, el monto que paga no lo ayuda a calificar para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar sus recetas, no recibirá ninguna ayuda adicional para pagar este medicamento. Se aplican límites de cantidad y este medicamento puede estar cubierto durante el período de brecha según el diseño del plan individual.

HI: Infusión Casera - Este medicamento recetado está cubierto por nuestro beneficio médico. Para obtener más información, llame a Servicios para Miembros al 1-833-697-6561, 7 días de la semana y 24 horas del día. Los usuarios de TTY/TDD deben llamar al 711.

MO: Pedido Por Correo - Esta receta también puede estar disponible por correo.

NDS: No Hay Suministro Extendido - Este medicamento está limitado a un suministro de 30 días por receta, incluido el pedido por correo.

PA: Autorización Previa - Usted (o su médico) debe obtener una autorización previa antes de que llene su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.

PA BvD: Autorización Previa - Parte B vs. Parte D - Algunos medicamentos pueden tener cobertura de la Parte B o Parte D de Medicare, según las circunstancias.

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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PA NSO: Autorización Previa - Sólo Para Nuevo Inicios - Usted (o su médico) debe obtener una autorización previa antes de que llene su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.

PA-HRM: Medicamentos De Alto Riesgo - Es posible que se requiera autorización previa (PA) para personas mayores de 65 años.

QL: Limite de Cantidad - Un limite de cantidad se ha implementado en el medicamento recetado.

ST: Terapia Escalonada - Los requisitos de la terapia escalonada deben cumplirse antes de surtir el medicamento recetado.

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.
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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|--------------------------------------|
| AGENTES ANTI CÁNCER | | |
| <i>Agentes Anti Cáncer</i> | | |
| <i>abiraterone acetate oral tablet 250 mg, 500 mg</i> (Zytiga) | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (240 EA per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 5 | PA NSO; NDS |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 1 | MO |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML | 5 | PA NSO; NDS; QL (1.6 ML per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (240 EA per 30 days) |
| AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (pemetrexed dipotassium) | 5 | HI; NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| <i>azacitidine injection suspension reconstituted 100 mg</i> (Vidaza) | 5 | NDS |
| BALVERSA ORAL TABLET 3 MG | 5 | PA NSO; NDS; QL (84 EA per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA NSO; NDS; QL (56 EA per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (28 EA per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---|
| BENDAMUSTINE HCL (bendamustine hcl) INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| <i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i> (Treanda) | 5 | PA NSO; NDS |
| BENDEKA INTRAVENOUS (bendamustine hcl) SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| <i>bexarotene external gel 1 %</i> (Targretin) | 5 | PA NSO; NDS |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 5 | PA NSO; NDS |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 1 | |
| <i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i> | 1 | |
| <i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i> | 4 | PA NSO; HI; NDS |
| <i>bortezomib injection solution (Velcade) reconstituted 3.5 mg</i> | 4 | PA NSO; HI; NDS |
| BORUZU INJECTION SOLUTION 3.5 MG/1.4ML | 4 | PA NSO; HI; NDS |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--------------------------------------|
| CALQUENCE ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 5 | PA NSO; NDS |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 5 | PA NSO; NDS; QL (112 EA per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | 5 | PA NSO; NDS |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA NSO; NDS; QL (56 EA per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (63 EA per 28 days) |
| <i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i> | 5 | PA BvD; NDS |
| <i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i> | 5 | PA BvD; NDS |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML | 5 | PA BvD; NDS |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG | 2 | PA BvD; ST |
| <i>cyclophosphamide oral capsule 50 mg</i> | 2 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg</i> | 3 | PA BvD; ST |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML | 5 | PA NSO; NDS; QL (120 ML per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 5 | PA NSO; NDS; QL (112 EA per 28 days) |
| <i>dasatinib oral tablet 100 mg, 140 mg, (Sprycel) 50 mg, 70 mg, 80 mg</i> | 5 | PA NSO; NDS; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--------------------------------------|
| <i>dasatinib oral tablet 20 mg</i> (Sprycel) | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| DAURISMO ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| <i>decitabine intravenous solution reconstituted 50 mg</i> | 5 | HI; NDS |
| <i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i> (Doxil) | 5 | PA BvD; NDS |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | 4 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML | 5 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML | 5 | PA NSO; NDS; QL (9.5 ML per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 5 | NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML | 5 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML | 5 | PA NSO; HI; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (28 EA per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| <i>erlotinib hcl oral tablet 100 mg</i> (Tarceva) | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| <i>erlotinib hcl oral tablet 150 mg</i> | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| <i>erlotinib hcl oral tablet 25 mg</i> | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 4 | HI; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--------------------------------------|
| <i>etoposide intravenous solution 100 mg/5ml</i> | 2 | HI |
| <i>everolimus oral tablet 10 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (56 EA per 28 days) |
| <i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (28 EA per 28 days) |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 5 | PA NSO; NDS; QL (112 EA per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 2 | MO |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL | 5 | PA BvD; NDS |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA BvD |
| <i>floxuridine injection solution reconstituted 0.5 gm</i> | 1 | PA BvD |
| <i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i> | 2 | PA BvD |
| FLUTAMIDE ORAL CAPSULE 125 MG | 2 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA NSO; NDS; QL (21 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA NSO; NDS; QL (84 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA NSO; NDS; QL (21 EA per 28 days) |
| <i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i> (Faslodex) | 5 | NDS |
| FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG | 5 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa) | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------------|
| GLEOSTINE ORAL CAPSULE 10 MG | 4 | NDS |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG | 5 | NDS |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML | 5 | PA NSO; NDS; QL (5 ML per 21 days) |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 1 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 EA per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 EA per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| <i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i> | 2 | |
| <i>ifosfamide intravenous solution reconstituted 1 gm</i> (Ifex) | 2 | |
| <i>imatinib mesylate oral tablet 100 mg</i> (Gleevec) | 2 | PA NSO; QL (180 EA per 30 days) |
| <i>imatinib mesylate oral tablet 400 mg</i> (Gleevec) | 2 | PA NSO; QL (60 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA NSO; NDS; QL (28 EA per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA NSO; NDS; QL (216 ML per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 5 | PA NSO; NDS; QL (28 EA per 28 days) |
| IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG | 5 | PA NSO; NDS |

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|---|-----------------------------|--------------------------------------|
| IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML | 5 | PA NSO; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | 5 | PA NSO; NDS; QL (280 ML per 28 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA NSO; NDS; QL (5 EA per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 5 | PA NSO; NDS; QL (240 EA per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML | 5 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA BvD; ST; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML | 5 | PA NSO; NDS; QL (2 ML per 28 days) |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (21 EA per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------------|
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (42 EA per 28 days) |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (63 EA per 28 days) |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (49 EA per 28 days) |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (70 EA per 28 days) |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (91 EA per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA NSO; NDS; QL (300 EA per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| <i>lapatinib ditosylate oral tablet 250 mg</i> (Tykerb) | 5 | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 5 | PA NSO; NDS; QL (28 EA per 28 days) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | 5 | PA NSO; NDS |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | 5 | PA NSO; NDS |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 5 | PA NSO; NDS |

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|---|-----------------------------|---|
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 5 | PA NSO; NDS |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | 5 | PA NSO; NDS |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 5 | PA NSO; NDS |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | 5 | PA NSO; NDS |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | 5 | PA NSO; NDS |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 1 | MO |
| LEUKERAN ORAL TABLET 2 MG | 5 | NDS |
| LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG | 4 | PA NSO; NDS |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | 2 | PA NSO |
| LONSURF ORAL TABLET 15-6.14 MG | 5 | PA NSO; NDS; QL (100 EA per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 5 | PA NSO; NDS; QL (80 EA per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML | 5 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA NSO; NDS; QL (240 EA per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |

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|--|-----------------------------|---------------------------------------|
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML | 5 | PA NSO; NDS |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA NSO; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | NDS |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 EA per 28 days) |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 EA per 28 days) |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 EA per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML | 5 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NDS |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | 1 | PA NSO; PA-HRM |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | 5 | PA NSO; NDS; QL (1260 ML per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |

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|--|-----------------------------|--------------------------------------|
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i> | 1 | |
| METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML | 1 | |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i> | 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 1 | PA BvD; ST |
| <i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i> | 1 | HI |
| MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | 5 | PA NSO; HI; NDS |
| NERLYNX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 5 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (3 EA per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; NDS |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | 5 | PA NSO; NDS; QL (96 ML per 28 days) |
| OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK) | 5 | PA NSO; NDS; QL (24 EA per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------------|
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA NSO; NDS; QL (14 EA per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML | 5 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML | 5 | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG | 5 | PA BvD; HI; NDS |
| <i>pazopanib hcl oral tablet 200 mg</i> (Votrient) | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML | 5 | HI; NDS |
| <i>pemetrexed disodium intravenous solution 850 mg/34ml</i> | 5 | NDS |
| <i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i> | 5 | HI; NDS |
| <i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i> | 5 | HI; NDS |

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|---|-----------------------------|--------------------------------------|
| PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | HI; NDS |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (28 EA per 28 days) |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | 5 | PA NSO; NDS; QL (56 EA per 28 days) |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | 5 | PA NSO; NDS; QL (56 EA per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (21 EA per 28 days) |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | 5 | NDS |
| QINLOCK ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | PA NSO; HI; NDS |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---|
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600- 26800 MG -UT/13.4ML | 5 | PA NSO; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| ROZLYTREK ORAL PACKET 50 MG | 5 | PA NSO; NDS; QL (360 EA per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | PA NSO; HI; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML | 5 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (224 EA per 28 days) |
| RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG | 5 | PA NSO; NDS |
| SCSEMBLIX ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| SCSEMBLIX ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| SCSEMBLIX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (300 EA per 30 days) |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | 5 | NDS |
| <i>sorafenib tosylate oral tablet 200 mg</i> (NexAVAR) | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (84 EA per 28 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 5 | PA NSO; NDS; QL (28 EA per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--------------------------------------|
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | 5 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG | 4 | NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA NSO; NDS; QL (112 EA per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | 5 | PA NSO; NDS; QL (900 EA per 30 days) |
| TAGRISO ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML | 5 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | 1 | MO |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NDS; QL (112 EA per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (240 EA per 30 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML | 5 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML | 5 | PA NSO; NDS |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG | 4 | NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|-------------------------------------|
| TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 5 | PA NSO; NDS; QL (5 EA per 21 days) |
| <i>toposar intravenous solution 100 mg/5ml</i> | 2 | HI |
| <i>toremifene citrate oral tablet 60 mg</i> (Fareston) | 5 | NDS |
| <i>torpenz oral tablet 10 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | 4 | PA NSO; NDS |
| <i>tretinoin oral capsule 10 mg</i> | 5 | NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA NSO; NDS; QL (64 EA per 28 days) |
| TRUQAP TABLET THERAPY PACK 160 MG ORAL | 5 | PA NSO; NDS; QL (64 EA per 28 days) |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG | 5 | PA NSO; NDS |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | 5 | PA NSO; NDS |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 5 | PA NSO; NDS |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 5 | PA NSO; NDS |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | PA NSO; HI; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------------|
| TUKYSA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (300 EA per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA NSO; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | 5 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA NSO; QL (60 EA per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 5 | PA NSO; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NDS; QL (56 EA per 28 days) |
| <i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i> | 2 | HI |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA NSO; NDS; QL (300 ML per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 5 | PA NSO; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------------|
| VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA NSO; NDS |
| WELIREG ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG | 5 | PA NSO; NDS; QL (240 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 50 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA BvD; ST; NDS |
| XOSPATA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 5 | PA NSO; NDS; QL (8 EA per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (4 EA per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (8 EA per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 5 | PA NSO; NDS; QL (4 EA per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA NSO; NDS; QL (24 EA per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (8 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA NSO; NDS; QL (32 EA per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------------|
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML | 5 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | 5 | PA NSO; NDS; QL (120 EA per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (90 EA per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (240 EA per 30 days) |
| ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG | 5 | PA NSO; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | 5 | PA NSO; HI; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | PA NSO; NDS |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (84 EA per 28 days) |
| ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG | 5 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML | 5 | PA NSO; NDS; QL (20 ML per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|-----------------------------|
| AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS | | |
| <i>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</i> | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | 2 | MO |
| APO-VARENICLINE TABLET 1 MG ORAL | 2 | QL (336 EA per 365 days) |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> (Suboxone) | 4 | NDS; QL (60 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | 4 | NDS; QL (90 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | 1 | QL (90 EA per 30 days) |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | 1 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 2 | MO |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | 3 | QL (4 EA per 30 days) |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | 1 | |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i> | 2 | |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i> | 2 | |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i> (Narcan) | 2 | QL (4 EA per 30 days) |
| <i>naltrexone hcl oral tablet 50 mg</i> | 2 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|-------------------------------|
| NICOTROL NS NASAL SOLUTION 10 MG/ML | 4 | NDS; QL (240 ML per 180 days) |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i> | 2 | |
| <i>varenicline tartrate oral tablet 0.5 mg</i> | 2 | QL (336 EA per 365 days) |
| VARENICLINE TARTRATE ORAL TABLET 1 MG | 2 | QL (336 EA per 365 days) |
| <i>varenicline tartrate oral tablet 1 mg (Chantix) (56 pack)</i> | 2 | QL (336 EA per 365 days) |
| AGENTES ANTIANSIEDAD | | |
| <i>Benzodiazepinas</i> | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)</i> | 1 | QL (120 EA per 30 days) |
| <i>alprazolam oral tablet 2 mg (Xanax)</i> | 1 | QL (150 EA per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 1 | QL (120 EA per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg (KlonoPIN)</i> | 1 | QL (90 EA per 30 days) |
| <i>clonazepam oral tablet 2 mg (KlonoPIN)</i> | 1 | QL (300 EA per 30 days) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>clonazepam oral tablet dispersible 2 mg</i> | 2 | QL (300 EA per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 4 | NDS; QL (180 EA per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | 1 | QL (10 ML per 28 days) |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | 2 | QL (1200 ML per 30 days) |
| <i>diazepam oral solution 5 mg/5ml</i> | 2 | QL (1200 ML per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)</i> | 1 | QL (120 EA per 30 days) |
| <i>lorazepam concentrate 2 mg/ml oral (LORazepam Intensol)</i> | 1 | QL (150 ML per 30 days) |
| <i>lorazepam injection solution 2 mg/ml (Ativan)</i> | 1 | QL (2 ML per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--------------------------------|
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan) | 4 | NDS; QL (2 ML per 30 days) |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> (LORazepam Intensol) | 1 | QL (150 ML per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan) | 1 | QL (90 EA per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> (Ativan) | 1 | QL (150 EA per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril) | 1 | QL (30 EA per 30 days) |
| <i>temazepam oral capsule 22.5 mg</i> (Restoril) | 2 | QL (30 EA per 30 days) |
| <i>temazepam oral capsule 7.5 mg</i> (Restoril) | 2 | QL (120 EA per 30 days) |
| <i>triazolam oral tablet 0.125 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion) | 2 | QL (60 EA per 30 days) |
| AGENTES ANTIDEMENCIA | | |
| Agentes Antidemencia | | |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i> (Aricept) | 1 | MO; QL (30 EA per 30 days) |
| <i>donepezil hcl oral tablet 23 mg</i> (Aricept) | 2 | MO; QL (30 EA per 30 days) |
| <i>donepezil hcl oral tablet dispersible 10 mg</i> | 1 | MO |
| <i>donepezil hcl oral tablet dispersible 5 mg</i> | 1 | MO; QL (30 EA per 30 days) |
| <i>ergoloid mesylates oral tablet 1 mg</i> | 2 | MO |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | 2 | MO; QL (30 EA per 30 days) |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i> | 2 | MO; QL (200 ML per 30 days) |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | 2 | MO; QL (60 EA per 30 days) |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i> | 2 | ST; MO; QL (30 EA per 30 days) |
| <i>memantine hcl oral solution 2 mg/ml</i> | 2 | MO; QL (300 ML per 30 days) |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i> | 2 | MO; QL (60 EA per 30 days) |

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|---|-----------------------------|-----------------------------|
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 2 | MO |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> (Exelon) | 2 | MO; QL (30 EA per 30 days) |
| AGENTES ANTIDIABETICO | | |
| Agentes Antidiabeticos, Varios | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | MO |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol) | 3 | MO; QL (30 EA per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 3 | MO; QL (30 EA per 30 days) |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | 3 | MO; QL (60 EA per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 3 | MO; QL (30 EA per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 3 | MO; QL (60 EA per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | MO; QL (30 EA per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | MO; QL (30 EA per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | 3 | MO; QL (60 EA per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 3 | MO; QL (60 EA per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | 3 | MO; QL (30 EA per 30 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | 6 | MO; QL (120 EA per 30 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | 6 | MO; QL (60 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|----------------------------------|
| <i>metformin hcl oral solution 500 mg/5ml</i> (Riomet) | 4 | NDS; QL (765 ML per 30 days) |
| <i>metformin hcl oral tablet 1000 mg</i> | 6 | MO; QL (75 EA per 30 days) |
| <i>metformin hcl oral tablet 500 mg</i> | 6 | MO; QL (150 EA per 30 days) |
| <i>metformin hcl oral tablet 850 mg</i> | 6 | MO; QL (90 EA per 30 days) |
| <i>mifepristone oral tablet 300 mg</i> (Korlym) | 5 | PA; NDS; QL (112 EA per 28 days) |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 3 | PA; MO; QL (2 ML per 28 days) |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML | 3 | PA; QL (2 ML per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 6 | MO; QL (90 EA per 30 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML | 3 | PA; MO; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML | 3 | PA; MO; QL (3 ML per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | 3 | PA; MO; QL (3 ML per 28 days) |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | 6 | MO; QL (30 EA per 30 days) |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i> | 6 | MO; QL (90 EA per 30 days) |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i> (Actoplus Met) | 6 | MO; QL (90 EA per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 6 | MO; QL (120 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--------------------------------|
| <i>repaglinide oral tablet 2 mg</i> | 6 | MO; QL (240 EA per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; MO; QL (30 EA per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 3 | MO; QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG | 3 | MO; QL (30 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG | 3 | MO; QL (60 EA per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 3 | MO; QL (30 EA per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG | 3 | MO; QL (30 EA per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | 3 | MO; QL (60 EA per 30 days) |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 3 | PA; MO; QL (2 ML per 28 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (dapagliflozin pro-metformin er) | 3 | MO; QL (30 EA per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG | 3 | MO; QL (30 EA per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG | 3 | MO; QL (60 EA per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (dapagliflozin pro-metformin er) | 3 | MO; QL (60 EA per 30 days) |
| <i>Insulinas</i> | | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-------------------------------------|---|
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| FIASP INJECTION SOLUTION 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (24 ML per 28 days) |
| <i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i> | (NovoLOG 70/30 FlexPen ReliOn) 2 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 2 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML | 2 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 2 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| <i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i> | (NovoLOG Mix 70/30) 2 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | (insulin glargine solostar) 3 | MO; max \$35 copay per month supply |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine) 3 | MO; max \$35 copay per month supply |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---|
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN- INJECTOR 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION | 3 | MO; max \$35 copay per month supply; QL (40 ML per 28 days) |
| SEMGLEE (YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | MO; max \$35 copay per month supply |
| SEMGLEE (YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 ML per 28 days) |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 33 UNT-MCG/ML | 3 | MO; max \$35 copay per month supply; QL (30 ML per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|---|
| TOUJEO MAX SOLOSTAR (insulin glargine max solostar) SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | MO; max \$35 copay per month supply |
| TOUJEO SOLOSTAR (insulin glargine solostar) SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | MO; max \$35 copay per month supply |
| TRESIBA FLEXTOUCH (insulin degludec flextouch) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | MO; max \$35 copay per month supply |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec) | 3 | MO; max \$35 copay per month supply |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | 3 | MO; max \$35 copay per month supply; QL (15 ML per 28 days) |
| Sulfonilureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | 6 | MO; QL (30 EA per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 6 | MO; QL (60 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i> (Glucotrol XL) | 6 | MO; QL (60 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> | 6 | MO; QL (30 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 5 mg</i> (Glucotrol XL) | 6 | MO; QL (30 EA per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 6 | MO; QL (120 EA per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | 6 | MO; QL (60 EA per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 6 | MO; QL (240 EA per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> | 6 | MO; QL (240 EA per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> | 6 | MO; QL (120 EA per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | 6 | PA; MO; PA-HRM |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------------|
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 6 | PA; MO; PA-HRM |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 6 | PA; MO; PA-HRM |
| AGENTES ANTIGOTA | | |
| Agentes Antigota, Otros | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | MO |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare) | 2 | QL (60 EA per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | 2 | MO |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 4 | ST; NDS; QL (30 EA per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 2 | MO |
| AGENTES ANTIMIGRAÑA | | |
| Agentes Antimigraña | | |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML | 3 | PA; MO; QL (1.5 ML per 30 days) |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML | 3 | PA; MO; QL (1.5 ML per 30 days) |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> (Migranal) | 5 | ST; NDS; QL (8 ML per 28 days) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; MO; QL (3 ML per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 3 | PA; MO; QL (2 ML per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 3 | PA; MO; QL (2 ML per 30 days) |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | 2 | QL (9 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|--------------------------------|
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 3 | PA; QL (18 EA per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; MO; QL (30 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet 10 mg</i> (Maxalt) | 1 | QL (18 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet 5 mg</i> | 1 | QL (18 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg</i> (Maxalt-MLT) | 2 | QL (18 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet dispersible 5 mg</i> | 2 | QL (18 EA per 30 days) |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i> | 2 | QL (12 EA per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | 1 | QL (9 EA per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | 1 | QL (18 EA per 30 days) |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i> (Imitrex STATdose Refill) | 4 | NDS; QL (4 ML per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | 2 | QL (5 ML per 28 days) |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> (Imitrex STATdose System) | 4 | NDS; QL (4 ML per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 EA per 30 days) |
| AGENTES ANTINAUSEA | | |
| <i>Agentes Antinausea</i> | | |
| <i>aprepitant oral capsule 125 mg</i> | 2 | PA BvD; QL (2 EA per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 2 | PA BvD; QL (1 EA per 28 days) |
| <i>aprepitant oral capsule 80 & 125 mg</i> (Emend Tri-Pack) | 2 | PA BvD |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 2 | PA BvD; QL (4 EA per 28 days) |
| <i>compro rectal suppository 25 mg</i> (Compro) | 2 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---|
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 4 | PA; NDS; QL (60 EA per 30 days) |
| <i>meclizine hcl oral tablet 12.5 mg</i> | 1 | |
| <i>meclizine hcl oral tablet 25 mg</i> (Dramamine) | 1 | |
| <i>ondansetron hcl oral tablet 24 mg</i> | 4 | PA BvD; NDS |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | PA BvD |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i> | 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | 1 | MO |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 2 | |
| <i>promethazine hcl injection solution 25 mg/ml</i> (Phenergan) | 2 | PA; PA-HRM |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | PA; PA-HRM |
| <i>promethazine hcl rectal suppository 25 mg</i> (Promethegan) | 2 | PA; PA-HRM |
| <i>promethegan rectal suppository 12.5 mg</i> | 2 | PA; PA-HRM |
| <i>promethegan rectal suppository 25 mg</i> (Promethegan) | 2 | PA; PA-HRM |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> (Transderm-Scop) | 4 | PA; NDS; PA-HRM; QL (10 EA per 30 days) |
| AGENTES ANTIPARASITARIOS | | |
| Agentes Antiparasitarios | | |
| <i>albendazole oral tablet 200 mg</i> | 5 | NDS |
| <i>atovaquone oral suspension 750 mg/5ml</i> (Mepron) | 2 | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> (Malarone) | 2 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 2 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------------|
| COARTEM ORAL TABLET 20-120 MG | 4 | NDS |
| <i>hydroxychloroquine sulfate oral tablet 100 mg</i> | 2 | MO; QL (180 EA per 30 days) |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> (Plaquenil) | 2 | MO; QL (90 EA per 30 days) |
| <i>hydroxychloroquine sulfate oral tablet 300 mg</i> (Sovuna) | 2 | MO; QL (60 EA per 30 days) |
| <i>hydroxychloroquine sulfate oral tablet 400 mg</i> | 2 | MO; QL (60 EA per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA; NDS; QL (84 EA per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 2 | |
| <i>mefloquine hcl oral tablet 250 mg</i> | 2 | MO |
| <i>nitazoxanide oral tablet 500 mg</i> | 5 | NDS; QL (60 EA per 30 days) |
| <i>paromomycin sulfate oral capsule 250 mg</i> (Humatin) | 2 | |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i> (Nebupent) | 2 | PA BvD |
| <i>pentamidine isethionate injection solution reconstituted 300 mg</i> (Pentam) | 2 | HI |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide) | 2 | |
| PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG | 4 | NDS |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | 5 | PA; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 2 | PA |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| AGENTES ANTIPARKINSON | | |
| Agentes Antiparkinson | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | MO |
| <i>amantadine hcl oral solution 50 mg/5ml</i> | 1 | MO |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | MO |

