



# FORMULARIO

## (Lista de Medicamentos Cubiertos)

Formulario 25410 Versión 24

**POR FAVOR LÉALO: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE  
LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

# 2025



Este formulario se actualizó el 06/24/2025. Para obtener información más reciente u otras preguntas, comuníquese con el Servicio para Miembros de Leon Health al 1-844-969-5366 (los usuarios de TTY deben llamar al 711). De octubre a marzo, estamos abiertos los siete días de la semana de 8 a.m. a 8 p.m. De abril a septiembre, estamos abiertos de lunes a viernes de 8 a.m. a 8 p.m., o visite [www.leonhealth.com](http://www.leonhealth.com).

H4286\_2025FORMULARY\_S\_C

# Leon Health, Inc.

## Leon MediExtra, Leon MediDual, Leon MediMore, Leon MediPlus, and Leon MediMax

### Formulario para 2025

### Lista de medicamentos cubiertos

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

Identificación del formulario 25410, número de versión 24

Este formulario se actualizó el 06/24/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros al departamento de Servicios al Miembro de Leon Health, Inc. al (844)-969-5366, o el número local (305) 541-5366. (Los usuarios de TTY deben llamar al 711), 8 a.m. a 8 p.m. EST, siete días a la semana desde el 1 de octubre hasta el 31 de marzo y lunes a viernes el resto del año, o visite nuestro sitio web al [www.leonhealth.com](http://www.leonhealth.com).

**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 Leon Health, Inc. Cuando dice “plan” o “nuestro plan”, hace referencia a Leon Health, Inc. Este documento incluye una Lista de medicamentos (Formulario) de nuestro plan, que está vigente a partir del 07/01/2025. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (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 los copagos y el coseguro pueden cambiar el 1 de enero de 2025 y periódicamente durante el año.

#### **¿Qué es el Formulario de Leon Health, Inc.?**

En este documento, los términos Lista de medicamentos y Formulario significan lo mismo. Un Formulario es una Lista de medicamentos cubiertos seleccionados por Leon 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, Leon 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 Leon 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.

#### **¿El Formulario puede cambiar?**

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero Leon Health, Inc. podría agregar o quitar medicamentos del Formulario durante el año, moverlos a

diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del Formulario se publican todos los meses en nuestro sitio web: <https://www.leonhealth.com/planes-y-beneficios/beneficios-de-medicamentos-recetados/?lang=es>

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

- **Sustitución inmediata de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una cierta versión nueva de ese medicamento 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. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o productos biológicos originales en nuestro Formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.
  - Podemos realizar estos cambios inmediatos solo si estamos sumando una nueva versión genérica de un medicamento de marca, o si agregamos ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el Formulario (por ejemplo, agregar un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una receta nueva).
  - Si actualmente está tomando el medicamento de marca o el producto biológico original, quizás no le informemos con anticipación que realizaremos un cambio inmediato, 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 para usted el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada “¿Cómo puedo solicitar una excepción al Formulario de Leon Health, Inc.?”
  - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”.
- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento

genérico para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario, agregar un nuevo biosimilar para reemplazar un producto biológico original que actualmente se encuentra en el Formulario, agregar nuevas restricciones o mover un medicamento que se mantendrá en el Formulario a un nivel de costo compartido más alto, o ambas cosas después de agregar un medicamento correspondiente. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario; 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 notificar a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia el cambio. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para un 30-días y un aviso del cambio.

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción para usted y continuemos la cobertura del medicamento que ha estado tomando. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Leon 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 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 el Formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 1 de julio de 2025. Para recibir información actualizada sobre los medicamentos cubiertos por Leon Health, Inc. comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. Si se realizan cambios significativos en la lista impresa de medicamentos durante el año de cobertura, es posible que se le notifique por correo, identificando los cambios. Las listas de medicamentos actualizada esta publicada en nuestro sitio web y se actualiza mensual. Puede encontrarlo en

<https://www.leonhealth.com/planes-y-beneficios/beneficios-de-medicamentos-recetados/?lang=es>

### **¿Cómo utilizo el Formulario?**

Hay dos formas para encontrar su medicamento dentro del formulario:

#### **Afección médica**

El Formulario comienza en la página 13. 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 Agentes Cardiovasculares. Si sabe para qué se utiliza su medicamento, busque el nombre de la



categoría en la lista que empieza en la página 11. 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 149. 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?**

Leon Health, Inc. cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (Food and Drug Administration, FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y, suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Normalmente, los medicamentos genéricos pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de obtener una receta nueva, según las leyes estatales.

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

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

- Para consultar los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

### **¿Hay alguna restricción en mi cobertura?**

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

- **Autorización previa (Prior Authorization “PA”, en inglés):** Leon Health, Inc. exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Leon Health, Inc. antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Leon Health, Inc. no cubra el medicamento.

- **Límites de cantidad (Quantity Limit “QL”, en inglés):** Para ciertos medicamentos, Leon Health, Inc. limita la cantidad del medicamento que Leon Health, Inc. cubrirá. Por ejemplo, Leon Health, Inc. proporciona 30 tabletas por receta para *atorvastatin*. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado (Step Therapy “ST”, en inglés):** En algunos casos, Leon 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 Leon Health, Inc. no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Leon Health, Inc. cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 13. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea documentos para explicar nuestras restricciones 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 Leon Health, Inc. que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que podrían tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Leon Health, Inc.?” en la página 6 para obtener información acerca de cómo solicitar una excepción.

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

Los medicamentos de venta libre (over-the-counter, OTC) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare. Leon Health, Inc. paga por ciertos medicamentos de venta libre Leon Health, Inc. proporcionará estos medicamentos de venta libre, sin costo alguno para usted. El costo para Leon Health, Inc. de estos medicamentos de venta libre no se tendrá en cuenta para los costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos de venta libre no se tiene en cuenta para el período sin cobertura).

### ¿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 Leon 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 Leon Health, Inc. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Leon Health, Inc.
- Puede solicitar que Leon 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 Leon Health, Inc.?

Puede solicitar a Leon 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 no apliquemos una restricción de cobertura, incluidos la autorización previa, el tratamiento escalonado o el límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, Leon 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.
- 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 usted debe pagar por su medicamento.

Por lo general, Leon Health, Inc. solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no fueran tan efectivos para usted o pudieran causarle efectos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una excepción al Formulario, al nivel, o a la restricción de uso. **Cuando solicita una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que necesita la excepción.** 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 pedir una decisión acelerada (rápida) si usted considera, y nosotros estamos de acuerdo, que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si aceptamos, o si la persona autorizada a dar recetas pide una decisión rápida, debemos comunicarle nuestra decisión, a más tardar, en un período de 24 horas después de recibir la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas.

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

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 que está en nuestro Formulario, pero que tiene una restricción de cobertura, como la autorización previa. Debe hablar con la persona autorizada a dar recetas para solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el procedimiento adecuado 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 están en nuestro Formulario o que tienen una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 días. Si no se aprueba la cobertura, 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.

Miembros actuales que necesiten un despacho de emergencia o que se les haya prescrito un medicamento fuera del formulario como resultado de cambios en el nivel de atención serán colocados en transición y nosotros permitiremos un despacho de 31 días (al menos que la receta este escrita por menos días). Si usted es admitido en un centro de atención a largo plazo y necesita un medicamento que no está en su formulario o tiene una limitación, usted es elegible para recibir un suplido de emergencia de 31 días mientras trata de obtener una excepción al formulario o una autorización previa.

### **Para obtener más información**

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

Si tiene alguna pregunta sobre Leon 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 Leon Health, Inc.**

El Formulario a continuación proporciona información acerca de la cobertura de los medicamentos cubiertos por Leon Health, Inc. Si tiene alguna dificultad para encontrar el medicamento que toma en la Lista, consulte el Índice que comienza en la página 149.

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

La información incluida en la columna de Requisitos/límites indica Leon Health, Inc. tiene algún requisito especial para la cobertura del medicamento.



### Leon MediDual (HMO D-SNP) y Leon Medimax (HMO D-SNP)

| Nivel                                         | Farmacia con costo compartido preferido (30 días) | Farmacia con costo compartido estándar (30 días) |
|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Nivel 1: Medicamentos genéricos               | \$0-\$4.90 copago                                 | \$0-\$4.90 copago                                |
| Nivel 2: Medicamentos de marca preferida      | \$0-\$12.15 copago                                | \$0-\$12.15 copago                               |
| Nivel 3: Medicamentos de marca no preferida   | \$0-\$12.15 copago                                | \$0-\$12.15 copago                               |
| Nivel 4: Medicamentos del nivel especializado | \$0-\$12.15 copago                                | \$0-\$12.15 copago                               |
| Nivel 5: Medicamentos Suplementarios          | \$0 copago                                        | \$10 copago                                      |

Usted paga de **\$0-\$35** por el suministro de un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costos compartidos para farmacias minoristas preferidas y estándar.

### Leon MediExtra (HMO)

| Nivel                                         | Farmacia con costo compartido preferido (30 días) | Farmacia con costo compartido estándar (30 días) |
|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Nivel 1: Medicamentos genéricos               | \$0 copago                                        | \$5 copago                                       |
| Nivel 2: Medicamentos de marca preferida      | \$0 copago                                        | \$20 copago                                      |
| Nivel 3: Medicamentos de marca no preferida   | \$40 copago                                       | \$50 copago                                      |
| Nivel 4: Medicamentos del nivel especializado | 33% coseguro                                      | 33% coseguro                                     |
| Nivel 5: Medicamentos Suplementarios          | \$0 copago                                        | \$10 copago                                      |

No pagará más de **\$35** por un suministro de un mes de cada producto de insulina cubierto por nuestro plan.

## Leon MediMore (HMO)

| Nivel                                         | Farmacia con costo compartido preferido (30 días) | Farmacia con costo compartido estándar (30 días) |
|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Nivel 1: Medicamentos genéricos               | \$0 copago                                        | \$10 copago                                      |
| Nivel 2: Medicamentos de marca preferida      | \$30 copago                                       | \$40 copago                                      |
| Nivel 3: Medicamentos de marca no preferida   | \$40 copago                                       | \$50 copago                                      |
| Nivel 4: Medicamentos del nivel especializado | 33% coseguro                                      | 33% coseguro                                     |
| Nivel 5: Medicamentos Suplementarios          | \$0 copago                                        | \$10 copago                                      |

No pagará más de **\$35** por un suministro de un mes de cada producto de insulina cubierto por nuestro plan.

## Leon MediPlus (HMO)

| Nivel                                         | Farmacia con costo compartido preferido (30 días) | Farmacia con costo compartido estándar (30 días) |
|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Nivel 1: Medicamentos genéricos               | \$0 copago                                        | \$5 copago                                       |
| Nivel 2: Medicamentos de marca preferida      | \$40 copago                                       | \$47 copago                                      |
| Nivel 3: Medicamentos de marca no preferida   | \$60 copago                                       | \$70 copago                                      |
| Nivel 4: Medicamentos del nivel especializado | 33% coseguro                                      | 33% coseguro                                     |
| Nivel 5: Medicamentos Suplementarios          | \$0 copago                                        | \$10 copago                                      |

No pagará más de **\$35** por un suministro de un mes de cada producto de insulina cubierto por nuestro plan.

Leon Health, Inc. es un plan HMO con contrato con Medicare. La inscripción en Leon Health, Inc. depende de la renovación del contrato.

Leon Health, Inc. usa farmacias de la red preferida. Consulte su Proveedor y Directorio de Farmacias o visite [www.leonhealth.com](http://www.leonhealth.com) para buscar una farmacia minorista preferida que le quede cerca.

La red de farmacias de Leon Health Inc. ofrece acceso limitado a farmacias con costos compartidos preferidos en Miami-Dade, FL. Los costos más bajos anunciados en nuestros materiales del plan para estas farmacias pueden no estar disponibles en la farmacia que usted utiliza. Para obtener información actualizada sobre nuestras farmacias de la red, incluidas aquellas con costos compartidos preferidos,

por favor llame al 1-844-969-5366 (TTY: 711) o consulte el directorio de proveedores y farmacias en nuestro sitio web [www.LeonHealth.com](http://www.LeonHealth.com).

### **Abreviaciones y Símbolos**

- EX - Este medicamento con receta por lo general no está cubierto en un plan de medicamentos con receta de Medicare. El monto que paga cuando obtiene uno de estos medicamentos con receta no se tiene en cuenta en sus costos totales de medicamentos (es decir, el monto que usted paga no lo ayuda a calificar para la cobertura en situaciones catastróficas). Además, si recibe ayuda adicional para pagar sus medicamentos con receta, no recibirá ninguna ayuda adicional para pagar este medicamento.
- CB - Límite de beneficio (este medicamento tiene una cantidad limitada por mes y no permite el reabastecimiento anticipado).
- LA - Disponibilidad limitada. Es posible que este medicamento con receta solo esté disponible en determinadas farmacias. Para obtener más información, consulte nuestro directorio de farmacias o comuníquese con nosotros al departamento de Servicios al Miembro de Leon Health, Inc. al (844) 969 5366, o el número local (305) 541 -5366. (Los usuarios de TTY deben llamar al 711), 8 a.m. a 8 p.m. EST, siete días a la semana desde el 1 de octubre hasta el 31 de marzo y lunes a viernes el resto del año, o visite nuestro sitio web al [www.leonhealth.com](http://www.leonhealth.com).
- HI - Infusión en el hogar. Es posible que este medicamento con receta esté cubierto por nuestro beneficio médico. Para obtener más información, comuníquese con nosotros al departamento de Servicios al Miembro de Leon Health, Inc. al (844) 969 5366, o el número local (305) 541 - 5366. (Los usuarios de TTY deben llamar al 711), 8 a.m. a 8 p.m. EST, siete días a la semana desde el 1 de octubre hasta el 31 de marzo y lunes a viernes el resto del año, o visite nuestro sitio web al [www.leonhealth.com](http://www.leonhealth.com).
- GC - Proporcionamos cobertura adicional para este medicamento con receta durante el período sin cobertura. Consulte la Evidencia de Cobertura para obtener más información sobre esta cobertura.
- PA NSO - solo para nuevos comienzos (esto solo se aplicaría a pacientes que recién comenzaron con este medicamento).
- PA - Este medicamento requiere autorización previa.
- PA BvD - Requiere determinar si el medicamento debe estar cubierto como un beneficio de la Parte B o la Parte D de Medicare.
- QL - Este medicamento tiene límites con respecto a la cantidad.
- ST - Este medicamento tiene requisitos de tratamiento escalonado.
- NDS - Suministro de días no extendidos.

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| Nombre del Medicamento                                   | Nivel del Medicamento | Requerimientos/ Límites           |
|----------------------------------------------------------|-----------------------|-----------------------------------|
| <b>Agentes Anti Cáncer</b>                               |                       |                                   |
| <b>Agentes Anti Cáncer</b>                               |                       |                                   |
| <i>abiraterone oral tablet 250 mg, 500 mg</i>            | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| <i>abirtega oral tablet 250 mg</i>                       | 1                     | PA NSO; QL (120 per 30 days)      |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                 | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| ALECENSA ORAL CAPSULE 150 MG                             | 4                     | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                       | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG                               | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)   | 4                     | PA NSO; NDS                       |
| <i>anastrozole oral tablet 1 mg</i>                      | 1                     |                                   |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG                       | 4                     | PA NSO; NDS; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| BALVERSA ORAL TABLET 3 MG                                | 4                     | PA NSO; NDS; QL (84 per 28 days)  |
| BALVERSA ORAL TABLET 4 MG                                | 4                     | PA NSO; NDS; QL (56 per 28 days)  |
| BALVERSA ORAL TABLET 5 MG                                | 4                     | PA NSO; NDS; QL (28 per 28 days)  |
| <i>bexarotene oral capsule 75 mg</i>                     | 4                     | PA NSO; NDS                       |
| <i>bexarotene topical gel 1 %</i>                        | 4                     | PA NSO; NDS; QL (240 per 30 days) |
| <i>bicalutamide oral tablet 50 mg</i>                    | 1                     |                                   |
| BOSULIF ORAL CAPSULE 100 MG                              | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG                               | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| BOSULIF ORAL TABLET 100 MG                               | 4                     | PA NSO; NDS; QL (90 per 30 days)  |
| BOSULIF ORAL TABLET 400 MG, 500 MG                       | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| BRAFTOVI ORAL CAPSULE 75 MG                              | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG                              | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                       | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| CABOMETYX ORAL TABLET 40 MG                              | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG         | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| CALQUENCE ORAL CAPSULE 100 MG                            | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 100 MG                              | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 300 MG                              | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)      | 4                     | PA NSO; NDS; QL (56 per 28 days)  |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)      | 4                     | PA NSO; NDS; QL (112 per 28 days) |

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Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento. (Página 10)



| Nombre del Medicamento                                                         | Nivel del Medicamento | Requerimientos/ Límites              |
|--------------------------------------------------------------------------------|-----------------------|--------------------------------------|
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)                                | 4                     | PA NSO; NDS; QL (84 per 28 days)     |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                             | 4                     | PA NSO; NDS; QL (56 per 28 days)     |
| COTELLIC ORAL TABLET 20 MG                                                     | 4                     | PA NSO; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide oral capsule 25 mg</i>                                     | 3                     | PA BvD; NDS                          |
| <i>cyclophosphamide oral capsule 50 mg</i>                                     | 3                     | PA BvD; ST; NDS                      |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                               | 2                     | PA BvD; ST                           |
| DANZITEN ORAL TABLET 71 MG, 95 MG                                              | 4                     | PA NSO; NDS; QL (120 per 30 days)    |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>               | 4                     | PA NSO; NDS; QL (30 per 30 days)     |
| <i>dasatinib oral tablet 20 mg</i>                                             | 4                     | PA NSO; NDS; QL (90 per 30 days)     |
| DAURISMO ORAL TABLET 100 MG                                                    | 4                     | PA NSO; NDS; QL (30 per 30 days)     |
| DAURISMO ORAL TABLET 25 MG                                                     | 4                     | PA NSO; NDS; QL (60 per 30 days)     |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG                                 | 3                     | PA NSO; NDS                          |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                                   | 3                     | PA NSO; NDS                          |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG                                   | 3                     | PA NSO; NDS                          |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                                  | 3                     | PA NSO; NDS                          |
| ERIVEDGE ORAL CAPSULE 150 MG                                                   | 4                     | PA NSO; NDS; QL (28 per 28 days)     |
| ERLEADA ORAL TABLET 240 MG                                                     | 4                     | PA NSO; NDS; QL (30 per 30 days)     |
| ERLEADA ORAL TABLET 60 MG                                                      | 4                     | PA NSO; NDS; QL (120 per 30 days)    |
| <i>erlotinib oral tablet 100 mg, 25 mg</i>                                     | 4                     | PA NSO; NDS; QL (60 per 30 days)     |
| <i>erlotinib oral tablet 150 mg</i>                                            | 4                     | PA NSO; NDS; QL (90 per 30 days)     |
| EULEXIN ORAL CAPSULE 125 MG                                                    | 4                     | NDS                                  |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i>                           | 4                     | PA NSO; NDS; QL (56 per 28 days)     |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>            | 4                     | PA NSO; NDS; QL (28 per 28 days)     |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> | 4                     | PA NSO; NDS; QL (112 per 28 days)    |
| <i>exemestane oral tablet 25 mg</i>                                            | 1                     |                                      |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG                  | 4                     | PA NSO; NDS; QL (4 per 365 days)     |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                   | 3                     | PA NSO; NDS                          |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                          | 4                     | PA NSO; NDS; QL (21 per 28 days)     |

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| Nombre del Medicamento                              | Nivel del Medicamento | Requerimientos/ Límites           |
|-----------------------------------------------------|-----------------------|-----------------------------------|
| FRUZAQLA ORAL CAPSULE 1 MG                          | 4                     | PA NSO; NDS; QL (84 per 21 days)  |
| FRUZAQLA ORAL CAPSULE 5 MG                          | 4                     | PA NSO; NDS; QL (21 per 21 days)  |
| GAVRETO ORAL CAPSULE 100 MG                         | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i>                 | 4                     | PA NSO; NDS                       |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG            | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| GLEOSTINE ORAL CAPSULE 10 MG                        | 3                     | NDS                               |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG                | 4                     | NDS                               |
| GOMEKLI ORAL CAPSULE 1 MG                           | 4                     | PA NSO; NDS; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG                           | 4                     | PA NSO; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG             | 4                     | PA NSO; NDS; QL (224 per 28 days) |
| <i>hydroxyurea oral capsule 500 mg</i>              | 1                     |                                   |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG          | 4                     | PA NSO; NDS; QL (21 per 28 days)  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG           | 4                     | PA NSO; NDS; QL (21 per 28 days)  |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG      | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                    | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| <i>imatinib oral tablet 100 mg</i>                  | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i>                  | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| IMBRUVICA ORAL CAPSULE 140 MG                       | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG                        | 4                     | PA NSO; NDS; QL (28 per 28 days)  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                  | 4                     | PA NSO; NDS; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG        | 4                     | PA NSO; NDS; QL (28 per 28 days)  |
| IMKELDI ORAL SOLUTION 80 MG/ML                      | 4                     | PA NSO; NDS                       |
| INLYTA ORAL TABLET 1 MG                             | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG                             | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG                        | 4                     | PA NSO; NDS; QL (5 per 28 days)   |
| INREBIC ORAL CAPSULE 100 MG                         | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG                            | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| ITOVEBI ORAL TABLET 9 MG                            | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| IWILFIN ORAL TABLET 192 MG                          | 4                     | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| JAYPIRCA ORAL TABLET 100 MG                         | 4                     | PA NSO; NDS; QL (60 per 30 days)  |

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| Nombre del Medicamento                                                                                                                                                                                           | Nivel del Medicamento | Requerimientos/ Límites               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|
| JAYPIRCA ORAL TABLET 50 MG                                                                                                                                                                                       | 4                     | PA NSO; NDS; QL (90 per 30 days)      |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG                                                                                                                                                 | 4                     | PA NSO; NDS; QL (49 per 28 days)      |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG                                                                                                                                                 | 4                     | PA NSO; NDS; QL (70 per 28 days)      |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG                                                                                                                                                 | 4                     | PA NSO; NDS; QL (91 per 28 days)      |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                                                                                                                                                                      | 4                     | PA NSO; NDS; QL (21 per 28 days)      |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                                                                                                                                                                      | 4                     | PA NSO; NDS; QL (42 per 28 days)      |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                                                                                                                                                                      | 4                     | PA NSO; NDS; QL (63 per 28 days)      |
| KOSELUGO ORAL CAPSULE 10 MG                                                                                                                                                                                      | 4                     | PA NSO; NDS; QL (300 per 30 days)     |
| KOSELUGO ORAL CAPSULE 25 MG                                                                                                                                                                                      | 4                     | PA NSO; NDS; QL (120 per 30 days)     |
| KRAZATI ORAL TABLET 200 MG                                                                                                                                                                                       | 4                     | PA NSO; NDS; QL (180 per 30 days)     |
| <i>lapatinib oral tablet 250 mg</i>                                                                                                                                                                              | 4                     | PA NSO; NDS                           |
| LAZCLUZE ORAL TABLET 240 MG                                                                                                                                                                                      | 4                     | PA NSO; NDS; QL (30 per 30 days)      |
| LAZCLUZE ORAL TABLET 80 MG                                                                                                                                                                                       | 4                     | PA NSO; NDS; QL (60 per 30 days)      |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>                                                                                                                                        | 4                     | PA NSO; NDS; QL (28 per 28 days)      |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 4                     | PA NSO; NDS                           |
| <i>letrozole oral tablet 2.5 mg</i>                                                                                                                                                                              | 1                     |                                       |
| LEUKERAN ORAL TABLET 2 MG                                                                                                                                                                                        | 4                     | NDS                                   |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>                                                                                                                                  | 3                     | PA NSO; NDS                           |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                                                                                                                                                   | 3                     | PA NSO; NDS                           |
| LONSURF ORAL TABLET 15-6.14 MG                                                                                                                                                                                   | 4                     | PA NSO; NDS; QL (100 per 28 days)     |
| LONSURF ORAL TABLET 20-8.19 MG                                                                                                                                                                                   | 4                     | PA NSO; NDS; QL (80 per 28 days)      |
| LORBRENA ORAL TABLET 100 MG                                                                                                                                                                                      | 4                     | PA NSO; NDS; QL (30 per 30 days)      |
| LORBRENA ORAL TABLET 25 MG                                                                                                                                                                                       | 4                     | PA NSO; NDS; QL (90 per 30 days)      |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG                                                                                                                                                                              | 4                     | PA NSO; NDS; QL (240 per 30 days)     |
| LUMAKRAS ORAL TABLET 240 MG                                                                                                                                                                                      | 4                     | PA NSO; LA; NDS; QL (120 per 30 days) |

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| Nombre del Medicamento                                                                          | Nivel del Medicamento | Requerimientos/ Límites           |
|-------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| LUPRON DEPOT (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 22.5 MG                                     | 4                     | PA NSO; NDS                       |
| LUPRON DEPOT (4 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 30 MG                                       | 4                     | PA NSO; NDS                       |
| LUPRON DEPOT (6 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 45 MG                                       | 4                     | PA NSO; NDS                       |
| LUPRON DEPOT INTRAMUSCULAR<br>SYRINGE KIT 7.5 MG                                                | 4                     | PA NSO; NDS                       |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                                             | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG                                                                     | 4                     | NDS                               |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)            | 4                     | PA NSO; NDS; QL (140 per 28 days) |
| MATULANE ORAL CAPSULE 50 MG                                                                     | 4                     | NDS                               |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                                                       | 1                     |                                   |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                                                             | 4                     | NDS; QL (1260 per 30 days)        |
| MEKINIST ORAL TABLET 0.5 MG                                                                     | 4                     | PA NSO; NDS; QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2 MG                                                                       | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| MEKTOVI ORAL TABLET 15 MG                                                                       | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i>                                                         | 1                     |                                   |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>                                     | 1                     |                                   |
| <i>methotrexate sodium injection solution 25 mg/ml</i>                                          | 1                     |                                   |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                   | 1                     | PA BvD                            |
| NERLYNX ORAL TABLET 40 MG                                                                       | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i>                                                            | 4                     | NDS                               |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                                         | 4                     | PA NSO; NDS; QL (3 per 28 days)   |
| NUBEQA ORAL TABLET 300 MG                                                                       | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG                                                                      | 4                     | PA NSO; LA; NDS                   |
| OGSIVEO ORAL TABLET 100 MG, 150 MG                                                              | 4                     | PA NSO; NDS; QL (56 per 28 days)  |
| OGSIVEO ORAL TABLET 50 MG                                                                       | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML                                              | 4                     | PA NSO; NDS; QL (96 per 28 days)  |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 4                     | PA NSO; NDS; QL (24 per 28 days)  |

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Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento. (Página 10)

| Nombre del Medicamento                                                      | Nivel del Medicamento | Requerimientos/ Límites           |
|-----------------------------------------------------------------------------|-----------------------|-----------------------------------|
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                  | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| ONUREG ORAL TABLET 200 MG, 300 MG                                           | 4                     | PA NSO; NDS; QL (14 per 28 days)  |
| ORSERDU ORAL TABLET 345 MG                                                  | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| ORSERDU ORAL TABLET 86 MG                                                   | 4                     | PA NSO; NDS; QL (90 per 30 days)  |
| <i>pazopanib oral tablet 200 mg</i>                                         | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                  | 4                     | PA NSO; NDS; QL (30 per 30 days)  |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)                                  | 4                     | PA NSO; NDS; QL (28 per 28 days)  |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 4                     | PA NSO; NDS; QL (56 per 28 days)  |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                | 4                     | PA NSO; NDS; QL (21 per 28 days)  |
| PURIXAN ORAL SUSPENSION 20 MG/ML                                            | 4                     | NDS                               |
| QINLOCK ORAL TABLET 50 MG                                                   | 4                     | PA NSO; NDS; QL (90 per 30 days)  |
| RETEVMO ORAL CAPSULE 40 MG                                                  | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG                                                  | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG                                   | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL TABLET 80 MG                                                   | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                                  | 4                     | PA NSO; NDS                       |
| REZLIDHIA ORAL CAPSULE 150 MG                                               | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                                   | 4                     | PA NSO; NDS; QL (8 per 28 days)   |
| ROZLYTREK ORAL CAPSULE 100 MG                                               | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG                                               | 4                     | PA NSO; NDS; QL (90 per 30 days)  |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                                      | 4                     | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                  | 4                     | PA NSO; NDS; QL (120 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG                                                   | 4                     | PA NSO; NDS; QL (224 per 28 days) |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG                                   | 4                     | PA NSO; NDS                       |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                          | 4                     | NDS                               |
| <i>sorafenib oral tablet 200 mg</i>                                         | 4                     | PA NSO; NDS; QL (120 per 30 days) |

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| Nombre del Medicamento                                                          | Nivel del Medicamento | Requerimientos/ Límites               |
|---------------------------------------------------------------------------------|-----------------------|---------------------------------------|
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG                         | 4                     | PA NSO; NDS; QL (30 per 30 days)      |
| SPRYCEL ORAL TABLET 20 MG                                                       | 4                     | PA NSO; NDS; QL (90 per 30 days)      |
| STIVARGA ORAL TABLET 40 MG                                                      | 4                     | PA NSO; NDS; QL (84 per 28 days)      |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>             | 4                     | PA NSO; NDS; QL (28 per 28 days)      |
| TABLOID ORAL TABLET 40 MG                                                       | 4                     | NDS                                   |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                             | 4                     | PA NSO; NDS; QL (112 per 28 days)     |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                              | 4                     | PA NSO; NDS; QL (120 per 30 days)     |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                       | 4                     | NDS; QL (900 per 30 days)             |
| TAGRISSE ORAL TABLET 40 MG, 80 MG                                               | 4                     | PA NSO; LA; NDS; QL (30 per 30 days)  |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG           | 4                     | PA NSO; NDS; QL (30 per 30 days)      |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                       | 1                     |                                       |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                                             | 4                     | PA NSO; NDS; QL (112 per 28 days)     |
| TASIGNA ORAL CAPSULE 50 MG                                                      | 4                     | PA NSO; NDS; QL (120 per 30 days)     |
| TAZVERIK ORAL TABLET 200 MG                                                     | 4                     | PA NSO; NDS; QL (240 per 30 days)     |
| TEPMETKO ORAL TABLET 225 MG                                                     | 4                     | PA NSO; NDS; QL (60 per 30 days)      |
| TIBSOVO ORAL TABLET 250 MG                                                      | 4                     | PA NSO; NDS; QL (60 per 30 days)      |
| <i>toremifene oral tablet 60 mg</i>                                             | 4                     | NDS                                   |
| <i>torpenz oral tablet 10 mg</i>                                                | 4                     | PA NSO; NDS; QL (60 per 30 days)      |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i>                                 | 4                     | PA NSO; NDS; QL (30 per 30 days)      |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 3                     | PA NSO; NDS                           |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                            | 4                     | NDS                                   |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                               | 4                     | PA NSO; NDS; QL (64 per 28 days)      |
| TUKYSA ORAL TABLET 150 MG                                                       | 4                     | PA NSO; NDS; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG                                                        | 4                     | PA NSO; NDS; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 125 MG                                                     | 4                     | NDS                                   |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                           | 4                     | PA NSO; NDS; QL (56 per 28 days)      |
| VENCLEXTA ORAL TABLET 10 MG                                                     | 2                     | PA NSO; LA; QL (60 per 30 days)       |
| VENCLEXTA ORAL TABLET 100 MG                                                    | 4                     | PA NSO; LA; NDS; QL (180 per 30 days) |