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|---|-----------------------------|----------------------------------|
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | MO |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> (Parlodel) | 2 | MO |
| <i>cabergoline oral tablet 0.5 mg</i> | 2 | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | 2 | MO |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet) | 1 | MO |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy) | 1 | MO |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | 1 | MO |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i> | 2 | MO |
| <i>carbidopa-levodopa oral tablet dispersible 25-100 mg, 25-250 mg</i> | 4 | NDS |
| <i>entacapone oral tablet 200 mg</i> | 2 | MO |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS; QL (150 EA per 30 days) |
| KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG | 5 | PA; NDS |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 1 | MO |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> (Azilect) | 4 | NDS |
| <i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i> | 2 | MO |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 1 | MO |
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | MO |
| <i>selegiline hcl oral tablet 5 mg</i> | 4 | NDS |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|----------------------------------|
| VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML | 5 | PA; NDS; QL (560 ML per 28 days) |
| AGENTES ANTIPSICÓTICOS | | |
| <i>Agentes Antipsicóticos</i> | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML | 5 | NDS; QL (2.4 ML per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML | 5 | NDS; QL (3.2 ML per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 5 | NDS; QL (1 EA per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 5 | NDS; QL (1 EA per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | MO |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | 2 | MO |
| <i>aripiprazole oral tablet dispersible 10 mg</i> | 4 | ST; NDS; QL (90 EA per 30 days) |
| <i>aripiprazole oral tablet dispersible 15 mg</i> | 4 | ST; NDS; QL (60 EA per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | 5 | NDS; QL (4.8 ML per 365 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML | 5 | NDS; QL (3.9 ML per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML | 5 | NDS; QL (1.6 ML per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML | 5 | NDS; QL (2.4 ML per 14 days) |

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|---|-----------------------------|----------------------------------|
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML | 5 | NDS; QL (3.2 ML per 14 days) |
| <i>asenapine maleate sublingual tablet</i> (Saphris) <i>sublingual 10 mg, 2.5 mg, 5 mg</i> | 4 | NDS; QL (60 EA per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | ST; NDS; QL (30 EA per 30 days) |
| <i>chlorpromazine hcl injection solution</i> <i>25 mg/ml, 50 mg/2ml</i> | 2 | |
| <i>chlorpromazine hcl oral concentrate</i> <i>100 mg/ml, 30 mg/ml</i> | 2 | MO |
| <i>chlorpromazine hcl oral tablet 10</i> <i>mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 4 | NDS |
| <i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril) | 2 | |
| <i>clozapine oral tablet 200 mg, 50 mg</i> | 2 | |
| <i>clozapine oral tablet dispersible 100</i> <i>mg, 12.5 mg, 25 mg</i> | 4 | ST; NDS; QL (90 EA per 30 days) |
| <i>clozapine oral tablet dispersible 150</i> <i>mg</i> | 4 | ST; NDS; QL (180 EA per 30 days) |
| <i>clozapine oral tablet dispersible 200</i> <i>mg</i> | 4 | ST; NDS; QL (120 EA per 30 days) |
| COBENFY ORAL CAPSULE 100- 20 MG, 125-30 MG, 50-20 MG | 5 | ST; NDS; QL (60 EA per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG | 5 | ST; NDS |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | ST; NDS; QL (60 EA per 30 days) |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | ST; NDS |
| <i>fluphenazine decanoate injection</i> <i>solution 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl injection solution</i> <i>2.5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral concentrate 5</i> <i>mg/ml</i> | 2 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|-------------------------------|
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | 2 | MO |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 4 | NDS |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i> (Haldol Decanoate) | 2 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 1 | MO |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 2 | MO |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 5 | NDS; QL (3.5 ML per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 5 | NDS; QL (5 ML per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 5 | NDS; QL (0.75 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 5 | NDS; QL (1 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 5 | NDS; QL (1.5 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 3 | QL (0.25 ML per 21 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|-------------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 5 | NDS; QL (0.5 ML per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 5 | NDS; QL (0.88 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 5 | NDS; QL (1.32 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 5 | NDS; QL (1.75 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 5 | NDS; QL (2.63 ML per 70 days) |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | MO |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda) | 2 | MO; QL (30 EA per 30 days) |
| <i>lurasidone hcl oral tablet 80 mg</i> (Latuda) | 2 | MO; QL (60 EA per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| <i>molindone hcl oral tablet 10 mg</i> | 2 | MO; QL (240 EA per 30 days) |
| <i>molindone hcl oral tablet 25 mg</i> | 2 | MO; QL (270 EA per 30 days) |
| <i>molindone hcl oral tablet 5 mg</i> | 5 | NDS; QL (120 EA per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA NSO; NDS; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------------|
| <i>olanzapine intramuscular solution reconstituted 10 mg</i> (ZyPREXA) | 2 | QL (30 EA per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> | 2 | MO |
| <i>olanzapine oral tablet 20 mg</i> (ZyPREXA) | 2 | MO |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | MO |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i> | 4 | NDS; QL (30 EA per 30 days) |
| <i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i> (Invega) | 4 | NDS; QL (30 EA per 30 days) |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i> (Invega) | 4 | NDS; QL (60 EA per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 2 | MO |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 5 | NDS; QL (1 EA per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | MO |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel XR) | 2 | MO |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel) | 2 | MO |
| <i>quetiapine fumarate oral tablet 150 mg</i> | 2 | MO; QL (30 EA per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | ST; NDS; QL (30 EA per 30 days) |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i> (RisperDAL Consta) | 2 | QL (2 EA per 28 days) |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i> (RisperDAL Consta) | 5 | NDS; QL (2 EA per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (RisperDAL) | 2 | MO |
| <i>risperidone oral tablet 0.25 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|----------------------------------|
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (RisperDAL) | 1 | MO |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 4 | NDS |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | 5 | ST; NDS; QL (30 EA per 30 days) |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | MO |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | MO |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | MO |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML | 5 | NDS; QL (0.28 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML | 5 | NDS; QL (0.35 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML | 5 | NDS; QL (0.42 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML | 5 | NDS; QL (0.56 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML | 5 | NDS; QL (0.7 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML | 5 | NDS; QL (0.14 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML | 5 | NDS; QL (0.21 ML per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | ST; NDS; QL (540 ML per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | ST; NDS; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|----------------------------|
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | 4 | ST; NDS |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 2 | MO |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i> (Geodon) | 2 | QL (6 EA per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 4 | NDS; QL (2 EA per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG | 5 | NDS; QL (2 EA per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG | 5 | NDS; QL (1 EA per 28 days) |
| AGENTES CALÓRICOS | | |
| <i>Agentes Calóricos</i> | | |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 % | 4 | PA BvD; NDS |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| <i>dextrose intravenous solution 5 %</i> | 2 | |
| PROCALAMINE INTRAVENOUS SOLUTION 3 % | 4 | PA BvD; NDS |
| AGENTES CARDIOVASCULARES | | |
| <i>Agentes Alfa-Adrenérgicos</i> | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | MO |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr</i> (Catapres-TTS-1) | 2 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|----------------------------------|
| <i>clonidine transdermal patch weekly 0.2 mg/24hr</i> (Catapres-TTS-2) | 2 | MO |
| <i>clonidine transdermal patch weekly 0.3 mg/24hr</i> (Catapres-TTS-3) | 2 | MO |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | 1 | MO |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | 5 | PA; NDS; QL (180 EA per 30 days) |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | 2 | MO |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | 2 | MO |
| Agentes Antiarrítmicos | | |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 2 | MO |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 2 | MO |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | MO |
| MULTAQ ORAL TABLET 400 MG | 3 | MO |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 2 | MO |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | 2 | MO |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | 2 | MO |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 2 | MO |
| Agentes Bloqueadores Beta-Adrenérgicos | | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | 1 | MO |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100) | 1 | MO |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50) | 1 | MO |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1 | MO |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 1 | MO |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg) | 1 | MO |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i> | 1 | MO |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1 | MO |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor) | 1 | MO |
| <i>metoprolol tartrate oral tablet 25 mg</i> | 1 | MO |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic) | 2 | MO |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | 2 | MO |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | MO |
| <i>sorine oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace) | 1 | MO |
| <i>sorine oral tablet 240 mg</i> | 1 | MO |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace AF) | 1 | MO |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace) | 1 | MO |
| <i>sotalol hcl oral tablet 240 mg</i> | 1 | MO |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 4 | NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|--------------------|
| Agentes Bloqueadores Da Canal De Calcio | | |
| <i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 1 | MO |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER) | 2 | MO |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 1 | MO |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | 4 | NDS |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | 1 | MO |
| <i>diltiazem hcl oral tablet 90 mg</i> | 1 | MO |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | 1 | MO |
| <i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | 1 | MO |
| <i>taztia xt oral capsule extended release 24 hour 360 mg</i> (Tiadylt ER) | 1 | MO |
| <i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | 1 | MO |
| <i>tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER) | 1 | MO |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> (Verelan) | 2 | MO |
| VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG | 4 | NDS |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|---------------------------------|
| verapamil hcl oral tablet 120 mg, 40 mg, 80 mg | 1 | MO |
| Agentes Cardiovasculares, Varios | | |
| CORLANOR ORAL SOLUTION 5 MG/5ML | 3 | MO; QL (600 ML per 30 days) |
| digoxin oral tablet 125 mcg, 250 mcg (Digox) | 1 | MO |
| digoxin oral tablet 62.5 mcg (Lanoxin) | 1 | MO |
| epinephrine injection solution 0.3 mg/0.3ml | 3 | QL (4 EA per 30 days) |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml (Auvi-Q) | 3 | QL (4 EA per 30 days) |
| epinephrine injection solution auto-injector 0.15 mg/0.3ml (EpiPen Jr 2-Pak) | 2 | QL (4 EA per 30 days) |
| epinephrine injection solution auto-injector 0.3 mg/0.3ml (Auvi-Q) | 2 | QL (4 EA per 30 days) |
| hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg | 1 | MO |
| icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml (Firazyr) | 5 | PA; NDS; QL (18 ML per 30 days) |
| ivabradine hcl oral tablet 5 mg, 7.5 mg (Corlanor) | 3 | MO; QL (60 EA per 30 days) |
| metyrosine oral capsule 250 mg (Demser) | 5 | NDS |
| ranolazine er oral tablet extended release 12 hour 1000 mg | 2 | MO; QL (60 EA per 30 days) |
| ranolazine er oral tablet extended release 12 hour 500 mg | 2 | MO; QL (120 EA per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA; NDS; QL (30 EA per 30 days) |
| Antagonistas De Receptores De Angiotensina Ii | | |
| candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand) | 6 | MO |
| candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT) | 6 | MO |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | 3 | MO; QL (240 EA per 30 days) |

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|--|-----------------------------|----------------------------|
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 3 | MO; QL (60 EA per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 6 | MO |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 6 | MO |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | 6 | MO |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 6 | MO |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | 6 | MO |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 6 | MO |
| <i>olmesartan-amlodipine-hctz 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</i> (Tribenzor) | 6 | MO |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 6 | MO |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | 6 | MO |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | 6 | MO |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT) | 6 | MO |
| Dihidropiridinas | | |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | 6 | MO |
| <i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i> | 6 | MO |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc) | 1 | MO |

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|--|-----------------------------|----------------------------|
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | 6 | MO |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor) | 6 | MO |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i> (Exforge HCT) | 2 | MO |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | 1 | MO |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | 2 | MO |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> (Procardia XL) | 1 | MO |
| Dislipidémicos | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet) | 6 | MO |
| <i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | 6 | MO; QL (30 EA per 30 days) |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i> | 6 | MO |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor) | 6 | MO; QL (30 EA per 30 days) |
| <i>cholestyramine light oral packet 4 gm</i> (Prevalite) | 2 | MO |
| <i>cholestyramine oral packet 4 gm</i> (Questran) | 2 | MO |
| <i>colesevelam hcl oral packet 3.75 gm</i> (Welchol) | 4 | NDS |
| <i>colesevelam hcl oral tablet 625 mg</i> (Welchol) | 2 | MO |
| <i>colestipol hcl oral packet 5 gm</i> | 2 | MO |
| <i>colestipol hcl oral tablet 1 gm</i> (Colestid) | 2 | MO |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 1 | MO; QL (30 EA per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> (Vytorin) | 6 | MO; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------------|
| <i>fenofibrate capsule 134 mg oral</i> | 2 | MO |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | MO |
| <i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i> | 1 | MO |
| <i>fenofibrate oral tablet 145 mg, 48 mg</i> (Tricor) | 1 | MO |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> (Lescol XL) | 6 | MO |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i> | 6 | MO; QL (60 EA per 30 days) |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 1 | MO |
| <i>icosapent ethyl oral capsule 0.5 gm</i> (Vascepa) | 2 | MO; QL (240 EA per 30 days) |
| <i>icosapent ethyl oral capsule 1 gm</i> (Vascepa) | 2 | MO; QL (120 EA per 30 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | MO |
| NEXLETOL ORAL TABLET 180 MG | 3 | ST; MO; QL (30 EA per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | ST; MO; QL (30 EA per 30 days) |
| NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET 500 MG (niacin (antihyperlipidemic)) | 4 | NDS |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | 2 | MO |
| NIACOR ORAL TABLET 500 MG (niacin (antihyperlipidemic)) | 4 | NDS |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> (Lovaza) | 2 | ST; MO; QL (120 EA per 30 days) |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo) | 2 | MO; QL (30 EA per 30 days) |
| <i>pravastatin sodium oral tablet 10 mg, 80 mg</i> | 6 | MO |
| <i>pravastatin sodium oral tablet 20 mg, 40 mg</i> | 6 | MO; QL (30 EA per 30 days) |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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02/01/2025