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| <b>Nombre del Medicamento</b>                                                                   | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b>       |
|-------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|
| VENCLEXTA ORAL TABLET 50 MG                                                                     | 4                            | PA NSO; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG                              | 4                            | PA NSO; LA; NDS; QL (42 per 28 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                                              | 4                            | PA NSO; NDS; QL (56 per 28 days)     |
| VITRAKVI ORAL CAPSULE 100 MG                                                                    | 4                            | PA NSO; NDS; QL (60 per 30 days)     |
| VITRAKVI ORAL CAPSULE 25 MG                                                                     | 4                            | PA NSO; NDS; QL (180 per 30 days)    |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                                                 | 4                            | PA NSO; NDS; QL (300 per 30 days)    |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                                        | 4                            | PA NSO; NDS; QL (30 per 30 days)     |
| VONJO ORAL CAPSULE 100 MG                                                                       | 4                            | PA NSO; NDS; QL (120 per 30 days)    |
| VORANIGO ORAL TABLET 10 MG, 40 MG                                                               | 4                            | PA NSO; NDS                          |
| WELIREG ORAL TABLET 40 MG                                                                       | 4                            | PA NSO; NDS; QL (90 per 30 days)     |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                                             | 4                            | PA NSO; NDS; QL (120 per 30 days)    |
| XALKORI ORAL PELLET 150 MG                                                                      | 4                            | PA NSO; NDS; QL (180 per 30 days)    |
| XALKORI ORAL PELLET 20 MG                                                                       | 4                            | PA NSO; NDS; QL (240 per 30 days)    |
| XALKORI ORAL PELLET 50 MG                                                                       | 4                            | PA NSO; NDS; QL (120 per 30 days)    |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                                                  | 3                            | PA BvD; ST; NDS                      |
| XOSPATA ORAL TABLET 40 MG                                                                       | 4                            | PA NSO; NDS; QL (90 per 30 days)     |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 4                            | PA NSO; NDS; QL (8 per 28 days)      |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)                                                       | 4                            | PA NSO; NDS; QL (16 per 28 days)     |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)                               | 4                            | PA NSO; NDS; QL (4 per 28 days)      |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)                                                | 4                            | PA NSO; NDS; QL (24 per 28 days)     |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)                                                | 4                            | PA NSO; NDS; QL (32 per 28 days)     |
| XTANDI ORAL CAPSULE 40 MG                                                                       | 4                            | PA NSO; NDS; QL (120 per 30 days)    |
| XTANDI ORAL TABLET 40 MG                                                                        | 4                            | PA NSO; NDS; QL (120 per 30 days)    |
| XTANDI ORAL TABLET 80 MG                                                                        | 4                            | PA NSO; NDS; QL (60 per 30 days)     |
| YONSA ORAL TABLET 125 MG                                                                        | 4                            | PA NSO; NDS; QL (120 per 30 days)    |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                                                       | 4                            | PA NSO; NDS; QL (30 per 30 days)     |
| ZELBORAF ORAL TABLET 240 MG                                                                     | 4                            | PA NSO; NDS; QL (240 per 30 days)    |

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| Nombre del Medicamento                                                         | Nivel del Medicamento | Requerimientos/ Límites          |
|--------------------------------------------------------------------------------|-----------------------|----------------------------------|
| ZOLINZA ORAL CAPSULE 100 MG                                                    | 4                     | NDS                              |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                             | 4                     | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG                                                     | 4                     | PA NSO; NDS; QL (84 per 28 days) |
| <b>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</b>             |                       |                                  |
| <b>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</b>             |                       |                                  |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>                 | 1                     |                                  |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                          | 1                     | QL (90 per 30 days)              |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>                          | 1                     | QL (60 per 30 days)              |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>         | 1                     | QL (90 per 30 days)              |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>               | 1                     | QL (90 per 30 days)              |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 1                     |                                  |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                   | 1                     |                                  |
| <i>naloxone injection solution 0.4 mg/ml</i>                                   | 1                     |                                  |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>                           | 1                     |                                  |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>                        | 1                     | QL (4 per 30 days)               |
| <i>naltrexone oral tablet 50 mg</i>                                            | 1                     |                                  |
| NICOTROL INHALATION CARTRIDGE 10 MG                                            | 3                     | NDS                              |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>           | 1                     | QL (336 per 365 days)            |
| <i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>     | 1                     |                                  |
| <b>Agentes Antiansiedad</b>                                                    |                       |                                  |
| <b>Benzodiacepinas</b>                                                         |                       |                                  |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>                            | 1                     | QL (120 per 30 days)             |
| <i>alprazolam oral tablet 2 mg</i>                                             | 1                     | QL (150 per 30 days)             |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i>        | 1                     | QL (120 per 30 days)             |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i>                      | 1                     | QL (90 per 30 days)              |

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| Nombre del Medicamento                                                       | Nivel del Medicamento | Requerimientos/ Límites |
|------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                  | 1                     | QL (120 per 30 days)    |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                   | 1                     | QL (90 per 30 days)     |
| <i>clonazepam oral tablet 2 mg</i>                                           | 1                     | QL (300 per 30 days)    |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 1                     | QL (90 per 30 days)     |
| <i>clonazepam oral tablet,disintegrating 2 mg</i>                            | 1                     | QL (300 per 30 days)    |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>            | 1                     | QL (180 per 30 days)    |
| <i>diazepam intensol oral concentrate 5 mg/ml</i>                            | 1                     | QL (1200 per 30 days)   |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                            | 1                     | QL (1200 per 30 days)   |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                | 1                     | QL (120 per 30 days)    |
| <i>estazolam oral tablet 1 mg</i>                                            | 1                     | QL (60 per 30 days)     |
| <i>estazolam oral tablet 2 mg</i>                                            | 1                     | QL (30 per 30 days)     |
| <i>lorazepam 2 mg/ml oral concent</i>                                        | 1                     | QL (150 per 30 days)    |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>                           | 1                     | QL (150 per 30 days)    |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                                    | 1                     | QL (90 per 30 days)     |
| <i>lorazepam oral tablet 2 mg</i>                                            | 1                     | QL (150 per 30 days)    |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                             | 1                     | QL (120 per 30 days)    |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                                   | 1                     | QL (30 per 30 days)     |
| <i>triazolam oral tablet 0.125 mg</i>                                        | 1                     | QL (120 per 30 days)    |
| <i>triazolam oral tablet 0.25 mg</i>                                         | 1                     | QL (60 per 30 days)     |
| <b>Agentes Antidemencia</b>                                                  |                       |                         |
| <b>Agentes Antidemencia</b>                                                  |                       |                         |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>                              | 1                     | QL (30 per 30 days)     |
| <i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>                      | 1                     | QL (30 per 30 days)     |
| <i>ergoloid oral tablet 1 mg</i>                                             | 2                     |                         |
| <i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>    | 1                     | QL (30 per 30 days)     |
| <i>galantamine oral solution 4 mg/ml</i>                                     | 1                     | QL (200 per 30 days)    |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                             | 1                     | QL (60 per 30 days)     |
| <i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>     | 1                     | QL (30 per 30 days)     |
| <i>memantine oral solution 2 mg/ml</i>                                       | 1                     | QL (300 per 30 days)    |
| <i>memantine oral tablet 10 mg, 5 mg</i>                                     | 1                     | QL (60 per 30 days)     |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG             | 3                     | NDS                     |

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| Nombre del Medicamento                                                                        | Nivel del Medicamento | Requerimientos/ Límites       |
|-----------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG                  | 3                     | NDS; QL (30 per 30 days)      |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                          | 1                     | QL (60 per 30 days)           |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> | 1                     | QL (30 per 30 days)           |
| <b>Agentes Antidiabetico</b>                                                                  |                       |                               |
| <b>Agentes Antidiabeticos, Varios</b>                                                         |                       |                               |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                              | 1                     | QL (90 per 30 days)           |
| <i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>                                         | 1                     |                               |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>                            | 1                     |                               |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>           | 1                     |                               |
| <i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>         | 1                     | QL (30 per 30 days)           |
| <i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>          | 1                     | QL (60 per 30 days)           |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>                                      | 1                     | QL (30 per 30 days)           |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                                         | 2                     | QL (30 per 30 days)           |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                            | 2                     | QL (30 per 30 days)           |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG                                               | 2                     | QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                | 2                     | QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                                  | 2                     | QL (30 per 30 days)           |
| <i>metformin oral solution 500 mg/5 ml</i>                                                    | 1                     | QL (765 per 30 days)          |
| <i>metformin oral tablet 1,000 mg</i>                                                         | 1                     | QL (75 per 30 days)           |
| <i>metformin oral tablet 500 mg</i>                                                           | 1                     | QL (150 per 30 days)          |
| <i>metformin oral tablet 750 mg</i>                                                           | 1                     | QL (60 per 30 days)           |
| <i>metformin oral tablet 850 mg</i>                                                           | 1                     | QL (90 per 30 days)           |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                                    | 1                     | QL (120 per 30 days)          |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                                    | 1                     | QL (60 per 30 days)           |
| <i>mifepristone oral tablet 300 mg</i>                                                        | 4                     | PA; NDS; QL (112 per 28 days) |

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| Nombre del Medicamento                                                                                                                                                 | Nivel del Medicamento | Requerimientos/ Límites                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------|
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                                                                       | 1                     | QL (90 per 30 days)                                  |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML                                               | 2                     | PA NSO; QL (2 per 28 days)                           |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                                                                           | 1                     | QL (90 per 30 days)                                  |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2                     | PA NSO; QL (3 per 28 days)                           |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>                                                                                                                    | 1                     | QL (30 per 30 days)                                  |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>                                                                                                         | 1                     | QL (90 per 30 days)                                  |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>                                                                                                                            | 1                     | QL (120 per 30 days)                                 |
| <i>repaglinide oral tablet 2 mg</i>                                                                                                                                    | 1                     | QL (240 per 30 days)                                 |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG                                                                                                             | 2                     | PA NSO; QL (30 per 30 days)                          |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                                                                                                  | 2                     | QL (60 per 30 days)                                  |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                                                                                               | 2                     | QL (30 per 30 days)                                  |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                                                                                              | 2                     | QL (60 per 30 days)                                  |
| TRADJENTA ORAL TABLET 5 MG                                                                                                                                             | 2                     | QL (30 per 30 days)                                  |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG                                                                                           | 2                     | QL (30 per 30 days)                                  |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG                                                                                      | 2                     | QL (60 per 30 days)                                  |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML                                                                          | 2                     | PA NSO; QL (2 per 28 days)                           |
| <b>Insulinas</b>                                                                                                                                                       |                       |                                                      |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                                                                              | 2                     | max \$35 copay per month supply; QL (30 per 28 days) |

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| Nombre del Medicamento                                                                  | Nivel del Medicamento | Requerimientos/ Límites                                |
|-----------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)                   | 2                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                                   | 2                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML                        | 2                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)              | 2                     | max \$35 copay per month supply; QL (24 per 28 days)   |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>      | 1                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>         | 1                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>                          | 1                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>                 | 1                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>                           | 1                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| <i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i> | 2                     | max \$35 copay per month supply                        |
| <i>insulin degludec subcutaneous solution 100 unit/ml</i>                               | 2                     | max \$35 copay per month supply                        |
| <i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i>        | 2                     | max \$35 copay per month supply; QL (13.5 per 28 days) |
| <i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i>          | 2                     | max \$35 copay per month supply; QL (18 per 28 days)   |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>                | 2                     | max \$35 copay per month supply                        |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                          | 2                     | max \$35 copay per month supply                        |
| <i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>      | 2                     | max \$35 copay per month supply                        |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>                              | 2                     | max \$35 copay per month supply                        |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>                   | 2                     | max \$35 copay per month supply                        |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i>                                 | 2                     | max \$35 copay per month supply                        |

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| Nombre del Medicamento                                                      | Nivel del Medicamento | Requerimientos/ Límites                                |
|-----------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)     | 2                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)    | 2                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)               | 2                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML             | 2                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)               | 2                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML               | 2                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML            | 2                     | max \$35 copay per month supply; QL (40 per 28 days)   |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)  | 2                     | max \$35 copay per month supply; QL (30 per 28 days)   |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                  | 2                     | max \$35 copay per month supply; QL (30 per 30 days)   |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | 2                     | max \$35 copay per month supply; QL (18 per 28 days)   |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 2                     | max \$35 copay per month supply; QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)        | 2                     | max \$35 copay per month supply; QL (15 per 28 days)   |
| <b>Sulfonilureas</b>                                                        |                       |                                                        |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                             | 1                     |                                                        |
| <i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>                            | 1                     |                                                        |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>      | 1                     |                                                        |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>     | 1                     |                                                        |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                  | 1                     |                                                        |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                          | 1                     |                                                        |

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| Nombre del Medicamento                                                      | Nivel del Medicamento | Requerimientos/ Límites  |
|-----------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>    | 1                     |                          |
| <b>Agentes Antigota</b>                                                     |                       |                          |
| <b>Agentes Antigota, Otros</b>                                              |                       |                          |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                               | 1                     |                          |
| <i>colchicine oral capsule 0.6 mg</i>                                       | 1                     | QL (60 per 30 days)      |
| <i>colchicine oral tablet 0.6 mg</i>                                        | 1                     | QL (120 per 30 days)     |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                  | 1                     | ST; QL (30 per 30 days)  |
| <i>probenecid oral tablet 500 mg</i>                                        | 1                     |                          |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                         | 1                     |                          |
| <b>Agentes Antimigraña</b>                                                  |                       |                          |
| <b>Agentes Antimigraña</b>                                                  |                       |                          |
| AJOVY AUTOINJECTOR SUBCUTANEOUS<br>AUTO-INJECTOR 225 MG/1.5 ML              | 2                     | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                         | 2                     | PA; QL (1.5 per 30 days) |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | 4                     | NDS; QL (8 per 28 days)  |
| EMGALITY PEN SUBCUTANEOUS PEN<br>INJECTOR 120 MG/ML                         | 2                     | PA; QL (2 per 30 days)   |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 120 MG/ML                          | 2                     | PA; QL (2 per 30 days)   |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 300 MG/3 ML (100 MG/ML X 3)        | 2                     | PA; QL (3 per 30 days)   |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                 | 1                     | QL (9 per 30 days)       |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75 MG                              | 2                     | PA; QL (18 per 30 days)  |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG                                     | 2                     | PA; QL (30 per 30 days)  |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i>                                  | 1                     | QL (12 per 30 days)      |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>                   | 1                     | QL (12 per 30 days)      |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>                  | 1                     | QL (12 per 30 days)      |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>                   | 1                     | QL (18 per 30 days)      |
| <i>sumatriptan succinate oral tablet 100 mg</i>                             | 1                     | QL (9 per 30 days)       |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>                       | 1                     | QL (18 per 30 days)      |

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| Nombre del Medicamento                                                  | Nivel del Medicamento | Requerimientos/ Límites         |
|-------------------------------------------------------------------------|-----------------------|---------------------------------|
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>         | 3                     | NDS; QL (4 per 28 days)         |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>      | 3                     | NDS; QL (4 per 28 days)         |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>      | 1                     | QL (4 per 28 days)              |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>          | 1                     | QL (4 per 28 days)              |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i>                       | 1                     | QL (9 per 27 days)              |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                       | 2                     | PA; QL (16 per 30 days)         |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                            | 1                     | QL (6 per 30 days)              |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>            | 1                     | QL (6 per 30 days)              |
| <b>Agentes Antinausea</b>                                               |                       |                                 |
| <b>Agentes Antinausea</b>                                               |                       |                                 |
| <i>aprepitant oral capsule 125 mg</i>                                   | 4                     | PA BvD; NDS; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i>                                    | 1                     | PA BvD; QL (1 per 28 days)      |
| <i>aprepitant oral capsule 80 mg</i>                                    | 3                     | PA BvD; NDS; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>         | 1                     | PA BvD                          |
| <i>compro rectal suppository 25 mg</i>                                  | 1                     |                                 |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                      | 1                     | PA; QL (60 per 30 days)         |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 3                     | PA BvD; NDS; QL (6 per 28 days) |
| <i>granisetron hcl oral tablet 1 mg</i>                                 | 1                     | PA BvD                          |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                             | 1                     |                                 |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                          | 1                     | PA BvD                          |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                           | 1                     | PA BvD                          |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>               | 1                     | PA BvD                          |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                 | 1                     |                                 |
| <i>prochlorperazine rectal suppository 25 mg</i>                        | 1                     |                                 |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                   | 1                     |                                 |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i>                   | 1                     |                                 |
| <i>promethegan rectal suppository 25 mg, 50 mg</i>                      | 1                     |                                 |