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|----------------------------------|
| <i>prevalite oral packet 4 gm</i> (Prevalite) | 2 | MO |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | 3 | ST; MO; QL (7 ML per 28 days) |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 3 | ST; MO; QL (6 ML per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | ST; MO; QL (6 ML per 28 days) |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor) | 6 | MO; QL (30 EA per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | 6 | MO; QL (30 EA per 30 days) |
| <i>simvastatin oral tablet 5 mg, 80 mg</i> | 6 | MO; QL (30 EA per 30 days) |
| Diuréticos | | |
| <i>amiloride hcl oral tablet 5 mg</i> | 1 | MO |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 1 | MO |
| <i>bumetanide oral tablet 0.5 mg</i> (Bumex) | 2 | MO |
| <i>bumetanide oral tablet 1 mg, 2 mg</i> | 2 | MO |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | MO |
| <i>furosemide injection solution 10 mg/ml</i> | 1 | |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | 1 | MO |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix) | 1 | MO |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | MO |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | MO |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | MO |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | 1 | MO |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | 1 | MO |
| <i>torse mide oral tablet 10 mg, 100 mg, 5 mg</i> | 1 | MO |
| <i>torse mide oral tablet 20 mg</i> (Soanz) | 1 | MO |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | 1 | MO |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | MO |
| Inhibidores De Enzima Convertidoras De Angiotensina | | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | 6 | MO |
| <i>benazepril hcl oral tablet 5 mg</i> | 6 | MO |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 6 | MO |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 6 | MO |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 6 | MO |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 6 | MO |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 6 | MO |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 6 | MO |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | MO |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | 6 | MO |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 6 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------|
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 6 | MO |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i> | 6 | MO |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 6 | MO |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 6 | MO |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Accuretic) | 6 | MO |
| <i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i> | 6 | MO |
| <i>ramipril oral capsule 1.25 mg, 5 mg</i> | 6 | MO |
| <i>ramipril oral capsule 10 mg, 2.5 mg</i> (Altace) | 6 | MO |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 6 | MO |
| <i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 6 | MO |
| <i>Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona</i> | | |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> (Tekturna) | 2 | MO |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 2 | MO |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 3 | PA; MO; QL (30 EA per 30 days) |
| <i>Vasodilatadores</i> | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 2 | MO |
| <i>isosorbide dinitrate oral tablet 40 mg, 5 mg</i> (Isordil Titrados) | 2 | MO |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|------------------------------|
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 1 | MO |
| <i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2 | MO |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 1 | MO |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 1 | MO |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2 | MO |
| AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA | | |
| <i>Agentes De Enfermedad Intestinal Inflamatoria</i> | | |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i> (Lotronex) | 2 | MO |
| <i>balsalazide disodium oral capsule 750 mg</i> (Colazal) | 2 | |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | 4 | NDS |
| <i>budesonide rectal foam 2 mg</i> (Uceris) | 2 | |
| <i>hydrocortisone rectal enema 100 mg/60ml</i> (Cortenema) | 2 | |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> (Apriso) | 4 | NDS |
| <i>mesalamine er oral capsule extended release 500 mg</i> (Pentasa) | 2 | MO |
| <i>mesalamine oral tablet delayed release 1.2 gm</i> (Lialda) | 4 | NDS; QL (120 EA per 30 days) |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | 1 | MO |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> (Azulfidine EN-tabs) | 4 | NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|-----------------------------------|
| AGENTES DE ENFERMEDAD ÓSEA METABÓLICA | | |
| <i>Agentes De Enfermedad Ósea Metabólica</i> | | |
| <i>alendronate sodium oral solution 70 mg/75ml</i> | 4 | NDS; QL (300 ML per 28 days) |
| <i>alendronate sodium oral tablet 10 mg</i> | 1 | MO; QL (30 EA per 30 days) |
| <i>alendronate sodium oral tablet 35 mg</i> | 1 | MO; QL (4 EA per 28 days) |
| <i>alendronate sodium oral tablet 70 mg</i> (Fosamax) | 1 | MO; QL (4 EA per 28 days) |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i> | 2 | MO |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | 1 | MO |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> (Sensipar) | 2 | MO; QL (60 EA per 30 days) |
| <i>cinacalcet hcl oral tablet 90 mg</i> (Sensipar) | 5 | NDS; QL (120 EA per 30 days) |
| <i>ibandronate sodium oral tablet 150 mg</i> | 1 | MO; QL (1 EA per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | 5 | PA; NDS; QL (2 EA per 28 days) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplanr) | 4 | NDS |
| <i>paricalcitol oral capsule 4 mcg</i> | 4 | NDS |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 4 | NDS; QL (1 ML per 180 days) |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | 3 | MO; QL (60 EA per 30 days) |
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | 5 | PA; NDS; QL (2.48 ML per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|-----------------------------------|
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 5 | PA; NDS; QL (1.56 ML per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | PA; NDS |
| AGENTES DE TRASTORNO DE SUEÑO | | |
| <i>Agentes De Trastorno De Sueño</i> | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 2 | PA; MO; QL (30 EA per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 EA per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 2 | QL (30 EA per 30 days) |
| <i>modafinil oral tablet 100 mg</i> (Provigil) | 2 | PA; MO; QL (30 EA per 30 days) |
| <i>modafinil oral tablet 200 mg</i> (Provigil) | 2 | PA; MO; QL (60 EA per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem) | 5 | PA; NDS; QL (540 ML per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> (Ambien CR) | 1 | QL (30 EA per 30 days) |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> (Ambien) | 1 | QL (30 EA per 30 days) |
| AGENTES DEL SISTEMA NERVIOSO CENTRAL | | |
| <i>Agentes Del Sistema Nervioso Central</i> | | |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> (Adderall XR) | 2 | MO; QL (30 EA per 30 days) |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i> (Adderall XR) | 2 | MO; QL (60 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|----------------------------------|
| <i>amphetamine-dextroamphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | MO; QL (60 EA per 30 days) |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera) | 2 | MO; QL (60 EA per 30 days) |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | 2 | MO; QL (30 EA per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; NDS; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; NDS; QL (60 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG | 5 | PA; NDS; QL (90 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG | 5 | PA; NDS; QL (60 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; NDS; QL (30 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 5 | PA; NDS; QL (210 EA per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG | 5 | PA; NDS |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | 5 | PA; NDS; QL (1 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 5 | PA; NDS; QL (1 EA per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; NDS; QL (15 EA per 30 days) |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> (Ampyra) | 2 | PA; MO; QL (60 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|----------------------------------|
| <i>dimethyl fumarate oral capsule delayed release 120 mg</i> (Tecfidera) | 5 | PA; NDS; QL (14 EA per 7 days) |
| <i>dimethyl fumarate oral capsule delayed release 240 mg</i> (Tecfidera) | 5 | PA; NDS; QL (60 EA per 30 days) |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> (Tecfidera) | 5 | PA; NDS |
| <i>fingolimod hcl oral capsule 0.5 mg</i> (Gilenya) | 5 | PA; NDS; QL (30 EA per 30 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> (Glatopa) | 5 | PA; NDS; QL (30 ML per 30 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa) | 5 | PA; NDS; QL (12 ML per 28 days) |
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> (Glatopa) | 5 | PA; NDS; QL (30 ML per 30 days) |
| <i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa) | 5 | PA; NDS; QL (12 ML per 28 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv) | 2 | MO |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 EA per 30 days) |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 EA per 30 days) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | 5 | PA; NDS |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | 5 | PA; NDS; QL (1.2 ML per 28 days) |
| <i>lithium carbonate er oral tablet extended release 300 mg</i> (Lithobid) | 1 | MO |
| <i>lithium carbonate er oral tablet extended release 450 mg</i> | 1 | MO |
| <i>lithium carbonate oral capsule 150 mg, 300 mg</i> | 1 | MO |
| LITHIUM CARBONATE ORAL CAPSULE 600 MG | 1 | MO |
| <i>lithium carbonate oral tablet 300 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|-------------------------------------|
| <i>lithium oral solution 8 meq/5ml</i> | 2 | MO |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; NDS; QL (112 EA per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; NDS; QL (30 EA per 30 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 5 | PA; NDS |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 3 | PA |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i> (Methylin) | 2 | MO; QL (900 ML per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | 2 | MO; QL (90 EA per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML | 5 | PA; NDS; QL (20 ML per 180 days) |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML | 5 | PA; NDS; QL (23 ML per 180 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|-------------------------------------|
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | 5 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML | 5 | PA; NDS; QL (1 ML per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | 5 | PA; NDS; QL (1 ML per 28 days) |
| <i>riluzole oral tablet 50 mg</i> | 2 | MO |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | MO; QL (60 EA per 30 days) |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | 3 | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | 5 | PA; NDS; QL (112 EA per 28 days) |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | 5 | PA; NDS; QL (120 EA per 30 days) |
| AGENTES DEL TRACTO RESPIRATORIO | | |
| <i>Agentes Del Tracto Respiratorio, Otros</i> | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | 2 | PA BvD |
| BRONCHITOL INHALATION CAPSULE 40 MG | 5 | NDS; QL (560 EA per 28 days) |
| BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION | 5 | NDS; QL (560 EA per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML | 5 | PA; NDS |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | 2 | PA BvD; MO |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | 5 | PA; NDS; QL (1 ML per 28 days) |

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|---|-----------------------------|----------------------------------|
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML | 5 | PA; NDS; QL (1 ML per 28 days) |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; NDS; QL (56 EA per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NDS; QL (56 EA per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; NDS; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; NDS; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; NDS; QL (0.4 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA; NDS; QL (3 EA per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; NDS; QL (60 EA per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NDS; QL (112 EA per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet) | 5 | PA; NDS; QL (270 EA per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet) | 5 | PA; NDS; QL (270 EA per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i> | 5 | PA; NDS; QL (90 EA per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | 5 | PA; NDS; QL (90 EA per 30 days) |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | 2 | MO; QL (28 EA per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | 2 | MO; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--|
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | 5 | PA; NDS; QL (1 EA per 21 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 5 | PA; NDS |
| <i>Antiinflamatorios, Corticoesteroides Inhalados</i> | | |
| ADVAIR HFA INHALATION (fluticasone-salmeterol) AEROSOL 115-21 MCG/ACT, 230- 21 MCG/ACT, 45-21 MCG/ACT | 3 | MO; QL (12 GM per 30 days) |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT | 3 | QL (32.1 GM per 30 days) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 3 | MO; QL (30 EA per 30 days) |
| BREO ELLIPTA INHALATION (fluticasone furoate- vilanterol) AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT | 3 | MO; QL (60 EA per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH | 3 | MO; QL (60 EA per 30 days) |
| <i>breyrna inhalation aerosol 160-4.5</i> (Breyna) <i>mcg/act, 80-4.5 mcg/act</i> | 1 | MO; QL (30.9 GM per 30 days) |
| <i>budesonide inhalation suspension</i> (Pulmicort) <i>0.25 mg/2ml, 0.5 mg/2ml</i> | 2 | PA BvD; MO; QL (120 ML per 30 days) |
| <i>budesonide inhalation suspension 1</i> (Pulmicort) <i>mg/2ml</i> | 2 | PA BvD; MO; QL (60 ML per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|------------------------------|
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> (Breyna) | 1 | MO; QL (30.6 GM per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i> | 1 | MO; QL (12 GM per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i> | 1 | MO; QL (24 GM per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i> | 1 | MO; QL (21.2 GM per 30 days) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> (Wixela Inhub) | 1 | MO; QL (60 EA per 30 days) |
| <i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> (Wixela Inhub) | 1 | MO; QL (60 EA per 30 days) |
| Antileucotrinos | | |
| <i>montelukast sodium oral tablet 10 mg</i> (Singulair) | 1 | MO |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> (Singulair) | 1 | MO |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate) | 4 | NDS |
| Broncodilatadores | | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i> (Ventolin HFA) | 2 | MO; QL (17 GM per 30 days) |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i> (Ventolin HFA) | 2 | MO; QL (13.4 GM per 30 days) |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i> (Ventolin HFA) | 2 | MO; QL (36 GM per 30 days) |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | 1 | PA BvD; MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|-------------------------------------|
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | MO; QL (60 EA per 30 days) |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 4 | NDS; QL (25.8 GM per 28 days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9- 4.8 MCG/ACT | 3 | MO; QL (10.7 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 3 | MO; QL (8 GM per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 1 | PA BvD; MO |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | 1 | PA BvD; MO; QL (540 ML per 30 days) |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | MO; QL (60 EA per 30 days) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 3 | MO; QL (4 GM per 30 days) |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 3 | MO; QL (4 GM per 30 days) |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | 3 | MO; QL (4 GM per 28 days) |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i> | 4 | NDS |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i> | 2 | MO |
| <i>theophylline oral solution 80 mg/15ml</i> | 2 | MO |
| <i>tiotropium bromide monohydrate</i> (Spiriva HandiHaler) <i>inhalation capsule 18 mcg</i> | 2 | MO; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|----------------------------|
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | MO; QL (60 EA per 30 days) |
| AGENTES DENTALES Y ORALES | | |
| <i>Agentes Dentales Y Orales</i> | | |
| <i>cevimeline hcl oral capsule 30 mg</i> (Evoxac) | 2 | MO |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> (Periogard) | 1 | |
| <i>denta 5000 plus dental cream 1.1 %</i> (Denta 5000 Plus) | 1 | MO |
| <i>dentagel dental gel 1.1 %</i> | 1 | MO |
| <i>periogard mouth/throat solution 0.12 %</i> (Periogard) | 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen) | 2 | MO |
| <i>sf 5000 plus dental cream 1.1 %</i> (Denta 5000 Plus) | 1 | MO |
| SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 % | 1 | |
| <i>sodium fluoride mouth/throat solution 0.2 %</i> (PreviDent) | 1 | MO |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i> (Kourzeq) | 2 | |
| AGENTES DERMATOLÓGICOS | | |
| <i>Agentes Antiinflamatorios Dermatológicos</i> | | |
| <i>ala-cort external cream 1 %</i> (Aveeno Anti-Itch Max St) | 1 | |
| <i>betamethasone dipropionate aug external cream 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate aug external gel 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i> | 2 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> (Diprolene) | 2 | |
| <i>betamethasone dipropionate external cream 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate external lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | 2 | |
| <i>betamethasone valerate external cream 0.1 %</i> | 2 | |
| <i>betamethasone valerate external lotion 0.1 %</i> | 2 | |
| <i>betamethasone valerate external ointment 0.1 %</i> | 1 | |
| <i>clobetasol propionate e external cream 0.05 %</i> | 2 | |
| <i>clobetasol propionate emulsion external foam 0.05 %</i> (Tovet) | 4 | NDS |
| <i>clobetasol propionate external cream 0.05 %</i> | 2 | |
| <i>clobetasol propionate external gel 0.05 %</i> | 2 | |
| <i>clobetasol propionate external lotion 0.05 %</i> (Clobex) | 4 | NDS |
| <i>clobetasol propionate external ointment 0.05 %</i> | 2 | |
| <i>clobetasol propionate external shampoo 0.05 %</i> (Clobex) | 2 | |
| <i>clobetasol propionate external solution 0.05 %</i> | 2 | |
| EUCRISA EXTERNAL OINTMENT 2 % | 3 | |
| <i>fluocinolone acetonide external cream 0.01 %</i> | 2 | |
| <i>fluocinolone acetonide external cream 0.025 %</i> (Synalar) | 2 | |
| <i>fluocinolone acetonide external ointment 0.025 %</i> (Synalar) | 2 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|------------------------------|
| <i>fluocinonide external cream 0.05 %</i> | 2 | |
| <i>fluocinonide external cream 0.1 %</i> (Vanos) | 2 | |
| <i>fluocinonide external gel 0.05 %</i> | 2 | |
| <i>fluocinonide external ointment 0.05 %</i> | 2 | |
| <i>fluocinonide external solution 0.05 %</i> | 2 | |
| <i>fluticasone propionate external cream 0.05 %</i> | 1 | |
| <i>halobetasol propionate external cream 0.05 %</i> | 2 | |
| <i>halobetasol propionate external ointment 0.05 %</i> | 2 | |
| <i>hydrocortisone (perianal) external cream 2.5 %</i> (Procto-Med HC) | 1 | |
| <i>hydrocortisone cream 2.5 % external</i> | 1 | |
| <i>hydrocortisone external cream 1 %</i> (Aveeno Anti-Itch Max St) | 1 | |
| <i>hydrocortisone external lotion 2.5 %</i> | 1 | |
| <i>hydrocortisone external ointment 1 %</i> (Aquaphor Itch Relief Children) | 1 | |
| <i>hydrocortisone external ointment 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate external cream 0.2 %</i> | 2 | |
| <i>mometasone furoate external cream 0.1 %</i> | 1 | |
| <i>mometasone furoate external ointment 0.1 %</i> | 1 | |
| <i>mometasone furoate external solution 0.1 %</i> | 1 | |
| <i>pimecrolimus external cream 1 %</i> (Elidel) | 4 | NDS; QL (100 GM per 30 days) |
| <i>procto-med hc external cream 2.5 %</i> (Procto-Med HC) | 2 | |
| <i>procto-pak external cream 1 %</i> | 2 | |
| <i>proctosol hc external cream 2.5 %</i> (Procto-Med HC) | 2 | |
| <i>proctozone-hc external cream 2.5 %</i> (Procto-Med HC) | 2 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|-----------------------------|
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i> | 2 | QL (100 GM per 30 days) |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i> | 1 | |
| <i>triamcinolone acetonide external cream 0.5 %</i> (Triderm) | 1 | |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i> | 1 | |
| Agentes Dermatológicos, Otros | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 2 | |
| <i>acyclovir external ointment 5 %</i> (Zovirax) | 4 | NDS; QL (30 GM per 30 days) |
| <i>ammonium lactate external cream 12 %</i> | 1 | |
| <i>ammonium lactate external lotion 12 %</i> (AL12) | 1 | |
| <i>calcipotriene external cream 0.005 %</i> | 2 | QL (120 GM per 30 days) |
| <i>calcipotriene external ointment 0.005 %</i> (Calcitrene) | 2 | QL (120 GM per 30 days) |
| <i>calcipotriene external solution 0.005 %</i> | 2 | QL (120 ML per 30 days) |
| <i>fluorouracil external cream 5 %</i> | 2 | |
| <i>fluorouracil external solution 2 %</i> | 2 | |
| <i>fluorouracil external solution 5 %</i> | 4 | NDS |
| <i>imiquimod external cream 5 %</i> | 2 | QL (24 EA per 30 days) |
| KLISYRI (250 MG) EXTERNAL OINTMENT 1 % | 3 | QL (5 EA per 5 days) |
| <i>methoxsalen rapid oral capsule 10 mg</i> | 5 | NDS |
| PANRETIN EXTERNAL GEL 0.1 % | 5 | NDS; QL (60 GM per 28 days) |
| <i>podofilox external solution 0.5 %</i> | 2 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|------------------------------|
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 4 | NDS; QL (180 GM per 30 days) |
| VALCHLOR EXTERNAL GEL 0.016 % | 5 | PA NSO; NDS |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 2 | |
| Antibacterianos Dermatológicos | | |
| clindamycin phos-benzoyl perox external gel 1-5 % | 4 | NDS |
| clindamycin phosphate external solution 1 % | 1 | QL (180 ML per 30 days) |
| clindamycin phosphate external swab (Clindacin ETZ) 1 % | 1 | |
| erythromycin external solution 2 % | 2 | |
| gentamicin sulfate external cream 0.1 % | 2 | QL (90 GM per 30 days) |
| gentamicin sulfate external ointment 0.1 % | 2 | QL (120 GM per 30 days) |
| metronidazole external cream 0.75 % (MetroCream) | 2 | |
| metronidazole external gel 0.75 % | 2 | |
| metronidazole external gel 1 % (Metrogel) | 4 | NDS |
| mupirocin external ointment 2 % | 1 | QL (220 GM per 30 days) |
| neuac external gel 1.2-5 % | 1 | |
| rosadan external cream 0.75 % (MetroCream) | 2 | |
| selenium sulfide external lotion 2.5 % | 1 | |
| silver sulfadiazine external cream 1 (SSD) % | 1 | |
| ssd external cream 1 % (SSD) | 4 | NDS |
| Escabicidas Y Pediculicidas | | |
| malathion external lotion 0.5 % (Ovide) | 4 | NDS |
| permethrin external cream 5 % (Elimite) | 2 | QL (60 GM per 30 days) |
| Retinoides Dermatológicos | | |
| adapalene external cream 0.1 % (Differin) | 4 | NDS |
| ALTRENO EXTERNAL LOTION 0.05 % | 4 | PA; NDS |

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|---|----------------------|---------------------------------|
| <i>tazarotene external cream 0.1 %</i> (Tazorac) | 2 | |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A) | 2 | PA |
| AGENTES GASTROINTESTINALES | | |
| Agentes Antiúlceras Y Supresores De Ácidos | | |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i> | 4 | NDS |
| <i>cimetidine hcl oral solution 300 mg/5ml</i> | 2 | MO |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i> (GoodSense Esomeprazole) | 2 | MO; QL (30 EA per 30 days) |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i> (NexIUM) | 2 | MO; QL (60 EA per 30 days) |
| <i>esomeprazole magnesium oral packet 10 mg, 20 mg</i> (NexIUM) | 4 | ST; NDS; QL (30 EA per 30 days) |
| <i>esomeprazole magnesium oral packet 40 mg</i> (NexIUM) | 4 | ST; NDS; QL (60 EA per 30 days) |
| <i>famotidine oral tablet 20 mg</i> (MM Acid-Pep Maximum Strength) | 1 | MO |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | 1 | MO |
| <i>lansoprazole oral capsule delayed release 15 mg</i> (Prevacid 24HR) | 2 | MO; QL (30 EA per 30 days) |
| <i>lansoprazole oral capsule delayed release 30 mg</i> (Prevacid) | 2 | MO; QL (60 EA per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | 2 | MO |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | 1 | MO |
| <i>pantoprazole sodium oral tablet delayed release 20 mg</i> (Protonix) | 1 | MO; QL (30 EA per 30 days) |
| <i>pantoprazole sodium oral tablet delayed release 40 mg</i> (Protonix) | 1 | MO; QL (60 EA per 30 days) |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i> (Aciphex) | 2 | MO; QL (30 EA per 30 days) |
| <i>sucralfate oral tablet 1 gm</i> (Carafate) | 1 | MO |

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|--|----------------------|----------------------------|
| Agentes Gastrointestinales, Otros | | |
| <i>carglumic acid oral tablet soluble</i> 200 mg (Carbaglu) | 5 | PA; NDS |
| <i>constulose oral solution</i> 10 gm/15ml | 1 | MO |
| <i>cromolyn sodium oral concentrate</i> 100 mg/5ml (Gastrocrom) | 2 | MO |
| <i>dicyclomine hcl oral capsule</i> 10 mg | 1 | |
| <i>dicyclomine hcl oral solution</i> 10 mg/5ml | 2 | |
| <i>dicyclomine hcl oral tablet</i> 20 mg | 1 | |
| <i>diphenoxylate-atropine oral tablet</i> 2.5-0.025 mg (Lomotil) | 1 | PA; PA-HRM |
| <i>enulose oral solution</i> 10 gm/15ml | 1 | MO |
| <i>generlac oral solution</i> 10 gm/15ml | 1 | MO |
| <i>glycopyrrolate oral tablet</i> 1 mg (Robinul) | 2 | |
| <i>glycopyrrolate oral tablet</i> 2 mg (Robinul-Forte) | 2 | |
| <i>kionex combination suspension</i> 15 gm/60ml | 2 | |
| <i>lactulose oral solution</i> 10 gm/15ml | 1 | MO |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | MO; QL (30 EA per 30 days) |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 3 | MO |
| <i>loperamide hcl oral capsule</i> 2 mg (Imodium A-D) | 1 | |
| <i>lubiprostone oral capsule</i> 24 mcg, 8 mcg (Amitiza) | 2 | MO; QL (60 EA per 30 days) |
| <i>metoclopramide hcl oral solution</i> 5 mg/5ml | 1 | |
| <i>metoclopramide hcl oral tablet</i> 10 mg, 5 mg (Reglan) | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 EA per 30 days) |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | |
| <i>sps (sodium polystyrene sulf) combination suspension</i> 15 gm/60ml | 2 | |