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| Nombre del Medicamento                                                | Nivel del Medicamento | Requerimientos/ Límites      |
|-----------------------------------------------------------------------|-----------------------|------------------------------|
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>      | 1                     | QL (10 per 30 days)          |
| <b>Agentes Antiparasitarios</b>                                       |                       |                              |
| <b>Agentes Antiparasitarios</b>                                       |                       |                              |
| <i>albendazole oral tablet 200 mg</i>                                 | 4                     | NDS                          |
| <i>atovaquone oral suspension 750 mg/5 ml</i>                         | 1                     |                              |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>        | 1                     |                              |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>               | 1                     |                              |
| COARTEM ORAL TABLET 20-120 MG                                         | 3                     | NDS                          |
| <i>hydroxychloroquine oral tablet 200 mg</i>                          | 1                     | QL (90 per 30 days)          |
| IMPAVIDO ORAL CAPSULE 50 MG                                           | 4                     | PA; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg, 6 mg</i>                              | 1                     | PA                           |
| KRINTAFEL ORAL TABLET 150 MG                                          | 3                     | NDS                          |
| <i>mefloquine oral tablet 250 mg</i>                                  | 1                     |                              |
| <i>nitazoxanide oral tablet 500 mg</i>                                | 4                     | NDS; QL (60 per 30 days)     |
| <i>pentamidine inhalation recon soln 300 mg</i>                       | 1                     | PA BvD                       |
| <i>pentamidine injection recon soln 300 mg</i>                        | 1                     | PA BvD; HI                   |
| <i>praziquantel oral tablet 600 mg</i>                                | 3                     | NDS                          |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)                           | 3                     | NDS                          |
| <i>pyrimethamine oral tablet 25 mg</i>                                | 4                     | PA; NDS                      |
| <i>quinine sulfate oral capsule 324 mg</i>                            | 1                     | PA; QL (42 per 7 days)       |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                          | 1                     |                              |
| <b>Agentes Antiparkinson</b>                                          |                       |                              |
| <b>Agentes Antiparkinson</b>                                          |                       |                              |
| <i>amantadine hcl oral capsule 100 mg</i>                             | 1                     |                              |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                        | 1                     |                              |
| <i>amantadine hcl oral tablet 100 mg</i>                              | 1                     |                              |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i>                    | 4                     | PA; NDS; QL (60 per 30 days) |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                     | 1                     |                              |
| <i>bromocriptine oral capsule 5 mg</i>                                | 1                     |                              |
| <i>bromocriptine oral tablet 2.5 mg</i>                               | 1                     |                              |
| <i>cabergoline oral tablet 0.5 mg</i>                                 | 1                     |                              |
| <i>carbidopa oral tablet 25 mg</i>                                    | 1                     |                              |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | 1                     |                              |

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| Nombre del Medicamento                                                                                                                            | Nivel del Medicamento | Requerimientos/ Límites       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                       | 1                     |                               |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>                                                             | 1                     |                               |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 2                     |                               |
| <i>entacapone oral tablet 200 mg</i>                                                                                                              | 1                     |                               |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG                                                                                             | 4                     | PA; NDS; QL (300 per 30 days) |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR                               | 2                     | QL (30 per 30 days)           |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                                                   | 1                     |                               |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i>                                                                                                        | 1                     |                               |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                                       | 1                     |                               |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                                                | 1                     |                               |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG                                                       | 2                     |                               |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                                           | 1                     |                               |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                                                            | 1                     |                               |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                                                                      | 1                     |                               |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                                                                     | 1                     |                               |
| <b>Agentes Antipsicóticos</b>                                                                                                                     |                       |                               |
| <b>Agentes Antipsicóticos</b>                                                                                                                     |                       |                               |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML                                                      | 4                     | NDS                           |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG                                                                      | 4                     | NDS; QL (1 per 28 days)       |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG                                                                     | 4                     | NDS; QL (1 per 28 days)       |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                                                         | 1                     |                               |

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| Nombre del Medicamento                                                           | Nivel del Medicamento | Requerimientos/ Límites       |
|----------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                 | 1                     |                               |
| <i>aripiprazole oral tablet 2 mg</i>                                             | 1                     | QL (60 per 30 days)           |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                             | 4                     | ST; NDS; QL (90 per 30 days)  |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                             | 3                     | ST; NDS; QL (60 per 30 days)  |
| ARISTADA INITIO INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>675 MG/2.4 ML | 4                     | NDS; QL (4.8 per 365 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>1,064 MG/3.9 ML      | 4                     | NDS; QL (3.9 per 56 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>441 MG/1.6 ML        | 4                     | NDS; QL (1.6 per 28 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>662 MG/2.4 ML        | 4                     | NDS; QL (2.4 per 28 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>882 MG/3.2 ML        | 4                     | NDS; QL (3.2 per 28 days)     |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>                   | 1                     | QL (60 per 30 days)           |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                       | 4                     | ST; NDS; QL (30 per 30 days)  |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>                       | 1                     |                               |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>            | 1                     |                               |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                        | 1                     |                               |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>               | 1                     | ST; QL (90 per 30 days)       |
| <i>clozapine oral tablet,disintegrating 150 mg</i>                               | 1                     | ST; QL (180 per 30 days)      |
| <i>clozapine oral tablet,disintegrating 200 mg</i>                               | 3                     | ST; NDS; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG                              | 4                     | ST; NDS; QL (60 per 30 days)  |
| COBENFY STARTER PACK ORAL<br>CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG         | 4                     | ST; NDS                       |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                    | 4                     | ST; NDS; QL (60 per 30 days)  |

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| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Requerimientos/ Límites    |
|----------------------------------------------------------------------------------------------------------|-----------------------|----------------------------|
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)                                               | 3                     | ST; NDS                    |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                                | 1                     |                            |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                                     | 1                     |                            |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                         | 1                     |                            |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                                                          | 1                     |                            |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                            | 1                     |                            |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i> | 1                     |                            |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                    | 1                     |                            |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                                      | 1                     |                            |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                                    | 1                     |                            |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML                                                     | 4                     | NDS; QL (3.5 per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML                                                       | 4                     | NDS; QL (5 per 180 days)   |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                                                     | 4                     | NDS; QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML                                                          | 4                     | NDS; QL (1 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                                                      | 4                     | NDS; QL (1.5 per 28 days)  |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                                                      | 2                     | QL (0.25 per 28 days)      |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                                                       | 4                     | NDS; QL (0.5 per 28 days)  |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML                                                       | 4                     | NDS; QL (0.88 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML                                                       | 4                     | NDS; QL (1.32 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML                                                       | 4                     | NDS; QL (1.75 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML                                                       | 4                     | NDS; QL (2.63 per 84 days) |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                                         | 1                     |                            |

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| Nombre del Medicamento                                                                     | Nivel del Medicamento | Requerimientos/ Límites          |
|--------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>                                  | 3                     | NDS; QL (30 per 30 days)         |
| <i>lurasidone oral tablet 80 mg</i>                                                        | 3                     | NDS; QL (60 per 30 days)         |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG                                  | 4                     | PA NSO; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i>                                                         | 1                     | QL (240 per 30 days)             |
| <i>molindone oral tablet 25 mg</i>                                                         | 1                     | QL (270 per 30 days)             |
| <i>molindone oral tablet 5 mg</i>                                                          | 4                     | NDS; QL (120 per 30 days)        |
| NUPLAZID ORAL CAPSULE 34 MG                                                                | 4                     | PA NSO; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG                                                                 | 4                     | PA NSO; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i>                                           | 1                     | QL (30 per 30 days)              |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                    | 1                     |                                  |
| <i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>                     | 1                     |                                  |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG                                                         | 4                     | NDS                              |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>                   | 1                     | QL (30 per 30 days)              |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                                 | 1                     | QL (60 per 30 days)              |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                    | 1                     |                                  |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG                         | 4                     | NDS; QL (1 per 30 days)          |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                     | 1                     |                                  |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                 | 1                     |                                  |
| <i>quetiapine oral tablet 150 mg</i>                                                       | 1                     | QL (30 per 30 days)              |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 1                     |                                  |
| REXULTI ORAL TABLET 0.25 MG                                                                | 4                     | NDS; QL (120 per 30 days)        |
| REXULTI ORAL TABLET 0.5 MG                                                                 | 4                     | NDS; QL (60 per 30 days)         |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG                                                 | 4                     | NDS; QL (30 per 30 days)         |
| <i>risperidone oral solution 1 mg/ml</i>                                                   | 1                     |                                  |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                     | 1                     |                                  |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>      | 1                     |                                  |

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| Nombre del Medicamento                                                           | Nivel del Medicamento | Requerimientos/ Límites       |
|----------------------------------------------------------------------------------|-----------------------|-------------------------------|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 4                     | ST; NDS; QL (30 per 30 days)  |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                      | 1                     |                               |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                          | 1                     |                               |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                       | 1                     |                               |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML                 | 4                     | NDS; QL (0.28 per 28 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML                 | 4                     | NDS; QL (0.35 per 28 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML                 | 4                     | NDS; QL (0.42 per 56 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML                 | 4                     | NDS; QL (0.56 per 56 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML                  | 4                     | NDS; QL (0.7 per 56 days)     |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML                  | 4                     | NDS; QL (0.14 per 28 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML                  | 4                     | NDS; QL (0.21 per 28 days)    |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                               | 4                     | ST; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                  | 4                     | ST; NDS; QL (30 per 30 days)  |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                   | 1                     |                               |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>      | 1                     | QL (6 per 28 days)            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG              | 3                     | NDS; QL (2 per 28 days)       |

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| Nombre del Medicamento                                                    | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------|-----------------------|-------------------------|
| <b>Agentes Calóricos</b>                                                  |                       |                         |
| <b>Agentes Calóricos</b>                                                  |                       |                         |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %         | 3                     | PA BvD; HI; NDS         |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %      | 3                     | PA BvD; HI; NDS         |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %     | 3                     | PA BvD; HI; NDS         |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %        | 3                     | PA BvD; HI; NDS         |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %     | 3                     | PA BvD; HI; NDS         |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %     | 3                     | PA BvD; HI; NDS         |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %     | 3                     | PA BvD; HI; NDS         |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %        | 3                     | PA BvD; HI; NDS         |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %        | 3                     | PA BvD; HI; NDS         |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i> | 1                     | PA BvD; HI              |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>        | 1                     | PA BvD; HI              |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                                | 3                     | PA BvD; HI; NDS         |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                      | 3                     | PA BvD; HI; NDS         |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION                               | 3                     | PA BvD; HI; NDS         |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                        | 3                     | PA BvD; HI; NDS         |

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| Nombre del Medicamento                                                         | Nivel del Medicamento | Requerimientos/ Límites       |
|--------------------------------------------------------------------------------|-----------------------|-------------------------------|
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                           | 3                     | PA BvD; HI; NDS               |
| <b>Agentes Cardiovasculares</b>                                                |                       |                               |
| <b>Agentes Alfa-Adrenérgicos</b>                                               |                       |                               |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                        | 1                     |                               |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>           | 1                     | QL (4 per 28 days)            |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>                         | 1                     | QL (8 per 28 days)            |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                            | 1                     |                               |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>                           | 4                     | PA; NDS; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                       | 1                     |                               |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                               | 1                     |                               |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                  | 1                     |                               |
| <b>Agentes Antiarrítmicos</b>                                                  |                       |                               |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>                           | 1                     |                               |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                      | 1                     |                               |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                       | 1                     |                               |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                            | 1                     |                               |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                          | 1                     |                               |
| MULTAQ ORAL TABLET 400 MG                                                      | 2                     |                               |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>                             | 1                     |                               |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | 1                     |                               |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                          | 1                     |                               |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                 | 1                     |                               |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                            | 1                     |                               |
| <b>Agentes Bloqueadores Beta-Adrenérgicos</b>                                  |                       |                               |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                                  | 1                     |                               |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                               | 1                     |                               |

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| <b>Nombre del Medicamento</b>                                                               | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                              | 1                            |                                |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                                                   | 1                            |                                |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                          | 1                            |                                |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>        | 1                            |                                |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                             | 1                            |                                |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                         | 1                            |                                |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | 1                            |                                |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>            | 1                            |                                |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                 | 1                            |                                |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                              | 1                            |                                |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                     | 1                            |                                |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                     | 1                            |                                |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>         | 1                            |                                |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                 | 1                            |                                |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                            | 1                            |                                |
| <i>sorine oral tablet 120 mg, 160 mg</i>                                                    | 1                            |                                |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>                                         | 1                            |                                |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                    | 1                            |                                |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                       | 1                            |                                |
| <b>Agentes Bloqueadores Da Canal De Calcio</b>                                              |                              |                                |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>          | 1                            |                                |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>               | 1                            |                                |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>                     | 1                            |                                |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>      | 1                            |                                |

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| Nombre del Medicamento                                                                               | Nivel del Medicamento | Requerimientos/ Límites      |
|------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                         | 1                     |                              |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                            | 1                     |                              |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>           | 1                     |                              |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1                     |                              |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                             | 1                     |                              |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>                          | 1                     |                              |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>                                          | 3                     | NDS                          |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                                                    | 1                     |                              |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                 | 1                     |                              |
| <b>Agentes Cardiovasculares, Varios</b>                                                              |                       |                              |
| CORLANOR ORAL SOLUTION 5 MG/5 ML                                                                     | 2                     | QL (600 per 30 days)         |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                     | 1                     |                              |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>                             | 1                     | QL (4 per 30 days)           |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                           | 1                     |                              |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>                                                     | 4                     | PA; NDS; QL (18 per 30 days) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i>                                                           | 1                     | QL (60 per 30 days)          |
| <i>metyrosine oral capsule 250 mg</i>                                                                | 4                     | NDS                          |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                        | 1                     | QL (60 per 30 days)          |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                          | 1                     | QL (120 per 30 days)         |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i>                                                       | 4                     | PA; NDS; QL (18 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                              | 3                     | PA; NDS; QL (30 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                          | 4                     | PA; NDS; QL (30 per 30 days) |
| <b>Antagonistas De Receptores De Angiotensina II</b>                                                 |                       |                              |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                              | 1                     |                              |

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| Nombre del Medicamento                                                                                                | Nivel del Medicamento | Requerimientos/ Límites |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                    | 1                     |                         |
| EDARBI ORAL TABLET 40 MG, 80 MG                                                                                       | 2                     |                         |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG                                                                           | 2                     |                         |
| ENTRESTO ORAL TABLET 24-26 MG                                                                                         | 2                     | QL (180 per 30 days)    |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG                                                                              | 2                     | QL (60 per 30 days)     |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG                                                                       | 2                     |                         |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                                                   | 1                     |                         |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                            | 1                     |                         |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>                                                                      | 1                     |                         |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                    | 1                     |                         |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>                                                                      | 1                     |                         |
| <i>olmesartan-amlodipin-hcthiiazid 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> | 1                     |                         |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                    | 1                     |                         |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                                    | 1                     |                         |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                        | 1                     |                         |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                    | 1                     |                         |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                                             | 1                     |                         |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>           | 1                     |                         |
| <b>Dihidropiridinas</b>                                                                                               |                       |                         |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                     | 1                     |                         |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>                    | 1                     |                         |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                         | 1                     |                         |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                                      | 1                     |                         |

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| Nombre del Medicamento                                                                                                    | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>amlodipine-valsartan-hcthiaizid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | 1                     |                         |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>                                                  | 1                     |                         |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                               | 1                     |                         |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>                                                                              | 1                     |                         |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                                               | 1                     |                         |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>                                                   | 1                     |                         |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>                                                        | 1                     |                         |
| <b>Dislipidémicos</b>                                                                                                     |                       |                         |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>                             | 1                     |                         |
| <i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>                        | 1                     | QL (30 per 30 days)     |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                                                                | 1                     | QL (30 per 30 days)     |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i>                                                           | 1                     |                         |
| <i>cholestyramine light oral powder in packet 4 gram</i>                                                                  | 1                     |                         |
| <i>colesevelam oral powder in packet 3.75 gram</i>                                                                        | 1                     |                         |
| <i>colesevelam oral tablet 625 mg</i>                                                                                     | 1                     |                         |
| <i>colestipol oral packet 5 gram</i>                                                                                      | 1                     |                         |
| <i>colestipol oral tablet 1 gram</i>                                                                                      | 1                     |                         |
| <i>ezetimibe oral tablet 10 mg</i>                                                                                        | 1                     | QL (30 per 30 days)     |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                                           | 1                     | QL (30 per 30 days)     |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>                                           | 1                     |                         |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                                                             | 1                     |                         |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                                                              | 1                     |                         |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>                                       | 1                     |                         |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i>                                                                              | 1                     | QL (60 per 30 days)     |