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|---|-----------------------------|---------------------------------|
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | 5 | NDS |
| <i>ursodiol oral capsule 300 mg</i> | 2 | MO |
| <i>ursodiol oral tablet 250 mg</i> | 2 | MO |
| <i>ursodiol oral tablet 500 mg</i> (Urso Forte) | 2 | MO |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM | 3 | MO |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NDS; QL (84 EA per 28 days) |
| Enlaces De Fosfato | | |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i> | 2 | |
| <i>calcium acetate oral tablet 667 mg</i> (Calphron) | 2 | |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i> (Renvela) | 2 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | 2 | |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | 2 | |
| Laxantes | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML | 3 | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | 1 | |
| <i>gavilyte-g oral solution reconstituted 236 gm</i> (GaviLyte-G) | 1 | |
| <i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i> (GaviLyte-N with Flavor Pack) | 2 | |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i> (Suprep Bowel Prep Kit) | 3 | |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i> (Suprep Bowel Prep Kit) | 2 | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> (GaviLyte-N with Flavor Pack) | 1 | |

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|---|----------------------|----------------------------|
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> (GaviLyte-G) | 1 | |
| SUTAB ORAL TABLET 1479-225-188 MG | 3 | |
| AGENTES GENITOURINARIOS | | |
| Agentes Genitourinarios, Varios | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> (Uroxatral) | 1 | MO; QL (30 EA per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 1 | MO |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | MO |
| <i>tamsulosin hcl oral capsule 0.4 mg</i> (Flomax) | 1 | MO |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | MO |
| Antiespasmódicos, Urinario | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i> (Toviaz) | 2 | MO |
| <i>flavoxate hcl oral tablet 100 mg</i> | 2 | MO |
| <i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i> (Myrbetriq) | 2 | MO |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | 1 | MO |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i> | 1 | MO |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 1 | MO |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i> (VESIcare) | 1 | MO |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> (Detrol LA) | 2 | MO |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i> (Detrol) | 2 | MO |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i> | 4 | NDS |

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|--|----------------------|----------------------------------|
| <i>tropium chloride oral tablet 20 mg</i> | 2 | MO |
| AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR | | |
| Agentes Tiroideos Y Antitiroideos | | |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1 | MO |
| <i>levothyroxine sodium oral tablet 300 mcg</i> (Levo-T) | 1 | MO |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | 2 | MO |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | MO |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | MO |
| Andrógenos | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | 2 | PA |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> (Depo-Testosterone) | 1 | PA; MO |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | 2 | PA; MO; QL (5 ML per 28 days) |
| <i>testosterone gel 1.62 % transdermal</i> (AndroGel Pump) | 4 | PA; NDS; QL (150 GM per 30 days) |
| <i>testosterone transdermal gel 12.5 mg/act (1%)</i> (Vogelxo Pump) | 4 | PA; NDS; QL (300 GM per 30 days) |
| <i>testosterone transdermal gel 20.25 mg/act (1.62%)</i> (AndroGel Pump) | 4 | PA; NDS; QL (150 GM per 30 days) |
| <i>testosterone transdermal gel 25 mg/2.5gm (1%)</i> | 4 | PA; NDS; QL (300 GM per 30 days) |
| <i>testosterone transdermal gel 50 mg/5gm (1%)</i> (Testim) | 4 | PA; NDS; QL (300 GM per 30 days) |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|---------------------------------------|
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML | 3 | PA; MO; QL (2 ML per 28 days) |
| Estrógenos Y Antiestrógenos | | |
| DUAVEE ORAL TABLET 0.45-20 MG | 3 | PA; MO; PA-HRM |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace) | 1 | PA; MO; PA-HRM |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Alora) | 2 | PA; MO; PA-HRM; QL (8 EA per 28 days) |
| <i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i> (Dotti) | 2 | PA; MO; PA-HRM; QL (8 EA per 28 days) |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Climara) | 2 | PA; MO; PA-HRM; QL (4 EA per 28 days) |
| <i>estradiol vaginal cream 0.1 mg/gm</i> (Estrace) | 2 | MO |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvafem) | 4 | NDS; QL (18 EA per 28 days) |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> | 2 | PA; MO; PA-HRM |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey) | 2 | PA; MO; PA-HRM |
| <i>mimvey oral tablet 1-0.5 mg</i> (Mimvey) | 2 | PA; MO; PA-HRM |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | PA; MO; PA-HRM |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 3 | MO |
| PREMPHASE ORAL TABLET 0.625-5 MG | 3 | PA; MO; PA-HRM |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | PA; MO; PA-HRM |
| <i>raloxifene hcl oral tablet 60 mg</i> (Evista) | 2 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|-----------------------------|
| yuvafem vaginal tablet 10 mcg (Yuvaferm) | 4 | NDS; QL (18 EA per 28 days) |
| Glucocorticoides/Mineralocorticoides | | |
| dexamethasone oral solution 0.5 mg/5ml | 1 | |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg | 1 | |
| dexamethasone sodium phosphate injection solution 10 mg/ml | 1 | HI |
| dexamethasone sodium phosphate injection solution 120 mg/30ml, 4 mg/ml | 1 | |
| fludrocortisone acetate oral tablet 0.1 mg | 1 | MO |
| 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 tablet therapy pack 4 mg (Medrol) | 1 | |
| prednisolone oral solution 15 mg/5ml | 1 | PA BvD |
| prednisolone sodium phosphate oral solution 25 mg/5ml | 2 | PA BvD |
| prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (Pediapred) | 2 | PA BvD |
| prednisolone sodium phosphate solution 15 mg/5ml oral | 1 | PA BvD |
| prednisone oral solution 5 mg/5ml | 2 | PA BvD |
| prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg | 1 | PA BvD |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------------|
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | 1 | |
| <i>triamcinolone acetonide injection</i> (Kenalog-40) <i>suspension 40 mg/ml</i> | 1 | |
| Pituitario | | |
| ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML | 5 | PA; NDS; QL (15 ML per 30 days) |
| ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 80 UNIT/ML | 5 | PA; NDS; QL (30 ML per 30 days) |
| ACTHAR INJECTION GEL 80 UNIT/ML | 5 | PA; NDS; QL (35 ML per 28 days) |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | 2 | MO |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 2 | MO |
| <i>desmopressin acetate spray solution 0.01 % nasal</i> | 2 | MO |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 5 | PA; NDS |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML | 5 | PA NSO; NDS; QL (0.5 ML per 28 days) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | 5 | PA; NDS |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|--------------------------------------|
| <i>octreotide acetate injection solution</i> (SandoSTATIN) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml | 4 | NDS |
| <i>octreotide acetate injection solution</i> 1000 mcg/ml, 200 mcg/ml | 4 | NDS |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 5 | PA; NDS; QL (28 EA per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 5 | PA; NDS; QL (56 EA per 28 days) |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 5 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | 5 | PA; NDS; QL (60 ML per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML | 5 | PA NSO; NDS; QL (0.2 ML per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML | 5 | PA NSO; NDS; QL (0.3 ML per 28 days) |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS |
| Progestinas | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | 3 | QL (0.65 ML per 84 days) |
| <i>gallifrey oral tablet 5 mg</i> (Gallifrey) | 2 | MO |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i> (Depo-Provera) | 1 | QL (1 ML per 84 days) |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> (Depo-Provera) | 1 | QL (1 ML per 84 days) |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera) | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--------------------------------|
| <i>megestrol acetate oral suspension 40 mg/ml</i> | 2 | PA; PA-HRM |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | 2 | PA; MO; PA-HRM |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey) | 2 | MO |
| <i>progesterone oral capsule 100 mg, 200 mg</i> (Prometrium) | 2 | MO |
| AGENTES INMUNOLÓGICOS | | |
| <i>Agentes Inmunológicos</i> | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | 5 | PA; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | 5 | PA; NDS |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | 5 | PA; NDS |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | 5 | PA; NDS |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 4 | PA BvD; NDS |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | 5 | PA BvD; NDS |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 2 | PA BvD; MO |
| <i>azathioprine sodium injection solution reconstituted 100 mg</i> | 1 | PA BvD |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 5 | PA; NDS; QL (8 ML per 28 days) |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 5 | PA; NDS; QL (8 ML per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|------------------------------------|
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 5 | PA NSO; NDS; QL (2 ML per 28 days) |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 5 | PA; NDS |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 5 | PA; NDS |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; NDS |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; NDS |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 5 | PA; NDS |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; NDS |
| <i>cyclosporine intravenous solution 50 mg/ml</i> (SandIMMUNE) | 2 | PA BvD |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf) | 2 | PA BvD; MO |
| <i>cyclosporine modified oral capsule 50 mg</i> | 2 | PA BvD; MO |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf) | 2 | PA BvD; MO |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (SandIMMUNE) | 2 | PA BvD; MO |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML | 5 | PA; NDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|--|
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | 5 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | 5 | PA; NDS |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress) | 5 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML | 5 | PA BvD; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (Gengraf) | 2 | PA BvD; MO |
| <i>gengraf oral solution 100 mg/ml</i> (Gengraf) | 2 | PA BvD; MO |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | 5 | PA; NDS; Only NDCs starting with 00074 |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|---|
| HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; NDS |
| HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| <i>infliximab intravenous solution</i> (Remicade) <i>reconstituted 100 mg</i> | 5 | PA; NDS |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 5 | PA; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 2 | MO |
| <i>mycophenolate mofetil hcl</i> (CellCept Intravenous) <i>intravenous solution reconstituted</i> <i>500 mg</i> | 2 | PA BvD |
| <i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i> | 2 | PA BvD; MO |
| <i>mycophenolate mofetil oral</i> (CellCept) <i>suspension reconstituted 200 mg/ml</i> | 5 | PA BvD; NDS |
| <i>mycophenolate mofetil oral tablet</i> (CellCept) <i>500 mg</i> | 2 | PA BvD; MO |
| <i>mycophenolate sodium oral tablet</i> (Myfortic) <i>delayed release 180 mg, 360 mg</i> | 4 | PA BvD; NDS |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | 5 | PA BvD; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|----------------------------------|
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | 5 | PA; NDS |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML | 5 | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; NDS |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG | 5 | PA; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD; NDS |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 4 | PA BvD; NDS |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 4 | ST; NDS |
| REZUROCK ORAL TABLET 200 MG | 5 | PA NSO; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; NDS; QL (360 ML per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | 5 | PA; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> | 5 | PA BvD; NDS |
| <i>sirolimus oral tablet 0.5 mg, 2 mg</i> | 2 | PA BvD; MO |
| <i>sirolimus oral tablet 1 mg</i> (Rapamune) | 2 | PA BvD; MO |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML | 5 | PA; NDS |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|----------------------------------|
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26ML | 5 | PA; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 5 | PA; NDS |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | 5 | PA; NDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 2 | PA BvD; MO |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA; NDS; QL (180 EA per 30 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML | 5 | PA; NDS |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML | 5 | PA; NDS |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML | 5 | PA; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | 5 | PA; NDS |
| <i>Vacunas</i> | | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | 3 | \$0 copay |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 3 | \$0 copay |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | 3 | \$0 copay |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG | 3 | \$0 copay |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 copay |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5 | 3 | \$0 copay |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | 3 | \$0 copay |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | QL (3 EA per 365 days) |
| DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML | 3 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 3 | PA BvD; \$0 copay |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | 3 | PA BvD; \$0 copay |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 3 | \$0 copay |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 copay |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML | 3 | \$0 copay |
| HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML | 3 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | 3 | PA BvD; \$0 copay |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | 3 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | 3 | PA BvD; \$0 copay |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | 3 | |
| IPOL INJECTION INJECTABLE | 3 | \$0 copay |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 copay |
| IXIARO INTRAMUSCULAR SUSPENSION | 3 | \$0 copay |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | 3 | \$0 copay |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | |
| MENACTRA INTRAMUSCULAR SOLUTION | 3 | \$0 copay |
| MENQUADFI INTRAMUSCULAR SOLUTION | 3 | \$0 copay |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 copay |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 3 | \$0 copay |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 3 | \$0 copay |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites | |
|--|------------------------------------|--------------------------------------|-----------|
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 3 | | |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | \$0 copay | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | | |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML | 3 | PA BvD; \$0 copay | |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | \$0 copay | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | | |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 3 | | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA BvD; \$0 copay | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 3 | PA BvD; \$0 copay | |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | 3 | PA BvD; \$0 copay | |
| ROTARIX ORAL SUSPENSION | 3 | | |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | 3 | | |
| ROTATEQ ORAL SOLUTION | 3 | | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | \$0 copay; QL (2 EA per 365 days) | |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | (tetanus-diphtheria toxoids td) | 3 | \$0 copay |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION) | 3 | \$0 copay |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML | 3 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML | 3 | \$0 copay |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 copay |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | 3 | \$0 copay |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML | 3 | \$0 copay |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML | 3 | \$0 copay |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 3 | \$0 copay |
| YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE) | 3 | \$0 copay |
| AGENTES OFTÁLMICOS | | |
| <i>Agentes Antiglaucoma</i> | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | 2 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|------------------------------|
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | MO |
| <i>acetazolamide sodium injection solution reconstituted 500 mg</i> | 1 | |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i> | 1 | MO |
| <i>bimatoprost ophthalmic solution 0.03 %</i> | 4 | NDS; QL (2.5 ML per 25 days) |
| <i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i> (Alphagan P) | 2 | MO |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i> | 2 | MO |
| <i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i> (Combigan) | 4 | NDS |
| <i>brinzolamide ophthalmic suspension 1 %</i> (Azopt) | 2 | MO |
| <i>carteolol hcl ophthalmic solution 1 %</i> | 1 | MO |
| <i>dorzolamide hcl ophthalmic solution 2 %</i> | 1 | MO |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i> (Cosopt) | 1 | MO |
| <i>latanoprost ophthalmic solution 0.005 %</i> (Xalatan) | 1 | MO; QL (2.5 ML per 25 days) |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | 1 | MO |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | MO; QL (2.5 ML per 25 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 4 | NDS |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | 2 | MO |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 3 | MO; QL (2.5 ML per 25 days) |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 3 | MO; QL (2.5 ML per 25 days) |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 3 | MO |

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|---|-----------------------------|------------------------------|
| <i>tafluprost (pf) ophthalmic solution</i> (Zioptan) 0.0015 % | 4 | NDS; QL (30 EA per 30 days) |
| <i>timolol maleate ophthalmic solution</i> 0.25 %, 0.5 % | 1 | MO |
| <i>travoprost (bak free) ophthalmic solution</i> (Travatan Z) 0.004 % | 4 | NDS; QL (2.5 ML per 25 days) |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | 4 | NDS; QL (5 ML per 30 days) |
| AGENTES PARA LOS OJOS, OÍDOS, NARIZ, GARGANTA | | |
| <i>Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta</i> | | |
| <i>acetic acid otic solution</i> 2 % | 1 | |
| <i>bacitracin ophthalmic ointment</i> 500 unit/gm | 2 | |
| <i>bacitracin-polymyxin b ophthalmic ointment</i> 500-10000 unit/gm (Polycin) | 1 | |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i> 1 % (Neo-Polycin HC) | 2 | |
| <i>ciprofloxacin hcl ophthalmic solution</i> 0.3 % | 1 | |
| <i>ciprofloxacin-dexamethasone otic suspension</i> 0.3-0.1 % | 2 | QL (7.5 ML per 7 days) |
| <i>erythromycin ophthalmic ointment</i> 5 mg/gm | 1 | QL (3.5 GM per 4 days) |
| GENTAK OPHTHALMIC OINTMENT 0.3 % | 2 | |
| <i>gentamicin sulfate ophthalmic solution</i> 0.3 % | 2 | |
| <i>hydrocortisone-acetic acid otic solution</i> 1-2 % | 2 | |
| <i>moxifloxacin hcl ophthalmic solution</i> (Vigamox) 0.5 % | 2 | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 4 | NDS |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i> 5-400-10000 (Neo-Polycin) | 2 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------------|
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | 2 | |
| <i>neomycin-polymyxin-hc otic solution 1 %</i> | 2 | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | 2 | |
| <i>neo-polycin hc ophthalmic ointment 1 %</i> (Neo-Polycin HC) | 2 | |
| <i>neo-polycin ophthalmic ointment 3.5-400-10000</i> (Neo-Polycin) | 2 | |
| <i>ofloxacin ophthalmic solution 0.3 %</i> (Ocuflox) | 1 | |
| <i>ofloxacin otic solution 0.3 %</i> | 2 | |
| <i>polycin ophthalmic ointment 500-10000 unit/gm</i> (Polycin) | 1 | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i> | 2 | |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i> | 2 | |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i> | 1 | |
| <i>tobramycin ophthalmic solution 0.3 %</i> | 1 | |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i> | 2 | |
| <i>trifluridine ophthalmic solution 1 %</i> | 2 | |
| XDEMVIY OPTHALMIC SOLUTION 0.25 % | 5 | PA; NDS; QL (10 ML per 42 days) |
| ZIRGAN OPTHALMIC GEL 0.15 % | 4 | NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|-----------------------------|
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | 3 | |
| Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta | | |
| <i>alrex ophthalmic suspension 0.2 %</i> (Alrex) | 3 | ST |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i> | 4 | NDS |
| <i>bromfenac sodium ophthalmic solution 0.07 %</i> (Prolensa) | 2 | |
| <i>bromfenac sodium ophthalmic solution 0.075 %</i> (BromSite) | 2 | |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i> (Restasis) | 2 | MO; QL (60 EA per 30 days) |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i> | 2 | |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | 1 | |
| <i>difluprednate ophthalmic emulsion 0.05 %</i> (Durezol) | 4 | NDS |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 % | 3 | QL (8.3 ML per 14 days) |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | 4 | NDS; QL (50 ML per 25 days) |
| <i>fluocinolone acetonide otic oil 0.01 %</i> (DermOtic) | 2 | |
| <i>fluorometholone ophthalmic suspension 0.1 %</i> (FML Liquifilm) | 4 | NDS |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | 2 | |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i> (Flonase Allergy Relief) | 1 | QL (16 GM per 30 days) |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 3 | |
| INVELTYS OPHTHALMIC SUSPENSION 1 % | 3 | QL (5.6 ML per 14 days) |
| <i>ketorolac tromethamine ophthalmic solution 0.5 %</i> (Acular) | 1 | QL (10 ML per 25 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|-----------------------------|
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | 3 | QL (3.5 GM per 14 days) |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | 3 | QL (5 GM per 16 days) |
| <i>loteprednol etabonate ophthalmic gel</i> (Lotemax) 0.5 % | 4 | NDS; QL (10 GM per 14 days) |
| <i>loteprednol etabonate ophthalmic suspension</i> (Alrex) 0.2 % | 2 | ST |
| <i>loteprednol etabonate ophthalmic suspension</i> (Lotemax) 0.5 % | 4 | NDS; QL (15 ML per 19 days) |
| <i>mometasone furoate nasal suspension</i> (Nasonex 24HR) 50 mcg/act | 4 | NDS; QL (34 GM per 30 days) |
| <i>prednisolone acetate ophthalmic suspension</i> (Pred Forte) 1 % | 4 | NDS |
| XIIDRA OPHTHALMIC SOLUTION 5 % | 3 | MO; QL (60 EA per 30 days) |
| Agentes De Ojos, Oídos, Nariz Y Garganta, Varios | | |
| <i>atropine sulfate ophthalmic solution</i> 1 % | 2 | MO |
| <i>azelastine hcl nasal solution</i> 0.1 % | 1 | QL (60 ML per 30 days) |
| <i>azelastine hcl nasal solution</i> (Astebro) 0.15 % | 1 | QL (30 ML per 25 days) |
| <i>azelastine hcl ophthalmic solution</i> 0.05 % | 2 | |
| <i>azelastine hcl solution</i> 137 mcg/spray nasal | 1 | QL (60 ML per 30 days) |
| <i>cromolyn sodium ophthalmic solution</i> 4 % | 1 | |
| <i>epinastine hcl ophthalmic solution</i> 0.05 % | 4 | NDS |
| <i>ipratropium bromide nasal solution</i> 0.03 % | 2 | MO; QL (30 ML per 28 days) |
| <i>ipratropium bromide nasal solution</i> 0.06 % | 2 | MO; QL (15 ML per 10 days) |
| <i>olopatadine hcl ophthalmic solution</i> (Pataday) 0.1 %, 0.2 % | 1 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|-------------------------------------|
| AGENTES TERAPEUTICOS MISCELÁNEOS | | |
| <i>Agentes Terapeuticos</i> | | |
| <i>Misceláneos</i> | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | 5 | PA; NDS |
| <i>betaine oral powder</i> (Cystadane) | 5 | PA; NDS |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | |
| COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML | 5 | PA; NDS |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem) | 2 | MO |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> | 1 | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 2 | |
| <i>l-glutamine oral packet 5 gm</i> (Endari) | 5 | PA; NDS; QL (180 EA per 30 days) |
| MESNEX ORAL TABLET 400 MG (mesna) | 5 | NDS |
| <i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) | 2 | QL (30 GM per 30 days) |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon) | 2 | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NDS; QL (56 EA per 28 days) |
| TYBOST ORAL TABLET 150 MG | 3 | MO; QL (30 EA per 30 days) |
| VEOZAH ORAL TABLET 45 MG | 4 | PA; NDS; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|----------------------------------|
| VOWST ORAL CAPSULE | 5 | PA; NDS; QL (12 EA per 30 days) |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML | 3 | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML | 3 | |
| AGENTES VASODILATADORES | | |
| <i>Agentes Vasodilatadores</i> | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NDS; QL (90 EA per 30 days) |
| <i>alyq oral tablet 20 mg</i> | 2 | PA; MO; QL (60 EA per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | 5 | PA; NDS; QL (60 EA per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NDS; QL (30 EA per 30 days) |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra) | 2 | EX; QL (6 EA per 30 days) |
| <i>sildenafil citrate oral tablet 20 mg</i> (Revatio) | 2 | PA; MO; QL (360 EA per 30 days) |
| <i>tadalafil oral tablet 2.5 mg</i> | 2 | PA; MO |
| <i>tadalafil oral tablet 5 mg</i> (Cialis) | 2 | PA; MO |
| UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG | 5 | PA; NDS; QL (60 EA per 30 days) |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NDS; QL (60 EA per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 5 | PA; NDS; QL (240 EA per 30 days) |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG | 5 | PA; NDS |

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|--|----------------------|----------------------------------|
| ANALGÉSICOS | | |
| Agentes Antiinflamatorios No Esteroideos | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (CeleBREX) | 2 | MO; QL (60 EA per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | MO; QL (120 EA per 30 days) |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i> | 2 | MO |
| <i>diclofenac sodium external gel 1 %</i> (Aspercreme Arthritis Pain) | 1 | QL (1000 GM per 30 days) |
| <i>diclofenac sodium external solution 1.5 %</i> | 2 | QL (300 ML per 30 days) |
| <i>diclofenac sodium external solution 2 %</i> (Pennsaid) | 5 | PA; NDS; QL (224 GM per 28 days) |
| <i>diclofenac sodium oral tablet delayed release 25 mg</i> | 1 | MO |
| <i>diclofenac sodium oral tablet delayed release 50 mg</i> | 1 | MO; QL (120 EA per 30 days) |
| <i>diclofenac sodium oral tablet delayed release 75 mg</i> | 1 | MO; QL (60 EA per 30 days) |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i> (Arthrotec) | 2 | MO |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 2 | MO |
| <i>etodolac oral tablet 400 mg</i> (Lodine) | 2 | MO |
| <i>etodolac oral tablet 500 mg</i> | 2 | MO |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | MO |
| FLURBIPROFEN ORAL TABLET 50 MG | 1 | MO |
| <i>ibu oral tablet 400 mg</i> (IBU) | 1 | MO; QL (240 EA per 30 days) |
| <i>ibu oral tablet 600 mg, 800 mg</i> (IBU) | 1 | MO |
| <i>ibuprofen oral tablet 400 mg</i> (IBU) | 1 | MO; QL (240 EA per 30 days) |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU) | 1 | MO |

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|---|-----------------------------|--|
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | 1 | PA; MO; PA-HRM |
| <i>ketorolac tromethamine oral tablet 10 mg</i> | 1 | PA; PA-HRM; QL (20 EA per 30 days) |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | MO |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 1 | MO |
| <i>naproxen oral tablet 250 mg, 375 mg</i> | 1 | MO |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn) | 1 | MO |
| <i>naproxen oral tablet delayed release 375 mg</i> (EC-Naprosyn) | 1 | MO |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 1 | MO |
| Analgésicos, Varios | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | 1 | QL (4500 ML per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 1 | QL (360 EA per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 1 | QL (180 EA per 30 days) |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i> (Butrans) | 2 | QL (4 EA per 28 days) |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> | 2 | PA; PA-HRM; QL (180 EA per 30 days) |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i> (Fioricet) | 4 | PA; NDS; PA-HRM; QL (180 EA per 30 days) |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> | 4 | PA; NDS; PA-HRM; QL (180 EA per 30 days) |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> (Bac) | 1 | PA; PA-HRM; QL (180 EA per 30 days) |
| <i>endocet oral tablet 10-325 mg</i> (Endocet) | 2 | QL (180 EA per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 2 | QL (360 EA per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> (Endocet) | 2 | QL (240 EA per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; NDS; QL (120 EA per 30 days) |

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|--|-----------------------------|------------------------------|
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | 2 | PA; QL (120 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 2 | QL (10 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i> | 2 | QL (2700 ML per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | 1 | QL (180 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> | 1 | QL (240 EA per 30 days) |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg</i> (Dilaudid) | 1 | QL (180 EA per 30 days) |
| <i>hydromorphone hcl oral tablet 8 mg</i> (Dilaudid) | 2 | QL (180 EA per 30 days) |
| <i>methadone hcl oral tablet 10 mg</i> | 1 | QL (120 EA per 30 days) |
| <i>methadone hcl oral tablet 5 mg</i> | 1 | QL (180 EA per 30 days) |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | 1 | PA; QL (180 ML per 30 days) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin) | 2 | QL (60 EA per 30 days) |
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i> (MS Contin) | 2 | QL (90 EA per 30 days) |
| MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML | 1 | QL (700 ML per 30 days) |
| MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML | 1 | QL (300 ML per 30 days) |
| MORPHINE SULFATE ORAL TABLET 15 MG | 4 | NDS; QL (180 EA per 30 days) |
| MORPHINE SULFATE ORAL TABLET 30 MG | 4 | NDS; QL (120 EA per 30 days) |
| <i>oxycodone hcl oral capsule 5 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>oxycodone hcl oral tablet 10 mg, 5 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>oxycodone hcl oral tablet 15 mg, 30 mg</i> (Roxicodone) | 2 | QL (120 EA per 30 days) |

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|---|-----------------------------|-----------------------------|
| <i>oxycodone hcl oral tablet 20 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>oxycodone-acetaminophen oral tablet (Endocet) 2.5-325 mg, 5-325 mg</i> | 2 | QL (360 EA per 30 days) |
| <i>oxycodone-acetaminophen oral tablet (Endocet) 7.5-325 mg</i> | 2 | QL (240 EA per 30 days) |
| <i>tramadol hcl oral tablet 50 mg</i> | 1 | QL (240 EA per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 1 | QL (300 EA per 30 days) |
| ANESTÉSICOS | | |
| Anestesia Local | | |
| <i>glydo external prefilled syringe 2 % (Glydo)</i> | 1 | QL (30 ML per 30 days) |
| <i>lidocaine external ointment 5 %</i> | 2 | PA; QL (240 GM per 30 days) |
| <i>lidocaine external patch 5 % (Lidocan)</i> | 2 | PA; QL (90 EA per 30 days) |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 % (Glydo)</i> | 1 | QL (30 ML per 30 days) |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | 1 | |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | 1 | PA; QL (30 GM per 30 days) |
| <i>lidocan external patch 5 % (Lidocan)</i> | 2 | PA; QL (90 EA per 30 days) |
| ZTLIDO EXTERNAL PATCH 1.8 % | 3 | PA; QL (90 EA per 30 days) |
| ANTAGONISTAS DE METALES PESADOS | | |
| Antagonistas De Metales Pesados | | |
| <i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)</i> | 5 | PA; NDS |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)</i> | 2 | PA; MO |
| <i>penicillamine oral tablet 250 mg (Depen Titratabs)</i> | 5 | PA; NDS |

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|---|----------------------|------------------------------------|
| <i>trientine hcl oral capsule 250 mg</i> (Syprine) | 5 | PA; NDS; QL (240 EA per 30 days) |
| ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA) | | |
| Anti Infecciosos (Membrana Cutánea Y Mucosa) | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin) | 4 | NDS |
| <i>metronidazole vaginal gel 0.75 %</i> (Vandazole) | 4 | NDS |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 2 | |
| <i>terconazole vaginal suppository 80 mg</i> | 4 | NDS |
| ANTIBACTERIANOS | | |
| Aminoglicósidos | | |
| <i>amikacin sulfate injection solution 500 mg/2ml</i> | 2 | HI |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 5 | PA; NDS; QL (235.2 ML per 28 days) |
| <i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | 2 | HI |
| <i>neomycin sulfate oral tablet 500 mg</i> | 2 | |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i> | 5 | NDS |
| TOBI PODHALER INHALATION CAPSULE 28 MG | 5 | NDS; QL (224 EA per 28 days) |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> (Kitabis Pak) | 5 | PA BvD; NDS |
| <i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i> (Kitabis Pak) | 5 | PA BvD; NDS |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i> | 2 | HI |
| Antibacteriales, Misceláneos | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin) | 1 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------------|
| <i>clindamycin phosphate injection</i> (Cleocin Phosphate) <i>solution 300 mg/2ml, 600 mg/4ml,</i> <i>900 mg/6ml, 9000 mg/60ml</i> | 2 | HI |
| <i>colistimethate sodium (cba) injection</i> (Coly-Mycin M) <i>solution reconstituted 150 mg</i> | 5 | HI; NDS |
| DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 5 | HI; NDS |
| <i>daptomycin intravenous solution</i> <i>reconstituted 500 mg</i> | 5 | HI; NDS |
| <i>linezolid intravenous solution 600</i> (Zyvox) <i>mg/300ml</i> | 2 | HI |
| <i>linezolid oral suspension</i> (Zyvox) <i>reconstituted 100 mg/5ml</i> | 5 | NDS |
| <i>linezolid oral tablet 600 mg</i> (Zyvox) | 2 | |
| <i>methenamine hippurate oral tablet 1</i> (Hiprex) <i>gm</i> | 2 | |
| <i>metronidazole intravenous solution</i> <i>500 mg/100ml</i> | 1 | HI |
| <i>metronidazole oral tablet 250 mg,</i> <i>500 mg</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral</i> (Macrochantin) <i>capsule 100 mg, 50 mg</i> | 1 | QL (120 EA per 30 days) |
| <i>nitrofurantoin monohyd macro oral</i> (Macrobid) <i>capsule 100 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | |
| <i>vancomycin hcl intravenous solution</i> <i>reconstituted 1 gm, 10 gm, 5 gm, 500</i> <i>mg, 750 mg</i> | 2 | |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM | 2 | |
| <i>vancomycin hcl oral capsule 125 mg</i> (Vancocin) | 2 | QL (56 EA per 14 days) |
| <i>vancomycin hcl oral capsule 250 mg</i> (Vancocin) | 2 | QL (112 EA per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; NDS; QL (90 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|--------------------|
| Antibióticos B-Lactam | | |
| Misceláneos | | |
| <i>aztreonam injection solution reconstituted 1 gm, 2 gm</i> (Azactam) | 2 | HI |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 5 | PA; NDS |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i> | 2 | HI |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i> | 2 | HI |
| <i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i> (Primaxin IV) | 2 | HI |
| <i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i> | 2 | HI |
| Cefalosporinas | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>cefadroxil oral capsule 500 mg</i> | 1 | |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | 2 | |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i> | 2 | HI |
| <i>cefdinir oral capsule 300 mg</i> | 1 | |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefepime hcl injection solution reconstituted 1 gm</i> | 2 | HI |
| <i>cefepime hcl intravenous solution reconstituted 2 gm</i> | 2 | HI |
| <i>cefixime oral capsule 400 mg</i> | 4 | NDS |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i> | 2 | HI |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i> | 4 | NDS |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 2 | |

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|---|-----------------------------|---------------------------|
| <i>ceftazidime injection solution</i> (Tazicef) <i>reconstituted 1 gm</i> | 2 | HI |
| <i>ceftazidime injection solution</i> <i>reconstituted 6 gm</i> | 2 | HI |
| <i>ceftazidime intravenous solution</i> (Tazicef) <i>reconstituted 2 gm</i> | 2 | HI |
| <i>ceftriaxone sodium injection solution</i> <i>reconstituted 1 gm, 2 gm, 250 mg,</i> <i>500 mg</i> | 2 | HI |
| <i>ceftriaxone sodium intravenous</i> <i>solution reconstituted 10 gm</i> | 2 | HI |
| <i>cefuroxime axetil oral tablet 250 mg,</i> <i>500 mg</i> | 1 | |
| <i>cefuroxime sodium injection solution</i> <i>reconstituted 750 mg</i> | 2 | HI |
| <i>cefuroxime sodium intravenous</i> <i>solution reconstituted 1.5 gm</i> | 2 | HI |
| <i>cephalexin oral capsule 250 mg, 500</i> <i>mg</i> | 1 | |
| <i>cephalexin oral suspension</i> <i>reconstituted 125 mg/5ml, 250</i> <i>mg/5ml</i> | 1 | |
| <i>tazicef injection solution</i> (Tazicef) <i>reconstituted 1 gm</i> | 2 | HI |
| <i>tazicef intravenous solution</i> (Tazicef) <i>reconstituted 2 gm</i> | 2 | HI |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM | 2 | HI |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | 5 | HI; NDS |
| Macrólidos | | |
| <i>azithromycin intravenous solution</i> (Zithromax) <i>reconstituted 500 mg</i> | 2 | HI |
| <i>azithromycin oral suspension</i> (Zithromax) <i>reconstituted 100 mg/5ml, 200</i> <i>mg/5ml</i> | 2 | |

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|--|-----------------------------|-----------------------------|
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i> (Zithromax) | 1 | |
| <i>azithromycin oral tablet 600 mg</i> | 1 | |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 2 | |
| DIFICID ORAL TABLET 200 MG | 5 | NDS; QL (20 EA per 10 days) |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i> | 4 | NDS |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i> (E.E.S. Granules) | 4 | NDS |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> (EryPed 400) | 4 | NDS |
| Penicilinas | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 1 | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i> (Augmentin ES-600) | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin) | 1 | |

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|--|-----------------------------|---------------------------|
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | 4 | NDS |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i> | 2 | HI |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i> | 2 | HI |
| <i>ampicillin-sulbactam sodium (Unasyn) injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> | 2 | HI |
| <i>ampicillin-sulbactam sodium (Unasyn) intravenous solution reconstituted 15 (10-5) gm</i> | 2 | HI |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4 | NDS |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | 2 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT | 4 | NDS |
| LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT | 4 | NDS |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i> | 2 | HI |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i> | 2 | HI |
| <i>penicillin g potassium injection solution reconstituted 20000000 unit</i> (Pfizerpen) | 2 | HI |
| <i>penicillin g procaine intramuscular suspension 600000 unit/ml</i> | 2 | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | 1 | |

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|---|-----------------------------|---------------------------|
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | 2 | HI |
| Quinolonas | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro) | 1 | |
| <i>ciprofloxacin hcl oral tablet 750 mg</i> | 1 | |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i> | 2 | HI |
| <i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i> | 2 | HI |
| <i>levofloxacin oral solution 25 mg/ml</i> | 4 | NDS |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| MOXIFLOXACIN HCL IN NAACL INTRAVENOUS SOLUTION 400 MG/250ML | 2 | HI |
| <i>moxifloxacin hcl oral tablet 400 mg</i> | 2 | |
| MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS | 2 | HI |
| Sulfonamidas | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> (Sulfatrim Pediatric) | 2 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim) | 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS) | 1 | |
| Tetraciclinas | | |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i> | 4 | NDS |

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|---|-----------------------------|---------------------------|
| <i>doxy 100 intravenous solution reconstituted 100 mg</i> (Doxy 100) | 2 | HI |
| <i>doxycycline hyclate intravenous solution reconstituted 100 mg</i> (Doxy 100) | 2 | HI |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 50 mg</i> (TargaDOX) | 2 | |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL) | 1 | |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>doxycycline monohydrate oral capsule 50 mg</i> | 1 | |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i> | 2 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i> | 2 | |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | 4 | NDS |
| TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | 5 | HI; NDS |
| ANTICONCEPTIVOS | | |
| Anticonceptivos | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>altavera oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35 (28)) | 1 | MO |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>amethyst oral tablet 90-20 mcg</i> (Amethyst) | 1 | MO |
| <i>apri oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |

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|--|-----------------------------|---------------------------|
| <i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 1 | MO |
| <i>aurovela 1/20 oral tablet 1-20 mg-mcg</i> | 1 | MO |
| <i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>ayuna oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| <i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>camila oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>chateal eq oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>cryselle-28 oral tablet 0.3-30 mg-mcg</i> | 1 | MO |
| <i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35 (28)) | 2 | MO |
| <i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>cyred eq oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (Dasetta 1/35 (28)) | 1 | MO |
| <i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>deblitane oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>delyla oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |

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|--|-----------------------------|----------------------------|
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>dolishale oral tablet 90-20 mcg</i> (Amethyst) | 1 | MO |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | 1 | MO |
| <i>eluryng vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 2 | MO; QL (1 EA per 28 days) |
| <i>emoquette oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>emzahh oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>enilloring vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 4 | NDS; QL (1 EA per 28 days) |
| <i>enpresse-28 oral tablet 50-30/75-40/125-30 mcg</i> (Enpresse-28) | 1 | MO |
| <i>enskyce oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>errin oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35) | 1 | MO |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50) | 1 | MO |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 2 | MO; QL (1 EA per 28 days) |
| <i>falmina oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>haloette vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 2 | MO; QL (1 EA per 28 days) |
| <i>heather oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>iclevia oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 EA per 84 days) |

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|---|-----------------------------|----------------------------|
| <i>incassia oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>introvale oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 EA per 84 days) |
| <i>isibloom oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>jencycla oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>jolessa oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 EA per 84 days) |
| <i>juleber oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | MO |
| <i>junel 1/20 oral tablet 1-20 mg-mcg</i> | 2 | MO |
| <i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>junel fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| <i>kelnor 1/35 oral tablet 1-35 mg-mcg</i> (Kelnor 1/35) | 1 | MO |
| <i>kelnor 1/50 oral tablet 1-50 mg-mcg</i> (Kelnor 1/50) | 1 | MO |
| <i>kurvelo oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG | 4 | NDS |
| <i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | MO |
| <i>larin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | MO |
| <i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>larin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>larissia oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>levonest oral tablet 50-30/75-40/125-30 mcg</i> (Enpresse-28) | 1 | MO |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|----------------------------|
| <i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 EA per 84 days) |
| <i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i> (Balcoltra) | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> (Amethyst) | 1 | MO |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> (Enpresse-28) | 1 | MO |
| <i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 3 | |
| <i>lillow oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>low-ogestrel oral tablet 0.3-30 mg-mcg</i> | 1 | MO |
| <i>lutera oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>lyleq oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>lyza oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | MO |
| <i>microgestin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | MO |
| <i>microgestin 24 fe oral tablet 1-20 mg-mcg</i> | 1 | MO |
| <i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>mili oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |

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Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|------------------------------|
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY | 4 | NDS |
| <i>mono-linyah oral tablet 0.25-35 mg- mcg</i> (Estarylla) | 1 | MO |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG | 3 | |
| <i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i> (Xulane) | 2 | MO; QL (3 EA per 28 days) |
| <i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>norethindrone oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe) | 1 | MO |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 1 | MO |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>norlyda oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>norlyroc oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg- mcg</i> (Dasetta 1/35 (28)) | 1 | MO |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg- mcg</i> (Dasetta 1/35 (28)) | 1 | MO |
| <i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>nylia 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35 (28)) | 1 | MO |
| <i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |

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Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|----------------------------|
| <i>pirmella 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35 (28)) | 1 | MO |
| <i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>portia-28 oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>previfem oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>reclipsen oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>setlakin oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 EA per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG | 4 | NDS |
| <i>sprintec 28 oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe) | 1 | MO |
| <i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe) | 1 | MO |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 1 | MO |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 1 | MO |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 1 | MO |