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| Nombre del Medicamento                                                    | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i>               | 1                     |                         |
| <i>gemfibrozil oral tablet 600 mg</i>                                     | 1                     |                         |
| <i>icosapent ethyl oral capsule 0.5 gram</i>                              | 1                     | QL (240 per 30 days)    |
| <i>icosapent ethyl oral capsule 1 gram</i>                                | 1                     | QL (120 per 30 days)    |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                         | 1                     |                         |
| NEXLETOL ORAL TABLET 180 MG                                               | 2                     | QL (30 per 30 days)     |
| NEXLIZET ORAL TABLET 180-10 MG                                            | 2                     | QL (30 per 30 days)     |
| <i>niacin oral tablet 500 mg</i>                                          | 1                     |                         |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 1                     |                         |
| <i>niacor oral tablet 500 mg</i>                                          | 1                     |                         |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                      | 1                     | QL (120 per 30 days)    |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>                  | 1                     |                         |
| <i>pravastatin oral tablet 10 mg, 80 mg</i>                               | 1                     |                         |
| <i>pravastatin oral tablet 20 mg, 40 mg</i>                               | 1                     | QL (30 per 30 days)     |
| <i>prevalite oral powder in packet 4 gram</i>                             | 1                     |                         |
| REPATHA PUSHTRONEX<br>SUBCUTANEOUS WEARABLE INJECTOR<br>420 MG/3.5 ML     | 2                     | QL (7 per 28 days)      |
| REPATHA SURECLICK SUBCUTANEOUS<br>PEN INJECTOR 140 MG/ML                  | 2                     | QL (6 per 28 days)      |
| REPATHA SYRINGE SUBCUTANEOUS<br>SYRINGE 140 MG/ML                         | 2                     | QL (6 per 28 days)      |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                 | 1                     | QL (30 per 30 days)     |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>           | 1                     | QL (30 per 30 days)     |
| <b>Diuréticos</b>                                                         |                       |                         |
| <i>amiloride oral tablet 5 mg</i>                                         | 1                     |                         |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                  | 1                     |                         |
| <i>bumetanide injection solution 0.25 mg/ml</i>                           | 1                     |                         |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                          | 1                     |                         |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                            | 1                     |                         |
| <i>furosemide injection solution 10 mg/ml</i>                             | 1                     |                         |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>            | 1                     |                         |

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| Nombre del Medicamento                                                                        | Nivel del Medicamento | Requerimientos/ Límites   |
|-----------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                                             | 1                     |                           |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                               | 1                     |                           |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                                  | 1                     |                           |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                                 | 1                     |                           |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                             | 1                     |                           |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                        | 1                     |                           |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                                    | 1                     |                           |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                       | 1                     |                           |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                                 | 1                     |                           |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>                        | 1                     |                           |
| <b>Inhibidores De Enzima Convertidoras De Angiotensina</b>                                    |                       |                           |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                       | 1                     |                           |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | 1                     |                           |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                    | 1                     |                           |
| <i>enalapril maleate oral solution 1 mg/ml</i>                                                | 1                     | ST; QL (1200 per 30 days) |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                               | 1                     |                           |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                          | 1                     |                           |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                             | 1                     |                           |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                      | 1                     |                           |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                        | 1                     |                           |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>            | 1                     |                           |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                                    | 1                     |                           |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                      | 1                     |                           |

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| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Requerimientos/ Límites |
|----------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                   | 1                     |                         |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                        | 1                     |                         |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                                | 1                     |                         |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                         | 1                     |                         |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 1                     |                         |
| <b>Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona</b>                                        |                       |                         |
| <i>aliskiren oral tablet 150 mg, 300 mg</i>                                                              | 1                     |                         |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                               | 1                     |                         |
| KERENDIA ORAL TABLET 10 MG, 20 MG                                                                        | 2                     | PA; QL (30 per 30 days) |
| <b>Vasodilatadores</b>                                                                                   |                       |                         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                                        | 1                     |                         |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                   | 1                     |                         |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                    | 1                     |                         |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>                                                     | 1                     |                         |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                               | 1                     |                         |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>                                            | 1                     |                         |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>                | 1                     |                         |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>                                                     |                       |                         |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>                                                     |                       |                         |
| <i>alosetron oral tablet 0.5 mg</i>                                                                      | 1                     |                         |
| <i>alosetron oral tablet 1 mg</i>                                                                        | 4                     | NDS                     |
| <i>balsalazide oral capsule 750 mg</i>                                                                   | 1                     |                         |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>                                            | 3                     | NDS                     |
| <i>budesonide rectal foam 2 mg/actuation</i>                                                             | 1                     |                         |
| DIPENTUM ORAL CAPSULE 250 MG                                                                             | 4                     | ST; NDS                 |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>                                                          | 1                     |                         |

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| Nombre del Medicamento                                                 | Nivel del Medicamento | Requerimientos/ Límites   |
|------------------------------------------------------------------------|-----------------------|---------------------------|
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>           | 1                     |                           |
| <i>mesalamine oral capsule, extended release 500 mg</i>                | 1                     |                           |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>       | 1                     |                           |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>        | 1                     | QL (120 per 30 days)      |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>          | 1                     |                           |
| <i>mesalamine rectal enema 4 gram/60 ml</i>                            | 1                     |                           |
| <i>mesalamine rectal suppository 1,000 mg</i>                          | 1                     |                           |
| <i>sulfasalazine oral tablet 500 mg</i>                                | 1                     |                           |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>       | 3                     | NDS                       |
| <b>Agentes De Enfermedad Ósea Metabólica</b>                           |                       |                           |
| <b>Agentes De Enfermedad Ósea Metabólica</b>                           |                       |                           |
| <i>alendronate oral solution 70 mg/75 ml</i>                           | 1                     | QL (300 per 28 days)      |
| <i>alendronate oral tablet 10 mg</i>                                   | 1                     | QL (30 per 30 days)       |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                            | 1                     | QL (4 per 28 days)        |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | 1                     | QL (3.7 per 28 days)      |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                       | 1                     |                           |
| <i>calcitriol oral solution 1 mcg/ml</i>                               | 1                     |                           |
| <i>cinacalcet oral tablet 30 mg</i>                                    | 1                     | QL (60 per 30 days)       |
| <i>cinacalcet oral tablet 60 mg</i>                                    | 2                     | QL (60 per 30 days)       |
| <i>cinacalcet oral tablet 90 mg</i>                                    | 4                     | NDS; QL (120 per 30 days) |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>            | 1                     |                           |
| <i>ibandronate oral tablet 150 mg</i>                                  | 1                     | QL (1 per 28 days)        |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                   | 1                     |                           |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                                   | 2                     | QL (1 per 180 days)       |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG                   | 4                     | NDS; QL (60 per 30 days)  |
| <i>risedronate oral tablet 150 mg</i>                                  | 1                     | QL (1 per 28 days)        |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                             | 1                     | QL (30 per 30 days)       |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>  | 1                     | QL (4 per 28 days)        |

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| Nombre del Medicamento                                                    | Nivel del Medicamento | Requerimientos/ Límites           |
|---------------------------------------------------------------------------|-----------------------|-----------------------------------|
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>             | 1                     | QL (4 per 28 days)                |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | 2                     | QL (2.48 per 28 days)             |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)               | 4                     | NDS; QL (1.56 per 30 days)        |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                      | 4                     | PA; NDS                           |
| <b>Agentes De Trastorno De Sueño</b>                                      |                       |                                   |
| <b>Agentes De Trastorno De Sueño</b>                                      |                       |                                   |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>              | 1                     | PA; QL (30 per 30 days)           |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                            | 2                     | QL (30 per 30 days)               |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                           | 1                     | QL (30 per 30 days)               |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                                        | 4                     | PA; NDS; QL (150 per 30 days)     |
| <i>modafinil oral tablet 100 mg</i>                                       | 1                     | PA; QL (30 per 30 days)           |
| <i>modafinil oral tablet 200 mg</i>                                       | 1                     | PA; QL (60 per 30 days)           |
| <i>sodium oxybate oral solution 500 mg/ml</i>                             | 4                     | PA; LA; NDS; QL (540 per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i>                                     | 4                     | PA; NDS; QL (30 per 30 days)      |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                  | 1                     | QL (30 per 30 days)               |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>                                   | 1                     | QL (30 per 30 days)               |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>      | 1                     | QL (30 per 30 days)               |
| <b>Agentes Del Sistema Nervioso Central</b>                               |                       |                                   |
| <b>Agentes Del Sistema Nervioso Central</b>                               |                       |                                   |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>                | 1                     | QL (60 per 30 days)               |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                      | 1                     | QL (30 per 30 days)               |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                           | 4                     | PA; NDS; QL (120 per 30 days)     |
| AUSTEDO ORAL TABLET 6 MG                                                  | 4                     | PA; NDS; QL (60 per 30 days)      |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG                | 4                     | PA; NDS; QL (90 per 30 days)      |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG                       | 4                     | PA; NDS; QL (60 per 30 days)      |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG  | 4                     | PA; NDS; QL (30 per 30 days)      |

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| Nombre del Medicamento                                                                                             | Nivel del Medicamento | Requerimientos/ Límites       |
|--------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG                                                                 | 4                     | PA; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 4                     | PA; NDS; QL (84 per 30 days)  |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                                                | 4                     | PA; NDS; QL (1 per 28 days)   |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                                                                     | 4                     | PA; NDS; QL (1 per 28 days)   |
| AVONEX PEN 30 MCG/0.5 ML                                                                                           | 4                     | PA; NDS; QL (1 per 28 days)   |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                                                  | 4                     | PA; NDS; QL (15 per 30 days)  |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                                                     | 1                     |                               |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>                                                      | 1                     | PA; QL (60 per 30 days)       |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                          | 1                     | QL (60 per 30 days)           |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>                                 | 1                     | QL (120 per 30 days)          |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i>                                                                 | 1                     | QL (180 per 30 days)          |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>                                                           | 1                     | QL (90 per 30 days)           |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>                                                          | 1                     | QL (60 per 30 days)           |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>                         | 1                     | QL (30 per 30 days)           |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>                        | 1                     | QL (60 per 30 days)           |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                 | 1                     | QL (60 per 30 days)           |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>                                                | 4                     | PA; NDS; QL (14 per 7 days)   |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>                              | 4                     | PA; NDS                       |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>                                                | 4                     | PA; NDS; QL (60 per 30 days)  |

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| Nombre del Medicamento                                                      | Nivel del Medicamento | Requerimientos/ Límites       |
|-----------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>fingolimod oral capsule 0.5 mg</i>                                       | 4                     | PA; NDS; QL (30 per 30 days)  |
| GILENYA ORAL CAPSULE 0.25 MG                                                | 4                     | PA; NDS; QL (60 per 30 days)  |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                             | 4                     | PA; NDS; QL (30 per 30 days)  |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                             | 4                     | PA; NDS; QL (12 per 28 days)  |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                                | 4                     | PA; NDS; QL (30 per 30 days)  |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                                | 4                     | PA; NDS; QL (12 per 28 days)  |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | 1                     |                               |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) | 4                     | PA; NDS                       |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG                                   | 4                     | PA; NDS; QL (30 per 30 days)  |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                         | 4                     | PA; NDS; QL (1.2 per 28 days) |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                | 1                     |                               |
| <i>lithium carbonate oral tablet 300 mg</i>                                 | 1                     |                               |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>        | 1                     |                               |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                             | 2                     |                               |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG                                | 4                     | PA; NDS                       |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG                                 | 4                     | PA; NDS                       |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG                                 | 4                     | PA; NDS                       |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG                                 | 4                     | PA; NDS                       |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG                                 | 4                     | PA; NDS                       |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG                                 | 4                     | PA; NDS                       |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG                                 | 4                     | PA; NDS                       |
| MAYZENT ORAL TABLET 0.25 MG                                                 | 4                     | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG                                              | 4                     | PA; NDS; QL (30 per 30 days)  |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)      | 3                     | PA; NDS                       |

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| Nombre del Medicamento                                                                                                                    | Nivel del Medicamento | Requerimientos/ Límites       |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| MAYZENT STARTER(FOR 2MG MAINT)<br>ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)                                                                | 4                     | PA; NDS                       |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>                                              | 1                     | QL (30 per 30 days)           |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>                                                                          | 1                     | QL (60 per 30 days)           |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>                                                      | 1                     | QL (30 per 30 days)           |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>                                                                           | 1                     | QL (60 per 30 days)           |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                                            | 1                     | QL (900 per 30 days)          |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                 | 1                     | QL (90 per 30 days)           |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>                                                                      | 1                     | QL (90 per 30 days)           |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 54 mg, 54 mg (bx rating)</i> | 1                     | QL (30 per 30 days)           |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating)</i>                                                     | 1                     | QL (60 per 30 days)           |
| RADICAVA ORS STARTER KIT SUSP<br>ORAL SUSPENSION 105 MG/5 ML                                                                              | 4                     | PA; NDS; QL (150 per 30 days) |
| <i>riluzole oral tablet 50 mg</i>                                                                                                         | 1                     | QL (60 per 30 days)           |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                                                                                         | 2                     | QL (60 per 30 days)           |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                                                                             | 2                     |                               |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i>                                                                                              | 4                     | PA; NDS; QL (30 per 30 days)  |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                                                           | 4                     | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG                                                                                       | 4                     | PA; NDS; QL (120 per 30 days) |
| <b>Agentes Del Tracto Respiratorio</b>                                                                                                    |                       |                               |
| <b>Agentes Del Tracto Respiratorio, Otros</b>                                                                                             |                       |                               |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                                                                         | 1                     | PA BvD                        |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG                                                                                  | 4                     | PA; NDS                       |

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| Nombre del Medicamento                                                                                | Nivel del Medicamento | Requerimientos/ Límites           |
|-------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                                       | 1                     | PA BvD                            |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                                       | 4                     | PA; NDS; QL (1 per 28 days)       |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML                                                   | 4                     | PA; NDS; QL (1 per 28 days)       |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG                                                              | 4                     | NDS                               |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 5.8 MG, 50 MG, 75 MG                                          | 4                     | PA; NDS; QL (56 per 28 days)      |
| KALYDECO ORAL TABLET 150 MG                                                                           | 4                     | PA; NDS; QL (56 per 28 days)      |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                                           | 4                     | PA; LA; NDS; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                                                                 | 4                     | PA; LA; NDS; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                                                                 | 4                     | PA; LA; NDS; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                                                              | 4                     | PA; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                                      | 4                     | PA; NDS; QL (60 per 30 days)      |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                      | 4                     | PA; NDS; QL (56 per 28 days)      |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                            | 4                     | PA; NDS; QL (112 per 28 days)     |
| <i>pirfenidone oral capsule 267 mg</i>                                                                | 4                     | PA; NDS; QL (270 per 30 days)     |
| <i>pirfenidone oral tablet 267 mg</i>                                                                 | 4                     | PA; NDS; QL (270 per 30 days)     |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i>                                                         | 4                     | PA; NDS; QL (90 per 30 days)      |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML                                                 | 4                     | PA BvD; NDS                       |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i>                                                       | 1                     | QL (30 per 30 days)               |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)                  | 4                     | PA; NDS; QL (56 per 28 days)      |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 4                     | NDS; QL (56 per 28 days)          |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | 4                     | PA; NDS; QL (84 per 28 days)      |

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| Nombre del Medicamento                                                                                                                          | Nivel del Medicamento | Requerimientos/ Límites      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                                                                          | 4                     | PA; NDS                      |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                                                                                           | 4                     | PA; NDS                      |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                                                                                | 4                     | PA; NDS                      |
| <b>Antiinflamatorios, Corticoesteroides Inhalados</b>                                                                                           |                       |                              |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                           | 2                     | QL (30 per 30 days)          |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE                                                    | 3                     | NDS                          |
| <i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                                                        | 1                     | QL (30.9 per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>                                                              | 1                     | PA BvD; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                                                                              | 1                     | PA BvD; QL (60 per 30 days)  |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                                         | 1                     | QL (30.6 per 30 days)        |
| <i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>                                           | 1                     | QL (60 per 30 days)          |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation</i>                                               | 1                     |                              |
| <i>fluticasone propionate inhalation blister with device 50 mcg/actuation</i>                                                                   | 1                     | QL (120 per 30 days)         |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>                             | 1                     |                              |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | 1                     | QL (1 per 30 days)           |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>                          | 1                     | QL (60 per 30 days)          |

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| Nombre del Medicamento                                                                                                               | Nivel del Medicamento | Requerimientos/ Límites        |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|
| <i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i> | 1                     | QL (12 per 30 days)            |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>                                 | 1                     | QL (60 per 30 days)            |
| <b>Antileucotrinós</b>                                                                                                               |                       |                                |
| <i>montelukast oral tablet 10 mg</i>                                                                                                 | 1                     |                                |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>                                                                                  | 1                     |                                |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                                                          | 1                     |                                |
| <b>Broncodilatadores</b>                                                                                                             |                       |                                |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>                                                             | 1                     | QL (17 per 30 days)            |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>                                                 | 1                     | QL (13.4 per 30 days)          |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>                                                 | 1                     | QL (36 per 30 days)            |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>                     | 1                     | PA BvD; QL (360 per 30 days)   |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                                          | 1                     | PA BvD; QL (120 per 30 days)   |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                                                                        | 1                     |                                |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                                      | 1                     |                                |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION                                                                   | 2                     | QL (60 per 30 days)            |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                                                                         | 3                     | NDS; QL (25.8 per 28 days)     |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                                            | 2                     | QL (10.7 per 30 days)          |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION                                                                              | 2                     | QL (8 per 30 days)             |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                | 1                     | PA BvD; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                                      | 1                     | PA BvD; QL (540 per 30 days)   |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>                                                         | 1                     |                                |

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| Nombre del Medicamento                                                                | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------------------|-----------------------|-------------------------|
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION          | 3                     | NDS; QL (2 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                            | 2                     | QL (60 per 30 days)     |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                | 2                     | QL (4 per 30 days)      |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                | 2                     | QL (4 per 30 days)      |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                  | 2                     | QL (4 per 28 days)      |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                           | 1                     |                         |
| <i>theophylline oral solution 80 mg/15 ml</i>                                         | 1                     |                         |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 1                     |                         |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                 | 1                     |                         |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>              | 1                     | QL (30 per 30 days)     |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG       | 2                     | QL (60 per 30 days)     |
| <b>Agentes Dentales Y Orales</b>                                                      |                       |                         |
| <b>Agentes Dentales Y Orales</b>                                                      |                       |                         |
| <i>cevimeline oral capsule 30 mg</i>                                                  | 1                     |                         |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>                       | 1                     |                         |
| <i>periogard mucous membrane mouthwash 0.12 %</i>                                     | 1                     |                         |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                                       | 1                     |                         |
| <i>triamcinolone acetonide dental paste 0.1 %</i>                                     | 1                     |                         |
| <b>Agentes Dermatológicos</b>                                                         |                       |                         |
| <b>Agentes Antiinflamatorios Dermatológicos</b>                                       |                       |                         |
| <i>ala-cort topical cream 1 %</i>                                                     | 1                     |                         |
| <i>alclometasone topical cream 0.05 %</i>                                             | 1                     |                         |
| <i>alclometasone topical ointment 0.05 %</i>                                          | 1                     |                         |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                                | 1                     | QL (90 per 30 days)     |

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| Nombre del Medicamento                                    | Nivel del Medicamento | Requerimientos/ Límites |
|-----------------------------------------------------------|-----------------------|-------------------------|
| <i>betamethasone dipropionate topical lotion 0.05 %</i>   | 1                     |                         |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 1                     | QL (90 per 30 days)     |
| <i>betamethasone valerate topical cream 0.1 %</i>         | 1                     | QL (180 per 30 days)    |
| <i>betamethasone valerate topical foam 0.12 %</i>         | 1                     | QL (120 per 30 days)    |
| <i>betamethasone valerate topical lotion 0.1 %</i>        | 1                     |                         |
| <i>betamethasone valerate topical ointment 0.1 %</i>      | 1                     | QL (180 per 30 days)    |
| <i>betamethasone, augmented topical cream 0.05 %</i>      | 1                     | QL (100 per 30 days)    |
| <i>betamethasone, augmented topical gel 0.05 %</i>        | 1                     | QL (100 per 30 days)    |
| <i>betamethasone, augmented topical lotion 0.05 %</i>     | 1                     |                         |
| <i>betamethasone, augmented topical ointment 0.05 %</i>   | 1                     | QL (100 per 30 days)    |
| <i>clobetasol scalp solution 0.05 %</i>                   | 1                     |                         |
| <i>clobetasol topical cream 0.05 %</i>                    | 1                     | QL (120 per 30 days)    |
| <i>clobetasol topical foam 0.05 %</i>                     | 1                     | QL (100 per 30 days)    |
| <i>clobetasol topical gel 0.05 %</i>                      | 1                     | QL (120 per 28 days)    |
| <i>clobetasol topical lotion 0.05 %</i>                   | 1                     |                         |
| <i>clobetasol topical ointment 0.05 %</i>                 | 1                     | QL (120 per 28 days)    |
| <i>clobetasol topical shampoo 0.05 %</i>                  | 1                     |                         |
| <i>clobetasol-emollient topical cream 0.05 %</i>          | 1                     | QL (120 per 30 days)    |
| <i>clobetasol-emollient topical foam 0.05 %</i>           | 1                     | QL (100 per 30 days)    |
| <i>desonide topical cream 0.05 %</i>                      | 1                     | QL (60 per 30 days)     |
| <i>desonide topical lotion 0.05 %</i>                     | 1                     |                         |
| <i>desonide topical ointment 0.05 %</i>                   | 1                     | QL (60 per 30 days)     |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i>        | 1                     | QL (120 per 30 days)    |
| <i>desoximetasone topical gel 0.05 %</i>                  | 1                     | QL (120 per 30 days)    |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i>     | 1                     | QL (120 per 30 days)    |
| <i>diflorasone topical ointment 0.05 %</i>                | 1                     | QL (180 per 30 days)    |
| EUCRISA TOPICAL OINTMENT 2 %                              | 2                     |                         |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i>         | 1                     | QL (120 per 30 days)    |
| <i>fluocinolone topical ointment 0.025 %</i>              | 1                     | QL (120 per 30 days)    |
| <i>fluocinonide topical cream 0.05 %</i>                  | 1                     | QL (120 per 30 days)    |
| <i>fluocinonide topical gel 0.05 %</i>                    | 1                     | QL (120 per 30 days)    |

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| Nombre del Medicamento                                                | Nivel del Medicamento | Requerimientos/ Límites |
|-----------------------------------------------------------------------|-----------------------|-------------------------|
| <i>fluocinonide topical ointment 0.05 %</i>                           | 1                     | QL (240 per 30 days)    |
| <i>fluocinonide topical solution 0.05 %</i>                           | 1                     |                         |
| <i>fluocinonide-emollient topical cream 0.05 %</i>                    | 1                     | QL (120 per 30 days)    |
| <i>fluticasone propionate topical cream 0.05 %</i>                    | 1                     | QL (240 per 30 days)    |
| <i>fluticasone propionate topical ointment 0.005 %</i>                | 1                     | QL (240 per 30 days)    |
| <i>halobetasol propionate topical cream 0.05 %</i>                    | 1                     | QL (50 per 30 days)     |
| <i>halobetasol propionate topical ointment 0.05 %</i>                 | 1                     | QL (50 per 30 days)     |
| <i>hydrocortisone 2.5% cream</i>                                      | 1                     | QL (60 per 30 days)     |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>                   | 1                     | QL (236 per 30 days)    |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                 | 1                     | QL (120 per 30 days)    |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                 | 1                     | QL (120 per 30 days)    |
| <i>hydrocortisone topical cream 1 %</i>                               | 1                     | QL (60 per 30 days)     |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i>    | 1                     | QL (60 per 30 days)     |
| <i>hydrocortisone topical lotion 2.5 %</i>                            | 1                     |                         |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                     | 1                     | QL (240 per 30 days)    |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                    | 1                     |                         |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>                 | 1                     | QL (60 per 30 days)     |
| <i>mometasone topical cream 0.1 %</i>                                 | 1                     | QL (180 per 30 days)    |
| <i>mometasone topical ointment 0.1 %</i>                              | 1                     | QL (180 per 30 days)    |
| <i>mometasone topical solution 0.1 %</i>                              | 1                     |                         |
| <i>pimecrolimus topical cream 1 %</i>                                 | 1                     | QL (100 per 30 days)    |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>      | 1                     | QL (60 per 30 days)     |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i>     | 1                     | QL (60 per 30 days)     |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                      | 1                     | QL (100 per 30 days)    |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>    | 1                     | QL (454 per 30 days)    |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>          | 1                     |                         |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1                     |                         |
| <b>Agentes Dermatológicos, Otros</b>                                  |                       |                         |
| <i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>                      | 1                     |                         |

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|------------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                          | 1                     |                              |
| <i>acyclovir topical ointment 5 %</i>                                        | 1                     | QL (30 per 30 days)          |
| <i>ammonium lactate topical cream 12 %</i>                                   | 1                     |                              |
| <i>ammonium lactate topical lotion 12 %</i>                                  | 1                     |                              |
| <i>calcipotriene scalp solution 0.005 %</i>                                  | 1                     | QL (120 per 30 days)         |
| <i>calcipotriene topical cream 0.005 %</i>                                   | 1                     | QL (120 per 30 days)         |
| <i>calcipotriene topical ointment 0.005 %</i>                                | 1                     | QL (120 per 30 days)         |
| <i>fluorouracil topical cream 0.5 %</i>                                      | 4                     | NDS; QL (30 per 30 days)     |
| <i>fluorouracil topical cream 5 %</i>                                        | 1                     | QL (40 per 30 days)          |
| <i>fluorouracil topical solution 2 %, 5 %</i>                                | 1                     |                              |
| <i>imiquimod topical cream in packet 5 %</i>                                 | 1                     | QL (24 per 30 days)          |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>                | 4                     | NDS                          |
| PANRETIN TOPICAL GEL 0.1 %                                                   | 4                     | NDS; QL (180 per 30 days)    |
| <i>penciclovir topical cream 1 %</i>                                         | 1                     | QL (5 per 30 days)           |
| <i>podofilox topical solution 0.5 %</i>                                      | 1                     |                              |
| REGRANEX TOPICAL GEL 0.01 %                                                  | 4                     | PA; NDS; QL (30 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                        | 3                     | NDS; QL (180 per 30 days)    |
| VALCHLOR TOPICAL GEL 0.016 %                                                 | 4                     | NDS; QL (60 per 30 days)     |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                      | 1                     |                              |
| <b>Antibacterianos Dermatológicos</b>                                        |                       |                              |
| <i>clindamycin phosphate topical foam 1 %</i>                                | 1                     | QL (100 per 30 days)         |
| <i>clindamycin phosphate topical solution 1 %</i>                            | 1                     | QL (180 per 30 days)         |
| <i>clindamycin phosphate topical swab 1 %</i>                                | 1                     |                              |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i> | 1                     |                              |
| <i>ery pads topical swab 2 %</i>                                             | 1                     |                              |
| <i>erythromycin with ethanol topical gel 2 %</i>                             | 1                     | QL (180 per 30 days)         |
| <i>erythromycin with ethanol topical solution 2 %</i>                        | 1                     | QL (180 per 30 days)         |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>                       | 1                     |                              |
| <i>gentamicin topical cream 0.1 %</i>                                        | 1                     | QL (120 per 30 days)         |
| <i>gentamicin topical ointment 0.1 %</i>                                     | 1                     | QL (120 per 30 days)         |
| <i>metronidazole topical cream 0.75 %</i>                                    | 1                     |                              |
| <i>metronidazole topical gel 0.75 %, 1 %</i>                                 | 1                     |                              |
| <i>metronidazole topical lotion 0.75 %</i>                                   | 1                     |                              |

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| Nombre del Medicamento                                                         | Nivel del Medicamento | Requerimientos/ Límites  |
|--------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>mupirocin topical ointment 2 %</i>                                          | 1                     | QL (220 per 30 days)     |
| <i>selenium sulfide topical lotion 2.5 %</i>                                   | 1                     |                          |
| <i>silver sulfadiazine topical cream 1 %</i>                                   | 1                     | QL (100 per 30 days)     |
| <i>ssd topical cream 1 %</i>                                                   | 1                     |                          |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i>                     | 1                     |                          |
| <b>Escabicidas Y Pediculicidas</b>                                             |                       |                          |
| <i>malathion topical lotion 0.5 %</i>                                          | 1                     |                          |
| <i>permethrin topical cream 5 %</i>                                            | 1                     | QL (120 per 30 days)     |
| <b>Retinoides Dermatológicos</b>                                               |                       |                          |
| <i>adapalene topical cream 0.1 %</i>                                           | 1                     |                          |
| <i>tazarotene topical cream 0.1 %</i>                                          | 1                     | QL (120 per 30 days)     |
| TAZORAC TOPICAL CREAM 0.05 %                                                   | 3                     | NDS; QL (60 per 30 days) |
| <i>tretinoin topical cream 0.025 %, 0.1 %</i>                                  | 1                     | PA; QL (45 per 30 days)  |
| <i>tretinoin topical cream 0.05 %</i>                                          | 1                     | PA; QL (60 per 30 days)  |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>                           | 1                     | PA; QL (45 per 30 days)  |
| <b>Agentes Gastrointestinales</b>                                              |                       |                          |
| <b>Agentes Antiúlceras Y Supresores De Ácidos</b>                              |                       |                          |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>            | 1                     |                          |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                   | 1                     |                          |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>       | 1                     | QL (30 per 30 days)      |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>       | 1                     | QL (60 per 30 days)      |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | 1                     | ST; QL (30 per 30 days)  |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>        | 1                     | ST; QL (60 per 30 days)  |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>      | 1                     |                          |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                     | 1                     |                          |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>                 | 1                     | QL (30 per 30 days)      |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>                 | 1                     | QL (60 per 30 days)      |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                | 1                     |                          |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                  | 1                     |                          |

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| Nombre del Medicamento                                                     | Nivel del Medicamento | Requerimientos/ Límites      |
|----------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | 1                     |                              |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>           | 4                     | ST; NDS; QL (30 per 30 days) |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>           | 1                     | ST; QL (30 per 30 days)      |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>             | 1                     | QL (30 per 30 days)          |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>             | 1                     | QL (60 per 30 days)          |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>              | 1                     | QL (30 per 30 days)          |
| <i>sucralfate oral tablet 1 gram</i>                                       | 1                     |                              |
| <b>Agentes Gastrointestinales, Otros</b>                                   |                       |                              |
| BYLVAY ORAL CAPSULE 400 MCG                                                | 4                     | NDS                          |
| <i>carglumic acid oral tablet, dispersible 200 mg</i>                      | 4                     | PA; NDS                      |
| <i>constulose oral solution 10 gram/15 ml</i>                              | 1                     |                              |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>                               | 1                     |                              |
| <i>dicyclomine oral capsule 10 mg</i>                                      | 1                     |                              |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                | 1                     |                              |
| <i>dicyclomine oral tablet 20 mg</i>                                       | 1                     |                              |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>                | 1                     |                              |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                     | 1                     |                              |
| <i>enulose oral solution 10 gram/15 ml</i>                                 | 1                     |                              |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                                       | 4                     | PA; NDS                      |
| <i>generlac oral solution 10 gram/15 ml</i>                                | 1                     |                              |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                               | 1                     |                              |
| <i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>             | 1                     |                              |
| <i>lactulose oral solution 10 gram/15 ml</i>                               | 1                     |                              |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                              | 2                     | QL (30 per 30 days)          |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM                                      | 2                     | QL (34 per 30 days)          |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM                                       | 2                     | QL (30 per 30 days)          |
| <i>loperamide oral capsule 2 mg</i>                                        | 1                     |                              |