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Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|---------------------------|
| <i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla) | 1 | MO |
| <i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (Tri Femynor) | 1 | MO |
| <i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (Tri Femynor) | 1 | MO |
| <i>tri-previfem oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (Tri Femynor) | 1 | MO |
| <i>tri-sprintec oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (Tri Femynor) | 1 | MO |
| <i>trivora (28) oral tablet</i> 50-30/75-40/125-30 mcg (Enpresse-28) | 1 | MO |
| <i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla) | 1 | MO |
| <i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (Tri Femynor) | 1 | MO |
| <i>turqoz oral tablet</i> 0.3-30 mg-mcg | 1 | MO |
| <i>vienva oral tablet</i> 0.1-20 mg-mcg (Afirmelle) | 1 | MO |
| <i>viorele oral tablet</i> 0.15-0.02/0.01 mg (21/5) (Azurette) | 2 | MO |
| <i>volnea oral tablet</i> 0.15-0.02/0.01 mg (21/5) (Azurette) | 2 | MO |
| <i>vylibra oral tablet</i> 0.25-35 mg-mcg (Estarylla) | 1 | MO |
| <i>xulane transdermal patch weekly</i> 150-35 mcg/24hr (Xulane) | 2 | MO; QL (3 EA per 28 days) |
| <i>zafemy transdermal patch weekly</i> 150-35 mcg/24hr (Xulane) | 2 | MO; QL (3 EA per 28 days) |
| <i>zovia 1/35 (28) oral tablet</i> 1-35 mg-mcg (Kelnor 1/35) | 1 | MO |

ANTICONVULSIVOS

Anticonvulsivos

| | | |
|---|---|---------------------------------|
| APTIOM ORAL TABLET 200 MG, 400 MG | 5 | ST; NDS; QL (30 EA per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 5 | ST; NDS; QL (60 EA per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML | 3 | QL (80 ML per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--------------------------------------|
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | MO; QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | MO; QL (60 EA per 30 days) |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> (Carbatrol) | 2 | MO |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> (TEGretol-XR) | 2 | MO |
| <i>carbamazepine oral suspension 100 mg/5ml</i> (TEGretol) | 2 | MO |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol) | 2 | MO |
| <i>carbamazepine oral tablet chewable 100 mg, 200 mg</i> | 2 | MO |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi) | 2 | MO; QL (480 ML per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi) | 2 | MO; QL (60 EA per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 5 | PA NSO; NDS; QL (360 EA per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| DIACOMIT ORAL PACKET 250 MG | 5 | PA NSO; NDS; QL (360 EA per 30 days) |
| DIACOMIT ORAL PACKET 500 MG | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i> | 4 | NDS |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> (Depakote ER) | 2 | MO |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> (Depakote Sprinkles) | 2 | MO |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> (Depakote) | 2 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|----------------------------------|
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA NSO; NDS |
| <i>epitol oral tablet 200 mg</i> (Epitol) | 2 | MO |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 4 | ST; NDS |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | 2 | MO |
| <i>ethosuximide oral solution 250 mg/5ml</i> (Zarontin) | 2 | MO |
| <i>felbamate oral suspension 600 mg/5ml</i> | 2 | MO |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol) | 2 | MO |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA NSO; NDS |
| <i>fosphephenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i> (Cerebyx) | 2 | HI |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 5 | ST; NDS; QL (720 ML per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 5 | ST; NDS; QL (30 EA per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 4 | ST; NDS; QL (30 EA per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 5 | ST; NDS; QL (60 EA per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin) | 1 | MO; QL (360 EA per 30 days) |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin) | 1 | MO; QL (270 EA per 30 days) |
| <i>gabapentin oral solution 250 mg/5ml</i> (Neurontin) | 2 | MO; QL (2160 ML per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin) | 1 | MO; QL (180 EA per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin) | 1 | MO; QL (120 EA per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20ml</i> (Vimpat) | 2 | QL (200 ML per 5 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|------------------------------|
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat) | 2 | MO; QL (1200 ML per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat) | 2 | MO; QL (60 EA per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | MO |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> (LaMICtal) | 2 | MO |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> (LaMICtal ODT) | 2 | MO |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> (Keppra XR) | 2 | MO |
| <i>levetiracetam intravenous solution 500 mg/5ml</i> (Keppra) | 2 | HI |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra) | 2 | MO |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra) | 2 | MO |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 4 | NDS; QL (10 EA per 30 days) |
| <i>methsuximide oral capsule 300 mg</i> (Celontin) | 2 | MO |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 4 | NDS; QL (10 EA per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> (Trileptal) | 2 | MO |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal) | 2 | MO |
| <i>phenobarbital oral elixir 20 mg/5ml</i> | 2 | PA NSO; MO; PA-HRM |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2 | PA NSO; MO; PA-HRM |
| <i>phenytoin oral suspension 125 mg/5ml</i> (Dilantin) | 1 | MO |
| <i>phenytoin oral tablet chewable 50 mg</i> (Dilantin Infatabs) | 1 | MO |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin) | 2 | MO |

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|---|-----------------------------|-------------------------------------|
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek) | 2 | MO |
| <i>phenytoin sodium injection solution 50 mg/ml</i> | 1 | HI |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica) | 2 | MO; QL (90 EA per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica) | 2 | MO; QL (60 EA per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica) | 2 | MO; QL (900 ML per 30 days) |
| <i>primidone oral tablet 125 mg</i> | 2 | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline) | 1 | MO |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel) | 5 | ST; NDS |
| <i>rufinamide oral tablet 200 mg</i> (Banzel) | 2 | ST; MO |
| <i>rufinamide oral tablet 400 mg</i> (Banzel) | 5 | ST; NDS |
| SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA BvD; NDS |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG | 4 | ST; NDS |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | MO |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 5 | PA NSO; NDS; QL (60 EA per 30 days) |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 2 | MO |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> (Topamax Sprinkle) | 2 | MO |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | 1 | MO |
| <i>valproate sodium intravenous solution 100 mg/ml</i> | 2 | HI |
| <i>valproic acid oral capsule 250 mg</i> | 2 | MO |
| <i>valproic acid oral solution 250 mg/5ml</i> | 2 | MO |

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|--|-----------------------------|--------------------------------------|
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 5 | NDS; QL (10 EA per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML | 5 | NDS; QL (10 EA per 30 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML | 5 | NDS; QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 5 | NDS; QL (10 EA per 30 days) |
| <i>vigabatrin oral packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| <i>vigadrone oral packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| <i>vigpoder oral packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 EA per 30 days) |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 4 | ST; NDS; QL (56 EA per 28 days) |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | 4 | ST; NDS; QL (56 EA per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | ST; NDS; QL (30 EA per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | ST; NDS; QL (60 EA per 30 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG | 4 | ST; NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | 4 | NDS |

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|--|----------------------|---------------------------------------|
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 1 | MO |
| <i>zonisamide oral capsule 50 mg</i> | 1 | MO |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA NSO; NDS; QL (1080 ML per 30 days) |
| ANTIDEPRESIVOS | | |
| <i>Antidepressivos</i> | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | MO |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | MO |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | 5 | ST; NDS |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 1 | MO |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> (Wellbutrin XL) | 1 | MO |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 1 | MO |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | 2 | MO |
| <i>citalopram hydrobromide oral tablet 10 mg</i> (CeleXA) | 1 | MO; QL (120 EA per 30 days) |
| <i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i> (CeleXA) | 1 | MO; QL (30 EA per 30 days) |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | 4 | NDS |
| <i>desipramine hcl oral tablet 10 mg, 25 mg</i> (Norpramin) | 4 | NDS |
| <i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 4 | NDS |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> (Pristiq) | 2 | MO; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------------|
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | MO |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | 1 | MO |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG | 4 | ST; NDS; QL (60 EA per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG | 4 | ST; NDS; QL (30 EA per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 1 | MO; QL (60 EA per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 5 | ST; NDS; QL (30 EA per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i> | 2 | MO |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro) | 1 | MO |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; NDS; QL (30 EA per 30 days) |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | 4 | ST; NDS |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> (PROzac) | 1 | MO |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i> | 2 | MO |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | MO |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | MO |
| MARPLAN ORAL TABLET 10 MG | 4 | NDS |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron) | 1 | MO |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 2 | MO |
| NEFAZODONE HCL ORAL TABLET 100 MG | 2 | MO |
| <i>nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | MO |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | MO |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i> | 4 | NDS |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 4 | NDS |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i> (Paxil) | 4 | PA NSO; NDS; PA-HRM |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil) | 1 | PA NSO; MO; PA-HRM |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2 | MO |
| <i>phenelzine sulfate oral tablet 15 mg</i> (Nardil) | 2 | MO |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | 4 | NDS |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> (Zoloft) | 2 | MO |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | 1 | MO |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA NSO; NDS |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA NSO; NDS |
| <i>tranlycypromine sulfate oral tablet 10 mg</i> (Parnate) | 4 | NDS |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 1 | MO |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|-------------------------------------|
| <i>trimipramine maleate oral capsule</i> 100 mg, 25 mg, 50 mg | 4 | NDS |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | MO; QL (30 EA per 30 days) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i> (Effexor XR) | 1 | MO; QL (30 EA per 30 days) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i> (Effexor XR) | 1 | MO; QL (90 EA per 30 days) |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 1 | MO |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | 2 | MO; QL (30 EA per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA NSO; NDS; QL (28 EA per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA NSO; NDS; QL (14 EA per 14 days) |

ANTIFÚNGICOS

Antifúngicos

| | | |
|--|---|------------------------------|
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | PA BvD; NDS |
| <i>amphotericin b intravenous solution reconstituted 50 mg</i> | 2 | PA BvD |
| <i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i> (AmBisome) | 5 | PA BvD; NDS |
| <i>ciclopirox external solution 8 %</i> (Ciclodan) | 1 | QL (19.8 ML per 30 days) |
| <i>ciclopirox olamine external cream 0.77 %</i> | 1 | QL (180 GM per 30 days) |
| <i>ciclopirox olamine external suspension 0.77 %</i> | 4 | NDS; QL (180 ML per 30 days) |
| <i>clotrimazole external cream 1 %</i> (Desenex) | 1 | |
| <i>clotrimazole external solution 1 %</i> | 2 | |
| <i>clotrimazole mouth/throat troche 10 mg</i> | 2 | |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | 1 | QL (90 GM per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| <i>econazole nitrate external cream 1 %</i> | 2 | QL (170 GM per 30 days) |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | 2 | HI |
| <i>fluconazole oral suspension reconstituted 10 mg/ml</i> | 2 | |
| <i>fluconazole oral suspension reconstituted 40 mg/ml</i> (Diflucan) | 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i> (Diflucan) | 1 | |
| <i>fluconazole oral tablet 50 mg</i> | 1 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon) | 5 | NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 4 | NDS |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 4 | NDS |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | 2 | |
| <i>ketoconazole external cream 2 %</i> | 2 | QL (180 GM per 30 days) |
| <i>ketoconazole external shampoo 2 %</i> | 1 | QL (360 ML per 30 days) |
| <i>ketoconazole oral tablet 200 mg</i> | 1 | |
| <i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i> (Mycamine) | 2 | HI |
| MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG | 2 | |
| <i>nyamyc external powder 100000 unit/gm</i> (Nyamyc) | 2 | QL (60 GM per 30 days) |
| <i>nystatin external cream 100000 unit/gm</i> | 1 | QL (60 GM per 30 days) |
| <i>nystatin external ointment 100000 unit/gm</i> | 1 | QL (60 GM per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| <i>nystatin external powder 100000 unit/gm</i> (Nyamyc) | 2 | QL (60 GM per 30 days) |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | 2 | |
| <i>nystatin oral tablet 500000 unit</i> | 2 | |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | 2 | |
| <i>nystop external powder 100000 unit/gm</i> (Nyamyc) | 2 | QL (60 GM per 30 days) |
| <i>posaconazole oral tablet delayed release 100 mg</i> (Noxafil) | 5 | PA; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| <i>voriconazole intravenous solution reconstituted 200 mg</i> (Vfend IV) | 5 | PA BvD; HI; NDS |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> (Vfend) | 5 | PA; NDS |
| <i>voriconazole oral tablet 200 mg</i> | 4 | NDS |
| <i>voriconazole oral tablet 50 mg</i> (Vfend) | 4 | NDS |
| ANTIHISTAMÍNICOS | | |
| <i>Antihistamínicos</i> | | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> (Xyzal Allergy 24HR) | 1 | |
| ANTIMICOBACTERIALES | | |
| <i>Antimicobacteriales</i> | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 2 | MO |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | MO |
| PRIFTIN ORAL TABLET 150 MG | 4 | NDS |
| <i>pyrazinamide oral tablet 500 mg</i> | 2 | |
| <i>rifabutin oral capsule 150 mg</i> | 4 | NDS |
| <i>rifampin intravenous solution reconstituted 600 mg</i> (Rifadin) | 2 | HI |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|------------------------------|
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 2 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA; NDS |
| TRECTOR ORAL TABLET 250 MG | 4 | NDS |
| ANTIVIRALES (SITÉMICO) | | |
| <i>Antirretrovirales</i> | | |
| <i>abacavir sulfate oral solution 20 mg/ml</i> (Ziagen) | 2 | MO |
| <i>abacavir sulfate oral tablet 300 mg</i> | 2 | MO |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> | 2 | MO |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML | 5 | NDS; QL (24 ML per 365 days) |
| APTIVUS ORAL CAPSULE 250 MG | 5 | NDS |
| <i>atazanavir sulfate oral capsule 150 mg</i> | 2 | MO |
| <i>atazanavir sulfate oral capsule 200 mg, 300 mg</i> (Reyataz) | 2 | MO |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | NDS; QL (30 EA per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML | 5 | NDS |
| CIMDUO ORAL TABLET 300-300 MG | 5 | NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | 5 | NDS |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista) | 5 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| <i>didanosine oral capsule delayed release 250 mg, 400 mg</i> | 2 | MO |
| DOVATO ORAL TABLET 50-300 MG | 5 | NDS |
| EDURANT ORAL TABLET 25 MG | 5 | NDS |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 2 | MO |
| <i>efavirenz oral tablet 600 mg</i> (Sustiva) | 2 | MO |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i> | 5 | NDS |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i> (Symfi Lo) | 5 | NDS |
| <i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i> (Symfi) | 5 | NDS |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva) | 2 | MO |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | 5 | NDS |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i> (Truvada) | 2 | MO |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | NDS |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | 4 | NDS |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelligence) | 5 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | NDS |
| <i>fosamprenavir calcium oral tablet 700 mg</i> (Lexiva) | 5 | NDS |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | 5 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | NDS |
| INTELENCE ORAL TABLET 25 MG | 4 | NDS |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|------------------------------|
| ISENTRESS ORAL PACKET 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET 400 MG | 5 | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 3 | MO |
| JULUCA ORAL TABLET 50-25 MG | 5 | NDS |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 2 | MO |
| <i>lamivudine oral tablet 100 mg</i> | 2 | MO |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir) | 2 | MO |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 2 | MO |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 4 | NDS |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> (Kaletra) | 2 | MO; QL (480 ML per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | 2 | MO; QL (300 EA per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | 2 | MO; QL (120 EA per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry) | 5 | NDS |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg</i> | 2 | MO; QL (90 EA per 30 days) |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | 2 | MO; QL (30 EA per 30 days) |
| <i>nevirapine oral suspension 50 mg/5ml</i> | 2 | MO; QL (1200 ML per 30 days) |
| <i>nevirapine oral tablet 200 mg</i> | 2 | MO; QL (60 EA per 30 days) |
| NORVIR ORAL PACKET 100 MG | 4 | NDS |
| NORVIR ORAL SOLUTION 80 MG/ML | 4 | NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | NDS |
| PIFELTRO ORAL TABLET 100 MG | 5 | NDS |
| PREZCOBIX ORAL TABLET 800-150 MG | 5 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | NDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 5 | NDS |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 4 | HI; NDS |
| REYATAZ ORAL PACKET 50 MG | 5 | NDS |
| <i>ritonavir oral tablet 100 mg</i> (Norvir) | 2 | MO |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 5 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | NDS |
| SELZENTRY ORAL TABLET 25 MG | 3 | MO |
| SELZENTRY ORAL TABLET 75 MG | 5 | NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 2 | MO |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | NDS |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG | 5 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | 5 | PA BvD; NDS |
| SYM TUZA ORAL TABLET 800-150-200-10 MG | 5 | NDS |
| TEMIXYS ORAL TABLET 300-300 MG | 5 | NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 2 | MO |