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| Nombre del Medicamento                                                                 | Nivel del Medicamento | Requerimientos/ Límites        |
|----------------------------------------------------------------------------------------|-----------------------|--------------------------------|
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                         | 2                     | QL (60 per 30 days)            |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                                        | 1                     |                                |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                      | 1                     |                                |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                      | 1                     |                                |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                                    | 2                     | QL (30 per 30 days)            |
| RELISTOR ORAL TABLET 150 MG                                                            | 4                     | PA; NDS; QL (90 per 30 days)   |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                                            | 4                     | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                                             | 4                     | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                                              | 4                     | PA; NDS; QL (11.2 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                        | 4                     | NDS                            |
| <i>sodium polystyrene sulfonate oral powder</i>                                        | 1                     |                                |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>                            | 1                     |                                |
| TRULANCE ORAL TABLET 3 MG                                                              | 2                     |                                |
| <i>ursodiol oral capsule 300 mg</i>                                                    | 1                     |                                |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                             | 1                     |                                |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM                          | 2                     | QL (30 per 30 days)            |
| XERMELO ORAL TABLET 250 MG                                                             | 4                     | PA; NDS; QL (84 per 28 days)   |
| <b>Laxantes</b>                                                                        |                       |                                |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML                                   | 2                     |                                |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML                                   | 3                     | NDS                            |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram</i>                           | 1                     |                                |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram</i>                           | 1                     |                                |
| <i>gavilyte-n oral recon soln 420 gram</i>                                             | 1                     |                                |
| <i>peg-electrolyte soln oral recon soln 420 gram</i>                                   | 1                     |                                |
| <i>sod sul-potass sul-mag sul sol inner 17.5-3.13-1.6 gram</i>                         | 2                     |                                |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i> | 2                     |                                |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM                                              | 2                     |                                |

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| Nombre del Medicamento                                                          | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------------|-----------------------|-------------------------|
| <b>Agentes Genitourinarios</b>                                                  |                       |                         |
| <b>Agentes Genitourinarios, Varios</b>                                          |                       |                         |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>                       | 1                     | QL (30 per 30 days)     |
| <i>dutasteride oral capsule 0.5 mg</i>                                          | 1                     |                         |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>      | 1                     |                         |
| <i>finasteride oral tablet 5 mg</i>                                             | 1                     |                         |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                        | 1                     |                         |
| <i>tamsulosin oral capsule 0.4 mg</i>                                           | 1                     |                         |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                           | 1                     |                         |
| <i>tiopronin oral tablet 100 mg</i>                                             | 4                     | NDS                     |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>            | 4                     | NDS                     |
| <b>Antiespasmódicos, Urinario</b>                                               |                       |                         |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>               | 1                     |                         |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>               | 1                     |                         |
| <i>flavoxate oral tablet 100 mg</i>                                             | 1                     |                         |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML                           | 2                     | QL (300 per 30 days)    |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG                       | 2                     | QL (30 per 30 days)     |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                 | 1                     |                         |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                     | 1                     |                         |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 1                     |                         |
| <i>solifenacin oral tablet 10 mg, 5 mg</i>                                      | 1                     |                         |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>               | 1                     |                         |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                       | 1                     |                         |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>                       | 1                     |                         |
| <i>trospium oral tablet 20 mg</i>                                               | 1                     |                         |

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| Nombre del Medicamento                                                                                                                                                                                    | Nivel del Medicamento | Requerimientos/ Límites |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <b>Agentes Hormonales, Estimulante/Reemplazo/Modificador</b>                                                                                                                                              |                       |                         |
| <b>Agentes Tiroideos Y Antitiroideos</b>                                                                                                                                                                  |                       |                         |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>                                                                   | 1                     |                         |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                                                                                         | 2                     |                         |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                                                                                     | 1                     |                         |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                                                                                | 1                     |                         |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                                                                                 | 1                     |                         |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                                                                                       | 2                     |                         |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG                                                   | 2                     | QL (30 per 30 days)     |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | 2                     | QL (30 per 30 days)     |
| <b>Andrógenos</b>                                                                                                                                                                                         |                       |                         |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                                                                                                                                         | 1                     |                         |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>                                                                                                                    | 1                     |                         |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                                                                                                                                                 | 1                     | QL (5 per 28 days)      |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>                                                                                                                         | 1                     | QL (300 per 30 days)    |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>                                                                                                                      | 1                     | QL (150 per 30 days)    |

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| Nombre del Medicamento                                                                                                                | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>                                                 | 1                     | QL (300 per 30 days)    |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>                                               | 1                     | QL (180 per 30 days)    |
| <b>Estrógenos Y Antiestrógenos</b>                                                                                                    |                       |                         |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>                | 1                     | QL (8 per 28 days)      |
| DUAVEE ORAL TABLET 0.45-20 MG                                                                                                         | 2                     |                         |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                       | 1                     |                         |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>            | 1                     | QL (8 per 28 days)      |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 1                     | QL (4 per 28 days)      |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>                                                                                   | 1                     |                         |
| <i>estradiol vaginal tablet 10 mcg</i>                                                                                                | 1                     | QL (18 per 28 days)     |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>                                                              | 1                     |                         |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>                                                                            | 1                     |                         |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR                                                                                      | 3                     | NDS; QL (1 per 84 days) |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                                                 | 1                     |                         |
| <i>jinteli oral tablet 1-5 mg-mcg</i>                                                                                                 | 1                     |                         |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>              | 1                     | QL (8 per 28 days)      |
| <i>mimvey oral tablet 1-0.5 mg</i>                                                                                                    | 1                     |                         |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                          | 1                     |                         |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG                                                                       | 2                     |                         |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM                                                                                                  | 2                     |                         |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                                                                  | 2                     |                         |

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| Nombre del Medicamento                                                                                                                  | Nivel del Medicamento | Requerimientos/ Límites      |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                                   | 2                     |                              |
| <i>raloxifene oral tablet 60 mg</i>                                                                                                     | 1                     |                              |
| <i>yuvaferm vaginal tablet 10 mcg</i>                                                                                                   | 1                     | QL (18 per 28 days)          |
| <b>Glucocorticoides/Mineralocorticoides</b>                                                                                             |                       |                              |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>                                                                                          | 1                     |                              |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                                                        | 1                     |                              |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                                                               | 1                     |                              |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                    | 1                     |                              |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                                          | 1                     |                              |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i>                                                                                   | 1                     |                              |
| <i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>                                                                            | 1                     | PA BvD                       |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                                                            | 1                     | PA BvD                       |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1                     | PA BvD                       |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML                                                                                            | 1                     | PA BvD                       |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                                                               | 1                     | PA BvD                       |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                                                   | 1                     | PA BvD                       |
| <i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>                                                   | 1                     |                              |
| <b>Pituitario</b>                                                                                                                       |                       |                              |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                                                                         | 4                     | PA; NDS; QL (35 per 28 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML                                                                    | 4                     | PA; NDS; QL (35 per 28 days) |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>                                                                             | 1                     |                              |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>                                                                       | 1                     |                              |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>                                                                                          | 1                     |                              |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG                                                                                                 | 4                     | PA; NDS; QL (30 per 30 days) |

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| Nombre del Medicamento                                                                                                                          | Nivel del Medicamento | Requerimientos/ Límites      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                                                                                                         | 4                     | NDS                          |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG                                                                                       | 4                     | PA NSO; NDS                  |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG                                                                                                  | 4                     | PA NSO; NDS                  |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG                                                                                   | 4                     | PA BvD; NDS                  |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)                                                                                                 | 4                     | PA BvD; NDS                  |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG                                                                                                | 4                     | PA BvD; NDS                  |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 4                     | PA; NDS                      |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>                                                                           | 4                     | NDS                          |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>                                                                  | 1                     |                              |
| ORGOVYX ORAL TABLET 120 MG                                                                                                                      | 4                     | PA NSO; NDS                  |
| ORILISSA ORAL TABLET 150 MG                                                                                                                     | 4                     | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG                                                                                                                     | 4                     | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG                                                                                               | 4                     | PA; NDS                      |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)                                                             | 4                     | PA; NDS; QL (60 per 30 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                                                                              | 4                     | PA; NDS                      |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML                                                                                                        | 4                     | PA; NDS                      |
| <b>Progestinas</b>                                                                                                                              |                       |                              |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML                                                                                       | 2                     | QL (0.65 per 90 days)        |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>                                                                                   | 1                     | QL (1 per 84 days)           |

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| Nombre del Medicamento                                               | Nivel del Medicamento | Requerimientos/ Límites         |
|----------------------------------------------------------------------|-----------------------|---------------------------------|
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>           | 1                     | QL (1 per 84 days)              |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>           | 1                     |                                 |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>             | 1                     |                                 |
| <i>norethindrone acetate oral tablet 5 mg</i>                        | 1                     |                                 |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>           | 1                     |                                 |
| <b>Agentes Inmunológicos</b>                                         |                       |                                 |
| <b>Agentes Inmunológicos</b>                                         |                       |                                 |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                              | 4                     | NDS                             |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG          | 3                     | PA BvD; NDS                     |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG                  | 4                     | PA BvD; NDS                     |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>                 | 1                     | PA BvD                          |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                        | 4                     | PA; NDS; QL (8 per 28 days)     |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                              | 4                     | PA; NDS; QL (8 per 28 days)     |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML                              | 4                     | PA NSO; NDS; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 4                     | PA; NDS                         |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)          | 4                     | PA; NDS                         |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML                 | 4                     | PA; NDS                         |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML            | 4                     | PA; NDS                         |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML                           | 4                     | PA; NDS                         |

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|--------------------------------------------------------------------------------------|-----------------------|--------------------------------|
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR 300<br>MG/2 ML                    | 4                     | PA; NDS                        |
| <i>cyclosporine modified oral capsule 100 mg,<br/>25 mg, 50 mg</i>                   | 1                     | PA BvD                         |
| <i>cyclosporine modified oral solution 100<br/>mg/ml</i>                             | 1                     | PA BvD                         |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                       | 1                     | PA BvD                         |
| DUPIXENT PEN SUBCUTANEOUS PEN<br>INJECTOR 200 MG/1.14 ML                             | 4                     | PA; NDS; QL (4.56 per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN<br>INJECTOR 300 MG/2 ML                                | 4                     | PA; NDS                        |
| DUPIXENT SYRINGE SUBCUTANEOUS<br>SYRINGE 100 MG/0.67 ML                              | 4                     | PA; NDS; QL (1.34 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS<br>SYRINGE 200 MG/1.14 ML                              | 4                     | PA; NDS; QL (4.56 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS<br>SYRINGE 300 MG/2 ML                                 | 4                     | PA; NDS                        |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                | 4                     | PA; NDS                        |
| ENBREL SUBCUTANEOUS SOLUTION 25<br>MG/0.5 ML                                         | 4                     | PA; NDS                        |
| ENBREL SUBCUTANEOUS SYRINGE 25<br>MG/0.5 ML (0.5), 50 MG/ML (1 ML)                   | 4                     | PA; NDS                        |
| ENBREL SURECLICK SUBCUTANEOUS<br>PEN INJECTOR 50 MG/ML (1 ML)                        | 4                     | PA; NDS                        |
| <i>everolimus (immunosuppressive) oral tablet<br/>0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | 4                     | PA BvD; NDS                    |
| GAMMAGARD LIQUID INJECTION<br>SOLUTION 10 %                                          | 4                     | PA BvD; NDS                    |
| GAMMAGARD S-D (IGA < 1 MCG/ML)<br>INTRAVENOUS RECON SOLN 10 GRAM, 5<br>GRAM          | 4                     | PA BvD; NDS                    |
| GAMMAPLEX (WITH SORBITOL)<br>INTRAVENOUS SOLUTION 5 %                                | 4                     | PA BvD; NDS                    |
| GAMMAPLEX INTRAVENOUS SOLUTION<br>10 %, 10 % (100 ML), 10 % (200 ML)                 | 4                     | PA BvD; NDS                    |
| GAMUNEX-C INJECTION SOLUTION 1<br>GRAM/10 ML (10 %)                                  | 4                     | PA BvD; NDS                    |
| <i>gengraf oral capsule 100 mg, 25 mg</i>                                            | 1                     | PA BvD                         |
| <i>gengraf oral solution 100 mg/ml</i>                                               | 1                     | PA BvD                         |

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| <b>Nombre del Medicamento</b>                                                                   | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|-------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML                                       | 4                            | PA; NDS                        |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML                                                       | 4                            | PA; NDS                        |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML                                   | 4                            | PA; NDS                        |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                                                   | 4                            | PA; NDS                        |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                        | 4                            | PA; NDS                        |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                       | 4                            | PA; NDS                        |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                                           | 4                            | PA; NDS                        |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                                    | 4                            | PA; NDS                        |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 4                            | PA; NDS                        |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | 4                            | PA; NDS                        |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | 4                            | PA; NDS                        |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML          | 4                            | PA; NDS                        |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML                         | 4                            | PA; NDS                        |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML                    | 4                            | PA; NDS                        |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML                                | 4                            | PA; NDS                        |

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|-------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML                                           | 4                     | PA; NDS                            |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                           | 1                     |                                    |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                                      | 1                     | PA BvD                             |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>                             | 4                     | PA BvD; NDS                        |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                                       | 1                     | PA BvD                             |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>                       | 3                     | PA BvD; NDS                        |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %                                                                | 4                     | PA BvD; NDS                        |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML                                                | 4                     | PA; NDS                            |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML                                  | 4                     | PA; NDS                            |
| OTEZLA ORAL TABLET 20 MG                                                                              | 4                     | PA; LA; NDS; QL (90 per 30 days)   |
| OTEZLA ORAL TABLET 30 MG                                                                              | 4                     | PA; NDS; QL (60 per 30 days)       |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51)                                          | 4                     | PA; LA; NDS; QL (110 per 365 days) |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19) | 4                     | PA; NDS; QL (110 per 365 days)     |
| PRIVIGEN INTRAVENOUS SOLUTION 10 %                                                                    | 4                     | PA BvD; NDS                        |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG                                                          | 3                     | PA BvD; NDS                        |
| REZUROCK ORAL TABLET 200 MG                                                                           | 4                     | PA NSO; NDS                        |
| RIDAURA ORAL CAPSULE 3 MG                                                                             | 4                     | NDS                                |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                                                       | 4                     | PA; NDS; QL (360 per 30 days)      |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG                                         | 4                     | PA; NDS; QL (30 per 30 days)       |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML                  | 4                     | PA; NDS                            |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML                        | 4                     | PA; NDS                            |
| <i>sirolimus oral solution 1 mg/ml</i>                                                                | 4                     | PA BvD; NDS                        |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i>                                                             | 1                     | PA BvD                             |
| <i>sirolimus oral tablet 2 mg</i>                                                                     | 3                     | PA BvD; NDS                        |

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|-----------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML                                                         | 4                     | PA; NDS                       |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                                                              | 4                     | PA; NDS                       |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)                                    | 4                     | PA; NDS; QL (1.2 per 56 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)                                    | 4                     | PA; NDS; QL (2.4 per 56 days) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                                          | 4                     | PA; NDS                       |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                                                 | 4                     | PA; NDS                       |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                                   | 1                     | PA BvD                        |
| TAVNEOS ORAL CAPSULE 10 MG                                                                          | 4                     | PA; NDS; QL (180 per 30 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)                                                | 4                     | PA; NDS                       |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML                                                   | 4                     | PA; NDS                       |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                                        | 4                     | PA; NDS                       |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML                                                 | 4                     | PA; NDS                       |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML                                         | 4                     | PA; NDS                       |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 4                     | PA; NDS                       |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                                                           | 4                     | PA; NDS                       |
| XELJANZ ORAL SOLUTION 1 MG/ML                                                                       | 4                     | PA; NDS                       |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                                                     | 4                     | PA; NDS                       |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG                                          | 4                     | PA; NDS                       |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                                         | 2                     | PA                            |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML                                                          | 2                     | PA                            |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML                                                              | 4                     | PA; NDS                       |