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|---|----------------------|---------------------------------|
| TIVICAY ORAL TABLET 10 MG | 4 | NDS |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NDS |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | 5 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NDS; QL (30 EA per 30 days) |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | 4 | NDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML | 5 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | ST; NDS; QL (30 EA per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | NDS |
| VIREAD ORAL POWDER 40 MG/GM | 5 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | NDS |
| VOCABRIA ORAL TABLET 30 MG | 4 | NDS |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 2 | MO |
| <i>zidovudine oral syrup 50 mg/5ml</i> (Retrovir) | 2 | MO |
| <i>zidovudine oral tablet 300 mg</i> | 2 | MO |
| Antivirales Hcv | | |
| EPCLUSA ORAL PACKET 150-37.5 MG | 5 | PA; NDS; QL (28 EA per 28 days) |
| EPCLUSA ORAL PACKET 200-50 MG | 5 | PA; NDS; QL (56 EA per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; NDS; QL (28 EA per 28 days) |
| EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG | 5 | PA; NDS; QL (28 EA per 28 days) |
| HARVONI ORAL PACKET 33.75-150 MG | 5 | PA; NDS; QL (28 EA per 28 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|--|
| HARVONI ORAL PACKET 45-200 MG | 5 | PA; NDS; QL (56 EA per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; NDS; QL (28 EA per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | 5 | PA; NDS; QL (28 EA per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NDS; QL (28 EA per 28 days) |
| Antivirales, Varios | | |
| LIVTENCITY ORAL TABLET 200 MG | 5 | PA; NDS |
| <i>oseltamivir phosphate oral capsule 30 mg</i> (Tamiflu) | 2 | QL (84 EA per 180 days) |
| <i>oseltamivir phosphate oral capsule 45 mg</i> (Tamiflu) | 2 | QL (48 EA per 180 days) |
| <i>oseltamivir phosphate oral capsule 75 mg</i> (Tamiflu) | 2 | QL (42 EA per 180 days) |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> (Tamiflu) | 2 | QL (540 ML per 180 days) |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG | 2 | \$0 copay until 2/28/25; QL (20 EA per 5 days) |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | 2 | \$0 copay until 2/28/25; QL (30 EA per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; NDS; QL (28 EA per 28 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | NDS; QL (60 EA per 180 days) |
| Interferones | | |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | 5 | NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 5 | PA; NDS |
| <i>Nucleósidos Y Nucleótidos</i> | | |
| <i>acyclovir oral capsule 200 mg</i> | 1 | |
| <i>acyclovir oral suspension 200 mg/5ml</i> | 4 | NDS |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 1 | |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 2 | PA BvD |
| <i>adefovir dipivoxil oral tablet 10 mg</i> | 2 | MO |
| <i>entecavir oral tablet 0.5 mg, 1 mg (Baraclude)</i> | 2 | MO |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 2 | |
| <i>ribavirin oral tablet 200 mg</i> | 2 | |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg (Valtrex)</i> | 2 | |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml (Valcyte)</i> | 5 | NDS |
| <i>valganciclovir hcl oral tablet 450 mg (Valcyte)</i> | 2 | MO |
| DISPOSITIVOS | | |
| <i>Dispositivos</i> | | |
| ABOUTTIME PEN NEEDLE 30G X 8 MM (pen needles) | 1 | PA; ST |
| ABOUTTIME PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ABOUTTIME PEN NEEDLE 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| ABOUTTIME PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ADVOCATE ALCOHOL PREP PADS PAD 70 % (alcohol prep) | 1 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM (sure comfort pen needles) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| ALCOHOL PREP PAD (alcohol prep) | 1 | PA; ST |
| ALCOHOL PREP PAD 70 % (alcohol prep) | 1 | PA; ST |
| ALCOHOL PREP PADS PAD 70 % (alcohol prep) | 1 | PA; ST |
| ALCOHOL SWABS PAD (alcohol prep) | 1 | PA; ST |
| ALCOHOL SWABS PAD 70 % (alcohol prep) | 1 | PA; ST |
| ALCOHOL SWABSTICK PAD (alcohol prep) | 1 | PA; ST |
| ALCOHOL SWABSTICK PAD 70 % (alcohol prep) | 1 | PA; ST |
| APLICARE ALCOHOL SWABSTICK PAD 70 % (alcohol prep) | 1 | PA; ST |
| AQ INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| AQINJECT PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC) (global inject ease insulin syr) | 1 | PA; ST |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML (global easy glide insulin syr) | 1 | PA; ST |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML (global easy glide insulin syr) | 1 | PA; ST |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM (pen needles) | 1 | PA; ST |
| AUM ALCOHOL PREP PADS PAD 70 % (alcohol prep) | 1 | PA; ST |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM (aum insulin safety pen needle) | 1 | PA; ST |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 32G X 8 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 33G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 33G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| AUM PEN NEEDLE 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM PEN NEEDLE 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM PEN NEEDLE 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM PEN NEEDLE 33G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM PEN NEEDLE 33G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| AUM SAFETY PEN NEEDLE 31G X 4 MM (aum insulin safety pen needle) | 1 | PA; ST |
| BD AUTOSHIELD 29G X 5MM | 1 | PA; ST |
| BD AUTOSHIELD 29G X 8MM | 1 | PA; ST |
| BD AUTOSHIELD DUO 30G X 5 MM (pen needles) | 1 | PA; ST |
| BD ECLIPSE SYRINGE 30G X 1/2" 1 ML | 1 | PA; ST |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| BD INSULIN SYRINGE 25G X 1" 1 ML | 1 | PA; ST |
| BD INSULIN SYRINGE 25G X 5/8" 1 ML | 1 | PA; ST |
| BD INSULIN SYRINGE 26G X 1/2" 1 ML | 1 | PA; ST |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML | 1 | PA; ST |
| BD INSULIN SYRINGE 27G X 1/2" 1 ML (insulin syringe-needle u-100) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC) (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX) (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC) (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX) (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML | 1 | PA; ST |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX) (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| BD INSULIN SYRINGE U-100 1 ML (kmart valu insulin syringe 29g) | 1 | PA; ST |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | 1 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| BD PEN NEEDLE MINI U/F 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC) (aqinject pen needle) | 1 | PA; ST |
| BD PEN NEEDLE NANO U/F 32G X 4 MM (RX) (aqinject pen needle) | 1 | PA; ST |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (sure comfort pen needles) | 1 | PA; ST |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML (global easy glide insulin syr) | 1 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML (global easy glide insulin syr) | 1 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML (global easy glide insulin syr) | 1 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML | 1 | PA; ST |
| BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| BD SWAB SINGLE USE REGULAR PAD (alcohol prep) | 1 | PA; ST |
| BD SWABS SINGLE USE BUTTERFLY PAD (alcohol prep) | 1 | PA; ST |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (global easy glide insulin syr) | 1 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (OTC) (global easy glide insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | | Nivel de medicamento | Requisitos/Limites |
|--|----------------------------------|-----------------------------|---------------------------|
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (RX) | (global easy glide insulin syr) | 1 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (OTC) | (global easy glide insulin syr) | 1 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (RX) | (global easy glide insulin syr) | 1 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (OTC) | (global easy glide insulin syr) | 1 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (RX) | (global easy glide insulin syr) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 29G X 12MM | (global ease inject pen needles) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 30G X 8 MM | (pen needles) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 31G X 6 MM | (dropsafe safety pen needles) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 31G X 8 MM | (clickfine pen needles) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 32G X 4 MM | (aqinject pen needle) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 32G X 5 MM | (aum mini insulin pen needle) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 32G X 6 MM | (aum mini insulin pen needle) | 1 | PA; ST |
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML | (careone insulin syringe) | 1 | PA; ST |
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML | (careone insulin syringe) | 1 | PA; ST |
| CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML | (careone insulin syringe) | 1 | PA; ST |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML | (careone insulin syringe) | 1 | PA; ST |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML | (careone insulin syringe) | 1 | PA; ST |
| CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML | (aq insulin syringe) | 1 | PA; ST |
| CARETOUCH ALCOHOL PREP PAD 70 % | (alcohol prep) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML | 1 | PA; ST |
| CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML | 1 | PA; ST |
| CARETOUCH INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 0.5 ML | 1 | PA; ST |
| CARETOUCH INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 1 ML | 1 | PA; ST |
| CARETOUCH INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.3 ML | 1 | PA; ST |
| CARETOUCH INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML | 1 | PA; ST |
| CARETOUCH INSULIN SYRINGE (aq insulin syringe) 31G X 5/16" 1 ML | 1 | PA; ST |
| CARETOUCH PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| CARETOUCH PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| CARETOUCH PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| CARETOUCH PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| CARETOUCH PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| CARETOUCH PEN NEEDLES 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| CARETOUCH PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| CLEVER CHOICE COMFORT EZ 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| CLEVER CHOICE COMFORT EZ 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| CLICKFINE PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| CLICKFINE PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| CLICKFINE PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|--------------------|
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML (global easy glide insulin syr) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML (global easy glide insulin syr) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML (global easy glide insulin syr) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| COMFORT EZ PEN NEEDLES 31G (aqinject pen needle) X 5 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 31G (dropsafe safety pen needles) X 6 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 31G (clickfine pen needles) X 8 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G (aqinject pen needle) X 4 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G (aum mini insulin pen needle) X 5 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G (aum mini insulin pen needle) X 6 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G (aum mini insulin pen needle) X 8 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G (aum mini insulin pen needle) X 4 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G (aum mini insulin pen needle) X 5 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G (aum mini insulin pen needle) X 6 MM | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G X 8 MM | 1 | PA; ST |
| COMFORT EZ PRO PEN (pen needles) NEEDLES 30G X 8 MM | 1 | PA; ST |
| COMFORT EZ PRO PEN (aum insulin safety pen needle) NEEDLES 31G X 4 MM | 1 | PA; ST |
| COMFORT EZ PRO PEN (aqinject pen needle) NEEDLES 31G X 5 MM | 1 | PA; ST |
| COMFORT TOUCH INSULIN PEN (aum insulin safety pen needle) NEED 31G X 4 MM | 1 | PA; ST |
| COMFORT TOUCH INSULIN PEN (aqinject pen needle) NEED 31G X 5 MM | 1 | PA; ST |
| COMFORT TOUCH INSULIN PEN (dropsafe safety pen needles) NEED 31G X 6 MM | 1 | PA; ST |
| COMFORT TOUCH INSULIN PEN (clickfine pen needles) NEED 31G X 8 MM | 1 | PA; ST |
| COMFORT TOUCH INSULIN PEN (aqinject pen needle) NEED 32G X 4 MM | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM (aum mini insulin pen needle) | 1 | PA; ST |
| CURITY ALCOHOL PREPS PAD 70 % (alcohol prep) | 1 | PA; ST |
| CURITY ALL PURPOSE SPONGES PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| CURITY GAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| CURITY GAUZE SPONGE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| CURITY SPONGES PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| CVS GAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| CVS GAUZE STERILE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| DERMACEA GAUZE SPONGE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| DERMACEA IV DRAIN SPONGES PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| DERMACEA NON-WOVEN SPONGES PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| DERMACEA TYPE VII GAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| DIATHRIVE PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| DIATHRIVE PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| DIATHRIVE PEN NEEDLE 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| DIATHRIVE PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|--------------------|
| DROPLET INSULIN SYRINGE (global inject ease insulin syr) 29G X 1/2" 1 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 0.3 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 0.5 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 1 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (eql insulin syringe) 30G X 5/16" 0.3 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 0.5 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 1 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (global easy glide insulin syr) 31G X 15/64" 0.3 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (global easy glide insulin syr) 31G X 15/64" 0.5 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (global easy glide insulin syr) 31G X 15/64" 1 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.3 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML | 1 | PA; ST |
| DROPLET INSULIN SYRINGE (aq insulin syringe) 31G X 5/16" 1 ML | 1 | PA; ST |
| DROPLET MICRON 34G X 3.5 MM | 1 | PA; ST |
| DROPLET PEN NEEDLES 29G X 10MM | 1 | PA; ST |
| DROPLET PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| DROPLET PEN NEEDLES 30G X 8 MM (pen needles) | 1 | PA; ST |
| DROPLET PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| DROPLET PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| DROPLET PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| DROPLET PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| DROPLET PEN NEEDLES 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| DROPLET PEN NEEDLES 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| DROPLET PEN NEEDLES 32G X 8 MM (aum mini insulin pen needle) | 1 | PA; ST |
| DROPSAFE ALCOHOL PREP PAD 70 % (alcohol prep) | 1 | PA; ST |
| DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML (global easy glide insulin syr) | 1 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML (global easy glide insulin syr) | 1 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML (global easy glide insulin syr) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|--------------------|
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| DRUG MART UNIFINE PENTIPS 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| EASY COMFORT ALCOHOL PADS PAD (alcohol prep) | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |

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Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | 1 | PA; ST |
| EASY COMFORT PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| EASY COMFORT PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| EASY COMFORT PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| EASY COMFORT PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| EASY COMFORT PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| EASY COMFORT PEN NEEDLES 33G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| EASY COMFORT PEN NEEDLES 33G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| EASY GLIDE PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (alcohol prep) | 1 | PA; ST |
| EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML (syringe luer slip) | 1 | PA; ST |
| EASY TOUCH INSULIN BARRELS 1ML | 1 | PA; ST |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| EASY TOUCH PEN NEEDLES 30G (pen needles) X 5 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 30G X 6 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 30G (pen needles) X 8 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 31G (aqinject pen needle) X 5 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 31G (dropsafe safety pen needles) X 6 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 31G (clickfine pen needles) X 8 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 32G (aqinject pen needle) X 4 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 32G (aum mini insulin pen needle) X 5 MM | 1 | PA; ST |
| EASY TOUCH PEN NEEDLES 32G (aum mini insulin pen needle) X 6 MM | 1 | PA; ST |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM | 1 | PA; ST |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM | 1 | PA; ST |
| EASY TOUCH SAFETY PEN (pen needles) NEEDLES 30G X 8 MM | 1 | PA; ST |
| EASY TOUCH SHEATHLOCK (global inject ease insulin syr) SYRINGE 29G X 1/2" 1 ML | 1 | PA; ST |
| EASY TOUCH SHEATHLOCK (careone insulin syringe) SYRINGE 30G X 1/2" 1 ML | 1 | PA; ST |
| EASY TOUCH SHEATHLOCK (easy comfort insulin syringe) SYRINGE 30G X 5/16" 1 ML | 1 | PA; ST |
| EASY TOUCH SHEATHLOCK (aq insulin syringe) SYRINGE 31G X 5/16" 1 ML | 1 | PA; ST |
| EMBRACE PEN NEEDLES 29G X (global ease inject pen needles) 12MM | 1 | PA; ST |
| EMBRACE PEN NEEDLES 30G X (pen needles) 5 MM | 1 | PA; ST |
| EMBRACE PEN NEEDLES 30G X (pen needles) 8 MM | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| EMBRACE PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| EMBRACE PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| EMBRACE PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| EMBRACE PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| EQL ALCOHOL SWABS PAD 70 % (alcohol prep) | 1 | PA; ST |
| EQL GAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EQL INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| FIFTY50 PEN NEEDLES 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| GAUZE PADS PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| GAUZE TYPE VII MEDI-PAK PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| GLOBAL ALCOHOL PREP EASE PAD 70 % (alcohol prep) | 1 | PA; ST |
| GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML (global easy glide insulin syr) | 1 | PA; ST |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML (global easy glide insulin syr) | 1 | PA; ST |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML (global easy glide insulin syr) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| GNP ALCOHOL SWABS PAD (alcohol prep) | 1 | PA; ST |
| GNP INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| GNP INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| GNP INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| GNP INSULIN SYRINGES 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| GNP STERILE GAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| GOODSENSE ALCOHOL SWABS PAD 70 % (alcohol prep) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| H-E-B INCONTROL ALCOHOL PAD (alcohol prep) | 1 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| H-E-B INCONTROL PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| HM STERILE PADS PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| INPEN 100-BLUE-LILLY- HUMALOG DEVICE (autopen) | 3 | |
| INPEN 100-BLUE-NOVOLOG- FIASP DEVICE (autopen) | 3 | |
| INSULIN SYRINGE 29G X 1" 0.3 ML | 1 | PA; ST |
| INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | | Nivel de medicamento | Requisitos/Limites |
|---|----------------------------------|-----------------------------|---------------------------|
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC) | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX) | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX) | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX) | (global inject ease insulin syr) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX) | (global inject ease insulin syr) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML | (easy comfort insulin syringe) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC) | (careone insulin syringe) | 1 | PA; ST |
| INSUPEN PEN NEEDLES 31G X 5 MM | (aqinject pen needle) | 1 | PA; ST |
| INSUPEN PEN NEEDLES 32G X 4 MM | (aqinject pen needle) | 1 | PA; ST |
| INSUPEN PEN NEEDLES 33G X 4 MM | (aum mini insulin pen needle) | 1 | PA; ST |
| INSUPEN ULTRAFIN 29G X 12MM | (global ease inject pen needles) | 1 | PA; ST |
| INSUPEN ULTRAFIN 31G X 8 MM | (clickfine pen needles) | 1 | PA; ST |
| J & J GAUZE PAD 2"X2" | (cvs gauze) | 1 | PA; ST |
| KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2" | (cvs gauze) | 1 | PA; ST |
| KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2" | (cvs gauze) | 1 | PA; ST |
| KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML | (global inject ease insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|--------------------|
| KMART VALU INSULIN SYRINGE 29G U-100 1 ML (kmart valu insulin syringe 29g) | 1 | PA; ST |
| KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML | 1 | PA; ST |
| KMART VALU INSULIN SYRINGE 30G U-100 1 ML (kmart valu insulin syringe 29g) | 1 | PA; ST |
| KROGER PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| KROGER PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| LEADER UNIFINE PENTIPS 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| LEADER UNIFINE PENTIPS 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| LEADER UNIFINE PENTIPS PLUS 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| LITETOUCH PEN NEEDLES 29G X 12.7MM (sure comfort pen needles) | 1 | PA; ST |
| LITETOUCH PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| LITETOUCH PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| LITETOUCH PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| LITETOUCH PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM | 1 | PA; ST |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM | 1 | PA; ST |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML (insulin syringe-needle u-100) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| MEDICINE SHOPPE PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| MEDPURA ALCOHOL PADS 70 % EXTERNAL | 1 | PA; ST |
| MEIJER ALCOHOL SWABS PAD 70 % (alcohol prep) | 1 | PA; ST |
| MEIJER PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| MEIJER PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| MEIJER PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| MIRASORB SPONGES 2"X2" (cvs gauze) | 1 | PA; ST |
| MM PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC) (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX) (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC) (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX) (global inject ease insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX) (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX) (easy comfort insulin syringe) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX) (easy comfort insulin syringe) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| MONOJECT INSULIN SYRINGE U-100 1 ML (kmart valu insulin syringe 29g) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC) (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX) (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC) (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC) (eql insulin syringe) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX) (eql insulin syringe) | 1 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX) (easy comfort insulin syringe) | 1 | PA; ST |
| NOVOFINE AUTOCOVER 30G X 8 MM (pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| NOVOFINE PEN NEEDLE 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| NOVOTWIST PEN NEEDLE 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 3 | QL (10 EA per 30 days) |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 G7 PODS (GEN 5) | 3 | QL (10 EA per 30 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 3 | QL (10 EA per 30 days) |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | QL (10 EA per 30 days) |
| OMNIPOD DASH INTRO (GEN 4) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM (GEN 4) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) | 3 | QL (10 EA per 30 days) |
| PC UNIFINE PENTIPS 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| PC UNIFINE PENTIPS 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| PC UNIFINE PENTIPS 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| PEN NEEDLES 30G X 5 MM (OTC) (pen needles) | 1 | PA; ST |
| PEN NEEDLES 30G X 8 MM (pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| PEN NEEDLES 31G X 5 MM (OTC) (aqinject pen needle) | 1 | PA; ST |
| PEN NEEDLES 31G X 8 MM (OTC) (clickfine pen needles) | 1 | PA; ST |
| PEN NEEDLES 32G X 4 MM (OTC) (aqinject pen needle) | 1 | PA; ST |
| PEN NEEDLES 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| PENTIPS 29G X 12MM (RX) (global ease inject pen needles) | 1 | PA; ST |
| PENTIPS 31G X 5 MM (RX) (aqinject pen needle) | 1 | PA; ST |
| PENTIPS 31G X 8 MM (RX) (clickfine pen needles) | 1 | PA; ST |
| PENTIPS 32G X 4 MM (RX) (aqinject pen needle) | 1 | PA; ST |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| PENTIPS GENERIC PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| PIP PEN NEEDLES 31G X 5MM 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| PIP PEN NEEDLES 32G X 4MM 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML | 1 | PA; ST |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |

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| Nombre del medicamento | | Nivel de medicamento | Requisitos/Limites |
|--|----------------------------------|-----------------------------|---------------------------|
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | (global inject ease insulin syr) | 1 | PA; ST |
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | (global ease inject pen needles) | 1 | PA; ST |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM | (dropsafe safety pen needles) | 1 | PA; ST |
| PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM | (clickfine pen needles) | 1 | PA; ST |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM | (dropsafe safety pen needles) | 1 | PA; ST |
| PREVENT SAFETY PEN NEEDLES 31G X 8 MM | (clickfine pen needles) | 1 | PA; ST |
| PRO COMFORT ALCOHOL PAD 70 % | (alcohol prep) | 1 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | (careone insulin syringe) | 1 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | (careone insulin syringe) | 1 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | (easy comfort insulin syringe) | 1 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | (easy comfort insulin syringe) | 1 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | (careone insulin syringe) | 1 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | (aq insulin syringe) | 1 | PA; ST |
| PRO COMFORT PEN NEEDLES 31G X 8 MM | (clickfine pen needles) | 1 | PA; ST |
| PRO COMFORT PEN NEEDLES 32G X 4 MM | (aqinject pen needle) | 1 | PA; ST |
| PRO COMFORT PEN NEEDLES 32G X 5 MM | (aum mini insulin pen needle) | 1 | PA; ST |
| PRO COMFORT PEN NEEDLES 32G X 6 MM | (aum mini insulin pen needle) | 1 | PA; ST |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML | (global inject ease insulin syr) | 1 | PA; ST |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML | (careone insulin syringe) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| PRODIGY INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML | 1 | PA; ST |
| PURE COMFORT ALCOHOL (alcohol prep) PREP PAD | 1 | PA; ST |
| PURE COMFORT PEN NEEDLE (aqinject pen needle) 32G X 4 MM | 1 | PA; ST |
| PURE COMFORT PEN NEEDLE (aum mini insulin pen needle) 32G X 5 MM | 1 | PA; ST |
| PURE COMFORT PEN NEEDLE (aum mini insulin pen needle) 32G X 6 MM | 1 | PA; ST |
| PURE COMFORT PEN NEEDLE (aum mini insulin pen needle) 32G X 8 MM | 1 | PA; ST |
| PURE COMFORT SAFETY PEN (aqinject pen needle) NEEDLE 31G X 5 MM | 1 | PA; ST |
| PURE COMFORT SAFETY PEN (dropsafe safety pen needles) NEEDLE 31G X 6 MM | 1 | PA; ST |
| PURE COMFORT SAFETY PEN (aqinject pen needle) NEEDLE 32G X 4 MM | 1 | PA; ST |
| PX SHORTLENGTH PEN (clickfine pen needles) NEEDLES 31G X 8 MM | 1 | PA; ST |
| QC ALCOHOL EXTERNAL 70 % | 1 | PA; ST |
| QC ALCOHOL SWABS PAD 70 % (alcohol prep) | 1 | PA; ST |
| QC BORDER ISLAND GAUZE (cvs gauze) PAD 2"X2" | 1 | PA; ST |
| RA ALCOHOL SWABS PAD 70 % (alcohol prep) | 1 | PA; ST |
| RA INSULIN SYRINGE 29G X 1/2" (global inject ease insulin syr) 1 ML | 1 | PA; ST |
| RA INSULIN SYRINGE 30G X (easy comfort insulin syringe) 5/16" 0.5 ML | 1 | PA; ST |
| RA INSULIN SYRINGE 30G X (easy comfort insulin syringe) 5/16" 1 ML | 1 | PA; ST |
| <i>ra isopropyl alcohol wipes external 70 %</i> | 1 | PA; ST |
| RA PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| RA PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| RA STERILE PAD 2"X2" (cvs gauze) | 1 | PA; ST |

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|--|-----------------------------|---------------------------|
| RAYA SURE PEN NEEDLE 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G X 4 MM (aum insulin safety pen needle) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| REALITY INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| REALITY INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| REALITY SWABS PAD (alcohol prep) | 1 | PA; ST |
| RELION ALCOHOL SWABS PAD (alcohol prep) | 1 | PA; ST |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | 1 | PA; ST |
| RELI-ON INSULIN SYRINGE 29G 0.5 ML | 1 | PA; ST |
| RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML (global easy glide insulin syr) | 1 | PA; ST |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML (global easy glide insulin syr) | 1 | PA; ST |
| RELION INSULIN SYRINGE 31G X 15/64" 1 ML (global easy glide insulin syr) | 1 | PA; ST |
| RELION MINI PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| RELION PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| RELION PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| RESTORE CONTACT LAYER (cvs gauze) PAD 2"X2" | 1 | PA; ST |
| SAFETY INSULIN SYRINGES 29G (global inject ease X 1/2" 0.5 ML insulin syr) | 1 | PA; ST |
| SAFETY INSULIN SYRINGES 29G (global inject ease X 1/2" 1 ML insulin syr) | 1 | PA; ST |
| SAFETY INSULIN SYRINGES 30G (careone insulin syringe) X 1/2" 1 ML | 1 | PA; ST |
| SAFETY INSULIN SYRINGES 30G (easy comfort insulin X 5/16" 0.5 ML syringe) | 1 | PA; ST |
| SAFETY PEN NEEDLES 30G X 5 (pen needles) MM | 1 | PA; ST |
| SAFETY PEN NEEDLES 30G X 8 (pen needles) MM | 1 | PA; ST |
| SB ALCOHOL PREP PAD 70 % (alcohol prep) | 1 | PA; ST |
| SB INSULIN SYRINGE 29G X 1/2" (global inject ease 0.5 ML insulin syr) | 1 | PA; ST |
| SB INSULIN SYRINGE 29G X 1/2" (global inject ease 1 ML insulin syr) | 1 | PA; ST |
| SB INSULIN SYRINGE 30G X (easy comfort insulin 5/16" 0.5 ML syringe) | 1 | PA; ST |
| SB INSULIN SYRINGE 30G X (easy comfort insulin 5/16" 1 ML syringe) | 1 | PA; ST |
| SB INSULIN SYRINGE 31G X (aq insulin syringe) 5/16" 1 ML | 1 | PA; ST |
| SECURESAFE INSULIN SYRINGE (global inject ease 29G X 1/2" 0.5 ML insulin syr) | 1 | PA; ST |
| SECURESAFE INSULIN SYRINGE (global inject ease 29G X 1/2" 1 ML insulin syr) | 1 | PA; ST |
| SECURESAFE SAFETY PEN (pen needles) NEEDLES 30G X 8 MM | 1 | PA; ST |
| SM ALCOHOL PREP PAD (alcohol prep) | 1 | PA; ST |
| SM ALCOHOL PREP PAD 6-70 % EXTERNAL | 1 | PA; ST |
| SM GAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| STERILE GAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| STERILE PAD 2"X2" (cvs gauze) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|--------------------|
| SURE COMFORT ALCOHOL PREP PAD 70 % (alcohol prep) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| SURE COMFORT PEN NEEDLES 29G X 12.7MM (sure comfort pen needles) | 1 | PA; ST |

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|---|-----------------------------|---------------------------|
| SURE COMFORT PEN NEEDLES (pen needles) 30G X 8 MM | 1 | PA; ST |
| SURE COMFORT PEN NEEDLES (aqinject pen needle) 31G X 5 MM | 1 | PA; ST |
| SURE COMFORT PEN NEEDLES (dropsafe safety pen needles) 31G X 6 MM | 1 | PA; ST |
| SURE COMFORT PEN NEEDLES (clickfine pen needles) 31G X 8 MM | 1 | PA; ST |
| SURE COMFORT PEN NEEDLES (aqinject pen needle) 32G X 4 MM (OTC) | 1 | PA; ST |
| SURE COMFORT PEN NEEDLES (aqinject pen needle) 32G X 4 MM (RX) | 1 | PA; ST |
| SURE COMFORT PEN NEEDLES (aum mini insulin pen needle) 32G X 6 MM | 1 | PA; ST |
| SURE-JECT INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.3 ML | 1 | PA; ST |
| SURE-JECT INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML | 1 | PA; ST |
| SURE-JECT INSULIN SYRINGE (aq insulin syringe) 31G X 5/16" 1 ML | 1 | PA; ST |
| SURE-PREP ALCOHOL PREP (alcohol prep) PAD 70 % | 1 | PA; ST |
| SURGICAL GAUZE SPONGE PAD (cvs gauze) 2"X2" | 1 | PA; ST |
| TERUMO INSULIN SYRINGE 29G (sure comfort insulin syringe) X 1/2" 0.3 ML | 1 | PA; ST |
| THERAGAUZE PAD 2"X2" (cvs gauze) | 1 | PA; ST |
| TODAYS HEALTH PEN NEEDLES (global ease inject pen needles) 29G X 12MM | 1 | PA; ST |
| TODAYS HEALTH SHORT PEN (clickfine pen needles) NEEDLE 31G X 8 MM | 1 | PA; ST |
| TOPCARE CLICKFINE PEN (dropsafe safety pen needles) NEEDLES 31G X 6 MM | 1 | PA; ST |
| TOPCARE CLICKFINE PEN (clickfine pen needles) NEEDLES 31G X 8 MM | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS (sure comfort insulin syringe) SYR 29G X 1/2" 0.3 ML | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| TRUE COMFORT ALCOHOL PREP PADS PAD 70 % (alcohol prep) | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | 1 | PA; ST |
| TRUE COMFORT PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| TRUE COMFORT PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| TRUE COMFORT PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| TRUE COMFORT PRO ALCOHOL (alcohol prep) PREP PAD 70 % | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN (careone insulin syringe) SYR 30G X 1/2" 0.5 ML | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN (careone insulin syringe) SYR 30G X 1/2" 1 ML | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN (easy comfort insulin syringe) SYR 30G X 5/16" 0.5 ML | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN (easy comfort insulin syringe) SYR 30G X 5/16" 1 ML | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN (careone insulin syringe) SYR 31G X 5/16" 0.5 ML | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN (aq insulin syringe) SYR 31G X 5/16" 1 ML | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML | 1 | PA; ST |
| TRUE COMFORT PRO PEN (aqinject pen needle) NEEDLES 31G X 5 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (dropsafe safety pen needles) NEEDLES 31G X 6 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (clickfine pen needles) NEEDLES 31G X 8 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (aqinject pen needle) NEEDLES 32G X 4 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (aum mini insulin pen needle) NEEDLES 32G X 5 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (aum mini insulin pen needle) NEEDLES 32G X 6 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (aum mini insulin pen needle) NEEDLES 33G X 4 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (aum mini insulin pen needle) NEEDLES 33G X 5 MM | 1 | PA; ST |
| TRUE COMFORT PRO PEN (aum mini insulin pen needle) NEEDLES 33G X 6 MM | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE (global inject ease insulin syr) 28G X 1/2" 0.5 ML | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|--------------------|
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|--------------------|
| ULTICARE INSULIN SYRINGE (sure comfort insulin syringe) 29G X 1/2" 0.3 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (global inject ease insulin syr) 29G X 1/2" 0.5 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (global inject ease insulin syr) 29G X 1/2" 1 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 0.3 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 0.5 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 1 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (eql insulin syringe) 30G X 5/16" 0.3 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 0.5 ML (OTC) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 0.5 ML (RX) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 1 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100) 31G X 1/4" 0.3 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100) 31G X 1/4" 0.5 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100) 31G X 1/4" 1 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.3 ML (OTC) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.3 ML (RX) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML (OTC) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML (RX) | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (aq insulin syringe) 31G X 5/16" 1 ML | 1 | PA; ST |
| ULTICARE MICRO PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.
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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| ULTICARE MINI PEN NEEDLES 30G X 5 MM (pen needles) | 1 | PA; ST |
| ULTICARE MINI PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| ULTICARE MINI PEN NEEDLES 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 29G X 12.7MM (OTC) (sure comfort pen needles) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 29G X 12.7MM (RX) (sure comfort pen needles) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM (pen needles) | 1 | PA; ST |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC) (clickfine pen needles) | 1 | PA; ST |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX) (clickfine pen needles) | 1 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM (sure comfort pen needles) | 1 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|----------------------|--------------------|
| ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| ULTILET ALCOHOL SWABS PAD (alcohol prep) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC) (global easy glide insulin syr) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX) (global easy glide insulin syr) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML (global easy glide insulin syr) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| ULTILET INSULIN SYRINGE (careone insulin syringe) SHORT 31G X 5/16" 0.3 ML | 1 | PA; ST |
| ULTILET INSULIN SYRINGE (careone insulin syringe) SHORT 31G X 5/16" 0.5 ML | 1 | PA; ST |
| ULTILET INSULIN SYRINGE (aq insulin syringe) SHORT 31G X 5/16" 1 ML | 1 | PA; ST |
| ULTILET PEN NEEDLE 29G X 12.7MM (sure comfort pen needles) | 1 | PA; ST |
| ULTILET PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ULTILET PEN NEEDLE 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| ULTILET PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML (sure comfort insulin syringe) | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML (careone insulin syringe) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| ULTRA FLO INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 0.5 ML | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 1 ML | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE (eql insulin syringe) 30G X 5/16" 0.3 ML | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 0.5 ML | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 1 ML | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.3 ML | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML | 1 | PA; ST |
| ULTRA FLO INSULIN SYRINGE (aq insulin syringe) 31G X 5/16" 1 ML | 1 | PA; ST |
| ULTRA THIN PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 0.5 ML | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (careone insulin syringe) 30G X 1/2" 1 ML | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (eql insulin syringe) 30G X 5/16" 0.3 ML | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 0.5 ML | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (easy comfort insulin syringe) 30G X 5/16" 1 ML | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.3 ML | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (careone insulin syringe) 31G X 5/16" 0.5 ML | 1 | PA; ST |
| ULTRACARE INSULIN SYRINGE (aq insulin syringe) 31G X 5/16" 1 ML | 1 | PA; ST |
| ULTRACARE PEN NEEDLES 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ULTRACARE PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| ULTRACARE PEN NEEDLES 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| ULTRACARE PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| ULTRACARE PEN NEEDLES 32G X 5 MM (aum mini insulin pen needle) | 1 | PA; ST |
| ULTRACARE PEN NEEDLES 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| ULTRACARE PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle) | 1 | PA; ST |
| ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML (eql insulin syringe) | 1 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (sure comfort pen needles) | 1 | PA; ST |
| UNIFINE PEN NEEDLES 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| UNIFINE PENTIPS 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| UNIFINE PENTIPS 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| UNIFINE PENTIPS 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (pen needles) | 1 | PA; ST |
| UNIFINE PROTECT PEN NEEDLE 30G X 8 MM (pen needles) | 1 | PA; ST |
| UNIFINE PROTECT PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM (pen needles) | 1 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM (pen needles) | 1 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles) | 1 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML | 1 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML | 1 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML | 1 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe) | 1 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe) | 1 | PA; ST |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM (global ease inject pen needles) | 1 | PA; ST |
| VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| VERIFINE INSULIN PEN NEEDLE 32G X 6 MM (aum mini insulin pen needle) | 1 | PA; ST |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML (global inject ease insulin syr) | 1 | PA; ST |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML (global inject ease insulin syr) | 1 | PA; ST |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe) | 1 | PA; ST |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe) | 1 | PA; ST |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe) | 1 | PA; ST |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM (aqinject pen needle) | 1 | PA; ST |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM (clickfine pen needles) | 1 | PA; ST |
| VERIFINE PLUS PEN NEEDLE 32G X 4 MM (aqinject pen needle) | 1 | PA; ST |
| V-GO 20 KIT 20 UNIT/24HR | 3 | QL (30 EA per 30 days) |
| V-GO 30 KIT 30 UNIT/24HR | 3 | QL (30 EA per 30 days) |
| V-GO 40 KIT 40 UNIT/24HR | 3 | QL (30 EA per 30 days) |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

Formulario ID: 25256

| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|----------------------|---------------------------------|
| VP INSULIN SYRINGE 29G X 1/2" (sure comfort insulin syringe) 0.3 ML | 1 | PA; ST |
| WEBCOL ALCOHOL PREP (alcohol prep) LARGE PAD 70 % | 1 | PA; ST |
| WEGMANS UNIFINE PENTIPS (clickfine pen needles) PLUS 31G X 8 MM | 1 | PA; ST |
| ZEV RX STERILE ALCOHOL (alcohol prep) PREP PAD PAD 70 % | 1 | PA; ST |
| NON-FRF | | |
| <i>Non-Frf</i> | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | 5 | PA; NDS; QL (90 EA per 30 days) |
| PREPARACIONES DE REEMPLAZO | | |
| <i>Preparaciones De Reemplazo</i> | | |
| <i>dextrose-sodium chloride intravenous solution 5-0.45 %</i> | 2 | |
| <i>dextrose-sodium chloride intravenous solution 5-0.9 %</i> | 1 | HI |
| <i>klor-con m10 oral tablet extended release 10 meq</i> (Klor-Con M10) | 1 | MO |
| <i>klor-con m15 oral tablet extended release 15 meq</i> (Klor-Con M15) | 1 | MO |
| <i>klor-con m20 oral tablet extended release 20 meq</i> (Klor-Con M20) | 1 | MO |
| <i>magnesium sulfate injection solution 50 %</i> | 4 | HI; NDS |
| <i>magnesium sulfate injection solution 50 % (10ml syringe)</i> | 2 | HI |
| <i>potassium chloride crys er oral tablet extended release 10 meq</i> (Klor-Con M10) | 1 | MO |
| <i>potassium chloride crys er oral tablet extended release 15 meq</i> (Klor-Con M15) | 1 | MO |
| <i>potassium chloride crys er oral tablet extended release 20 meq</i> (Klor-Con M20) | 1 | MO |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | 1 | MO |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|----------------------------|
| <i>potassium chloride er oral tablet extended release 10 meq</i> (Klor-Con 10) | 1 | MO |
| <i>potassium chloride er oral tablet extended release 15 meq</i> | 2 | MO |
| <i>potassium chloride er oral tablet extended release 20 meq</i> (K-Tab) | 1 | MO |
| <i>potassium chloride er oral tablet extended release 8 meq</i> (Klor-Con) | 1 | MO |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | 2 | PA BvD; HI |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | 4 | NDS |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i> (Urocit-K 10) | 2 | |
| <i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i> (Urocit-K 15) | 2 | |
| <i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i> | 2 | |
| <i>sodium chloride intravenous solution 0.45 %</i> | 2 | |
| <i>sodium chloride intravenous solution 0.9 %</i> | 2 | HI |
| PRODUCTOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN | | |
| Agentes Hematológicos, Varios | | |
| <i>anagrelide hcl oral capsule 0.5 mg</i> (Agrylin) | 2 | MO |
| <i>anagrelide hcl oral capsule 1 mg</i> | 2 | MO |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | |
| Anticoagulantes | | |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa) | 2 | MO; QL (60 EA per 30 days) |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|-----------------------------|
| ELIQUIS ORAL TABLET 2.5 MG | 3 | MO; QL (60 EA per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | MO; QL (74 EA per 30 days) |
| <i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 100 mg/ml, 150 mg/ml</i> | 2 | QL (60 ML per 30 days) |
| <i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i> | 2 | QL (48 ML per 30 days) |
| <i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 30 mg/0.3ml</i> | 2 | QL (18 ML per 30 days) |
| <i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 40 mg/0.4ml</i> | 2 | QL (24 ML per 30 days) |
| <i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 60 mg/0.6ml</i> | 2 | QL (36 ML per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i> (Arixtra) | 5 | NDS; QL (24 ML per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> (Arixtra) | 2 | QL (15 ML per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i> (Arixtra) | 5 | NDS; QL (12 ML per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i> (Arixtra) | 5 | NDS; QL (18 ML per 30 days) |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | 2 | HI |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | MO |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | MO |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 3 | MO; QL (600 ML per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | MO; QL (30 EA per 30 days) |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------------|
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | MO; QL (60 EA per 30 days) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | |
| <i>Inhibidores De Agregación De Plaquetas</i> | | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i> | 2 | MO |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | MO |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 1 | MO |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> (Plavix) | 1 | MO |
| <i>dipyridamole oral tablet 50 mg, 75 mg</i> | 2 | PA; MO; PA-HRM |
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | 1 | MO |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient) | 2 | MO; QL (30 EA per 30 days) |
| <i>Modificadores De Formación De Sangre</i> | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 5 | PA; NDS; QL (60 EA per 30 days) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT | 5 | PA; NDS; QL (30 EA per 30 days) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT | 5 | PA; NDS; QL (20 EA per 30 days) |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML | 5 | PA; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|-------------------------------------|
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA; NDS |
| PROMACTA ORAL PACKET 12.5 MG | 5 | PA; NDS; QL (90 EA per 30 days) |
| PROMACTA ORAL PACKET 25 MG | 5 | PA; NDS; QL (180 EA per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 5 | PA; NDS; QL (90 EA per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 5 | PA; NDS; QL (30 EA per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; NDS; QL (60 EA per 30 days) |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA; QL (12 ML per 28 days) |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML | 3 | PA; QL (4 ML per 28 days) |
| REEMPLAZO/MODIFICADO RES DE ENZIMA | | |
| <i>Reemplazo/Modificadores De Enzima</i> | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000- 114000 UNIT, 6000-19000 UNIT | 3 | MO |
| <i>javygtor oral tablet 100 mg</i> (Javygtor) | 5 | PA; NDS |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin) | 5 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA; NDS |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | PA BvD; NDS |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i> (Javygtor) | 5 | PA; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | 5 | PA; NDS |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 3 | MO |
| RELAJANTES MUSCULARES ESQUELÉTICOS | | |
| <i>Relajantes Musculares Esqueléticos</i> | | |
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | 1 | PA; PA-HRM |
| <i>dantrolene sodium oral capsule 100 mg, 50 mg</i> | 4 | NDS |
| <i>dantrolene sodium oral capsule 25 mg</i> (Dantrium) | 4 | NDS |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | PA; PA-HRM |
| <i>tizanidine hcl oral tablet 2 mg</i> | 1 | |
| <i>tizanidine hcl oral tablet 4 mg</i> (Zanaflex) | 1 | |
| VITAMINAS Y MINERALES | | |
| <i>Vitaminas Y Minerales</i> | | |
| C-NATE DHA CAPSULE 28-1-200 MG ORAL | 1 | |

Para más información sobre los símbolos y abreviaturas en la columna de las notas, por favor revise la página 10.

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|--|-----------------------------|---------------------------|
| COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL | 1 | |
| FOLIVANE-OB CAPSULE 85-1 MG ORAL | 1 | |
| KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL | 1 | |
| M-NATAL PLUS TABLET 27-1 (m-natal plus) MG ORAL | 1 | |
| NIVA-PLUS TABLET 27-1 MG ORAL (m-natal plus) | 1 | |
| OBSTETRIX DHA 29-1 & 350 MG ORAL | 1 | |
| PNV PRENATAL PLUS MULTIVITAMIN TABLET 27-1 MG ORAL (RX) (m-natal plus) | 1 | |
| PNV TABS 29-1 TABLET 29-1 MG ORAL | 1 | |
| PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL | 1 | |
| PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega) | 1 | |
| PRENA 1 TRUE 30-1.4 & 300 MG ORAL | 1 | |
| PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL | 1 | |
| PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL | 1 | |
| PRENATABS FA TABLET 29-1 MG ORAL | 1 | |
| PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL | 1 | |
| PRENATAL ORAL TABLET 27-1 MG (m-natal plus) | 1 | |
| PRENATAL PLUS IRON TABLET 29-1 MG ORAL | 1 | |
| PRENATAL-U CAPSULE 106.5-1 MG ORAL | 1 | |

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| Nombre del medicamento | Nivel de medicamento | Requisitos/Limites |
|---|-----------------------------|---------------------------|
| PREPLUS TABLET 27-1 MG ORAL (m-natal plus) | 1 | |
| PRETAB TABLET 29-1 MG ORAL | 1 | |
| SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL | 1 | |
| SELECT-OB TABLET CHEWABLE 29-1 MG ORAL | 1 | |
| SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL | 1 | |
| TARON-C DHA CAPSULE 35-1 MG ORAL | 1 | |
| TARON-PREX CAPSULE 30-1.2-265 MG ORAL | 1 | |
| TRIVEEN-DUO DHA 29-1-200 & 300 MG ORAL | 1 | |
| VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL | 1 | |
| VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL | 1 | |
| VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha) | 1 | |
| VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega) | 1 | |
| VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL | 1 | |
| VITAFOL-NANO TABLET 18-0.6-0.4 MG ORAL | 1 | |
| VITAFOL-OB+DHA 65-1 & 250 MG ORAL | 1 | |
| VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL | 1 | |
| ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha) | 1 | |
| ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega) | 1 | |

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Este formulario se actualizó el **02/01/2025**. Para consultar un listado completo o si tiene otras preguntas, comuníquese con Astiva Health, Inc's departamento de Servicio al miembro al 1-866-688-9021. (Los usuarios de TTY deben llamar al 711), de 8:00AM a 8:00PM, siete días a la semana de Octubre 1-Marzo 31, y 8:00AM a 8:00PM de Lunes-Viernes, excepto festivos importantes de Abril 1- Septiembre 30, o visite 8:00AM a 8:00PM www.astivahealth.com