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|-----------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| <b>Vacunas</b>                                                                          |                       |                                  |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML                                    | 2                     | \$0 copay                        |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                                      | 2                     |                                  |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2                     | \$0 copay                        |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML    | 2                     | \$0 copay                        |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML                  | 2                     | \$0 copay                        |
| AREXVY ANTIGEN COMPONENT 120 MCG                                                        | 2                     | \$0 copay                        |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG                 | 2                     | \$0 copay                        |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML                                    | 2                     | \$0 copay                        |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML                          | 2                     | \$0 copay                        |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                             | 2                     | \$0 copay                        |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML         | 2                     |                                  |
| ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML                                        | 2                     | PA BvD; \$0 copay                |
| ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML                                           | 2                     | PA BvD; \$0 copay                |
| ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML                             | 2                     | PA BvD; \$0 copay                |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML                                         | 2                     | \$0 copay; QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML                                            | 2                     | \$0 copay; QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML                                   | 2                     | \$0 copay                        |

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|---------------------------------------------------------------------|------------------------------|--------------------------------|
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML             | 2                            |                                |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML                 | 2                            | PA BvD; \$0 copay              |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                 | 2                            |                                |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT        | 2                            | PA BvD; \$0 copay              |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 2                            |                                |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML                       | 2                            | \$0 copay                      |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML            | 2                            | \$0 copay                      |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML                      | 2                            | \$0 copay                      |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5  | 2                            | \$0 copay                      |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML         | 2                            |                                |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML                   | 2                            | \$0 copay                      |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML                 | 2                            | \$0 copay                      |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML       | 2                            | \$0 copay                      |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML    | 2                            | \$0 copay                      |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML                    | 2                            |                                |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML  | 2                            |                                |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML               | 2                            |                                |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML                    | 2                            | \$0 copay                      |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML        | 2                            |                                |

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|---------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML                                    | 2                            | PA BvD; \$0 copay              |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 2                            | \$0 copay                      |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4.3-3- 3.99 TCID50/0.5 | 2                            |                                |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML                 | 2                            |                                |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML                    | 2                            |                                |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT                    | 2                            | PA BvD; \$0 copay              |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML        | 2                            | PA BvD; \$0 copay              |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML                      | 2                            | PA BvD; \$0 copay              |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML                                         | 2                            |                                |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML                           | 2                            |                                |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML                                                    | 2                            |                                |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML               | 2                            | \$0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML                                     | 2                            | \$0 copay                      |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML                      | 2                            | \$0 copay                      |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML                                 | 2                            | \$0 copay                      |
| TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML           | 2                            |                                |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML                                         | 2                            | QL (1.5 per 365 days)          |

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| Nombre del Medicamento                                                                                                  | Nivel del Medicamento | Requerimientos/ Límites          |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML                                                                            | 2                     | \$0 copay; QL (1.5 per 365 days) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML                                                                           | 2                     | \$0 copay                        |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML                                                            | 2                     | \$0 copay                        |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML                                                                          | 2                     | \$0 copay                        |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML                                                                           | 2                     | \$0 copay                        |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML                                                                      | 2                     |                                  |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML                                                                          | 2                     | \$0 copay                        |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML                                                                         | 2                     |                                  |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML                                                                             | 2                     | \$0 copay                        |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML                                               | 2                     | \$0 copay; QL (2 per 365 days)   |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT                                       | 2                     |                                  |
| VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML                                                                            | 2                     |                                  |
| VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT                                                             | 2                     |                                  |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 2                     | \$0 copay                        |
| <b>Agentes Oftálmicos</b>                                                                                               |                       |                                  |
| <b>Agentes Antiglaucoma</b>                                                                                             |                       |                                  |
| <i>acetazolamide oral capsule, extended release 500 mg</i>                                                              | 1                     |                                  |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                                                                         | 1                     |                                  |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                                                                           | 1                     |                                  |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                                                                        | 1                     | QL (2.5 per 25 days)             |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>                                                          | 1                     |                                  |

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|----------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>                | 1                     |                         |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>                  | 1                     |                         |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                | 1                     |                         |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                              | 1                     |                         |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>       | 1                     |                         |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>           | 1                     |                         |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                          | 1                     | QL (2.5 per 25 days)    |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                            | 1                     |                         |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                                      | 2                     | QL (2.5 per 25 days)    |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                              | 1                     |                         |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                | 1                     |                         |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %                                    | 2                     | QL (2.5 per 25 days)    |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %                              | 2                     | QL (2.5 per 25 days)    |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                        | 2                     |                         |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>               | 1                     | QL (30 per 30 days)     |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                | 1                     |                         |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> | 1                     |                         |
| <i>timolol ophthalmic (eye) drops 0.5 %</i>                                | 1                     |                         |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i>                           | 1                     | QL (2.5 per 25 days)    |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %                                     | 3                     | NDS; QL (5 per 30 days) |
| <b>Agentes Para Los Ojos, Oídos, Nariz, Garganta</b>                       |                       |                         |
| <b>Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta</b>            |                       |                         |
| <i>acetic acid otic (ear) solution 2 %</i>                                 | 1                     |                         |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                  | 1                     |                         |

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| Nombre del Medicamento                                                                               | Nivel del Medicamento | Requerimientos/ Límites |
|------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>                         | 1                     |                         |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                                                | 1                     |                         |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>                             | 1                     | QL (7.5 per 7 days)     |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                                      | 1                     | QL (3.5 per 4 days)     |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                                                     | 1                     |                         |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                                                       | 1                     |                         |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                                             | 1                     |                         |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>                                                     | 1                     |                         |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>                                                     | 1                     |                         |
| NATACYN OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 5 %                                                     | 3                     | NDS                     |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>             | 1                     |                         |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>         | 1                     |                         |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | 1                     |                         |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>          | 1                     |                         |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>           | 1                     |                         |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>           | 1                     |                         |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>                | 1                     |                         |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                        | 1                     |                         |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>                          | 1                     |                         |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>                           | 1                     |                         |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>                                                        | 1                     |                         |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                                              | 1                     |                         |

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| Nombre del Medicamento                                                           | Nivel del Medicamento | Requerimientos/ Límites |
|----------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                    | 1                     |                         |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | 1                     |                         |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                          | 1                     |                         |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                       | 1                     |                         |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>    | 1                     |                         |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                   | 1                     |                         |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>      | 1                     |                         |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                   | 1                     |                         |
| XDEMYV OPTHALMIC (EYE) DROPS 0.25 %                                              | 4                     | PA; NDS                 |
| ZIRGAN OPTHALMIC (EYE) GEL 0.15 %                                                | 3                     | NDS; QL (5 per 30 days) |
| ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %                                 | 2                     |                         |
| <b>Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta</b>                |                       |                         |
| <i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>                  | 1                     |                         |
| CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %                                         | 2                     |                         |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>                          | 1                     | QL (60 per 30 days)     |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>               | 1                     |                         |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                            | 1                     |                         |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i>                               | 1                     |                         |
| EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                                  | 2                     | QL (8.3 per 14 days)    |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                      | 1                     | QL (50 per 25 days)     |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>                        | 1                     |                         |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>                   | 3                     | NDS                     |

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|-----------------------------------------------------------------------|-----------------------|--------------------------|
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>              | 1                     |                          |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> | 1                     | QL (16 per 30 days)      |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                     | 2                     |                          |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i>                         | 1                     |                          |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i>                         | 1                     | QL (10 per 25 days)      |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT<br>0.5 %                            | 2                     | QL (3.5 per 14 days)     |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %                       | 2                     | QL (5 per 16 days)       |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>         | 1                     | QL (10 per 13 days)      |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>  | 1                     |                          |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>  | 1                     | QL (15 per 19 days)      |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>            | 1                     | QL (34 per 30 days)      |
| PRED FORTE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                   | 2                     |                          |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>     | 2                     |                          |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>       | 1                     |                          |
| XHANCE NASAL AEROSOL BREATH<br>ACTIVATED 93 MCG/ACTUATION             | 2                     | QL (32 per 30 days)      |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                            | 3                     | NDS; QL (60 per 30 days) |
| <b>Agentes De Ojos, Oídos, Nariz Y Garganta, Varios</b>               |                       |                          |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                     | 1                     |                          |
| <i>atropine ophthalmic (eye) drops 1 %</i>                            | 3                     | NDS                      |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>             | 1                     | QL (30 per 25 days)      |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                       | 1                     |                          |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>              | 1                     | ST                       |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                            | 1                     |                          |

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| Nombre del Medicamento                                                     | Nivel del Medicamento | Requerimientos/ Límites       |
|----------------------------------------------------------------------------|-----------------------|-------------------------------|
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %                                     | 4                     | PA; NDS; QL (60 per 28 days)  |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                            | 1                     |                               |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>        | 1                     | QL (30 per 28 days)           |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>        | 1                     | QL (15 per 10 days)           |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i>                          | 1                     | QL (30.5 per 30 days)         |
| <b>Agentes Terapeúticos Misceláneos</b>                                    |                       |                               |
| <b>Agentes Terapeúticos Misceláneos</b>                                    |                       |                               |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                             | 4                     | PA; NDS                       |
| <i>betaine oral powder 1 gram/scoop</i>                                    | 4                     | PA; NDS                       |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>             | 1                     |                               |
| <i>diazoxide oral suspension 50 mg/ml</i>                                  | 4                     | NDS                           |
| ELMIRON ORAL CAPSULE 100 MG                                                | 3                     | NDS; QL (90 per 30 days)      |
| ENDARI ORAL POWDER IN PACKET 5 GRAM                                        | 4                     | PA; NDS; QL (180 per 30 days) |
| FIRDAPSE ORAL TABLET 10 MG                                                 | 4                     | PA; NDS; QL (240 per 30 days) |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i>                | 3                     | PA; NDS; QL (180 per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 2                     |                               |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                  | 2                     |                               |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML                                    | 2                     |                               |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>               | 1                     |                               |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>            | 1                     |                               |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>                  | 1                     |                               |
| <i>levocarnitine oral tablet 330 mg</i>                                    | 3                     | NDS                           |
| <i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i>                            | 1                     |                               |
| <i>mesna oral tablet 400 mg</i>                                            | 4                     | NDS                           |
| MESNEX ORAL TABLET 400 MG                                                  | 4                     | NDS                           |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i>                           | 3                     | NDS; QL (30 per 30 days)      |

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|-------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>                                       | 1                     |                                  |
| <i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>                                    | 1                     |                                  |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>                         | 1                     |                                  |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                                    | 4                     | PA; NDS; QL (4 per 28 days)      |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML                                                   | 4                     | PA; NDS; QL (2 per 28 days)      |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)                                     | 4                     | PA; NDS; QL (4 per 28 days)      |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                       | 4                     | PA NSO; NDS; QL (56 per 28 days) |
| TYBOST ORAL TABLET 150 MG                                                                 | 2                     | QL (30 per 30 days)              |
| VEOZAH ORAL TABLET 45 MG                                                                  | 3                     | PA; NDS; QL (30 per 30 days)     |
| VOWST ORAL CAPSULE                                                                        | 4                     | NDS; QL (12 per 30 days)         |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML                           | 2                     |                                  |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML                                      | 2                     |                                  |
| <b>Agentes Vasodilatadores</b>                                                            |                       |                                  |
| <b>Agentes Vasodilatadores</b>                                                            |                       |                                  |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                    | 4                     | PA; NDS; QL (90 per 30 days)     |
| <i>alyq oral tablet 20 mg</i>                                                             | 4                     | PA; NDS; QL (60 per 30 days)     |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                | 4                     | PA; NDS; QL (30 per 30 days)     |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                               | 4                     | PA; LA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG                                                                 | 4                     | PA; NDS; QL (30 per 30 days)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                                   | 1                     | PA; QL (360 per 30 days)         |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>                                        | 5                     | NDS; EX; CB (8 EA per 30 days)   |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                                   | 4                     | PA; NDS; QL (60 per 30 days)     |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                                                 | 1                     | PA; QL (30 per 30 days)          |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 4                     | PA; NDS; QL (60 per 30 days)     |
| UPTRAVI ORAL TABLET 200 MCG                                                               | 4                     | PA; NDS; QL (240 per 30 days)    |

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| Nombre del Medicamento                                                                           | Nivel del Medicamento | Requerimientos/ Límites       |
|--------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| UPTRAVI ORAL TABLETS,DOSE PACK<br>200 MCG (140)- 800 MCG (60)                                    | 4                     | PA; NDS                       |
| <b>Analgésicos</b>                                                                               |                       |                               |
| <b>Agentes Antiinflamatorios No Esteroideos</b>                                                  |                       |                               |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                                      | 1                     | QL (60 per 30 days)           |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                    | 1                     | QL (120 per 30 days)          |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                               | 1                     | QL (60 per 30 days)           |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>                              | 1                     | QL (150 per 30 days)          |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>                              | 1                     | QL (120 per 30 days)          |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>                              | 1                     | QL (60 per 30 days)           |
| <i>diclofenac sodium topical drops 1.5 %</i>                                                     | 1                     | QL (300 per 30 days)          |
| <i>diclofenac sodium topical gel 3 %</i>                                                         | 1                     | PA; QL (100 per 28 days)      |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>        | 4                     | PA; NDS; QL (224 per 28 days) |
| <i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | 1                     |                               |
| <i>diflunisal oral tablet 500 mg</i>                                                             | 1                     |                               |
| <i>ec-naproxen dr 375 mg tablet</i>                                                              | 1                     |                               |
| <i>ec-naproxen dr 500 mg tablet</i>                                                              | 1                     |                               |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                      | 1                     |                               |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                       | 1                     |                               |
| <i>fenoprofen oral tablet 600 mg</i>                                                             | 1                     |                               |
| <i>flurbiprofen oral tablet 100 mg</i>                                                           | 1                     |                               |
| <i>ibu oral tablet 600 mg, 800 mg</i>                                                            | 1                     |                               |
| <i>ibuprofen oral suspension 100 mg/5 ml</i>                                                     | 1                     |                               |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                              | 1                     |                               |
| <i>indomethacin oral capsule 25 mg</i>                                                           | 1                     | QL (240 per 30 days)          |
| <i>indomethacin oral capsule 50 mg</i>                                                           | 1                     | QL (120 per 30 days)          |
| <i>indomethacin oral capsule, extended release 75 mg</i>                                         | 1                     | QL (60 per 30 days)           |
| <i>ketoprofen oral capsule 50 mg</i>                                                             | 1                     |                               |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>                                    | 1                     |                               |

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| Nombre del Medicamento                                                                                        | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>ketorolac oral tablet 10 mg</i>                                                                            | 1                     | QL (20 per 30 days)     |
| <i>mefenamic acid oral capsule 250 mg</i>                                                                     | 1                     |                         |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                                    | 1                     |                         |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                                  | 1                     |                         |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                                            | 1                     |                         |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>                                           | 1                     |                         |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                                                    | 1                     |                         |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                                                    | 1                     |                         |
| <b>Analgésicos, Varios</b>                                                                                    |                       |                         |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>                                                     | 1                     | QL (4500 per 30 days)   |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                                                 | 1                     | QL (360 per 30 days)    |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                                            | 1                     | QL (180 per 30 days)    |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i>                                                       | 1                     | QL (180 per 30 days)    |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | 1                     | QL (4 per 28 days)      |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                            | 1                     | QL (180 per 30 days)    |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                                         | 1                     | QL (180 per 30 days)    |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>                                  | 1                     | QL (180 per 30 days)    |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                                                 | 1                     | QL (180 per 30 days)    |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                                                  | 1                     | QL (180 per 30 days)    |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>                                                          | 1                     | QL (5 per 28 days)      |
| <i>codeine sulfate oral tablet 60 mg</i>                                                                      | 1                     | QL (180 per 30 days)    |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>                                               | 1                     | QL (180 per 30 days)    |
| <i>endocet oral tablet 10-325 mg</i>                                                                          | 1                     | QL (180 per 30 days)    |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>                                                               | 1                     | QL (360 per 30 days)    |
| <i>endocet oral tablet 7.5-325 mg</i>                                                                         | 1                     | QL (240 per 30 days)    |

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| Nombre del Medicamento                                                                             | Nivel del Medicamento | Requerimientos/ Límites       |
|----------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 4                     | PA; NDS; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>                                         | 1                     | PA; QL (120 per 30 days)      |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>   | 1                     | QL (10 per 30 days)           |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                    | 1                     | QL (2700 per 30 days)         |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>          | 1                     | QL (180 per 30 days)          |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>                                    | 1                     | QL (240 per 30 days)          |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                           | 1                     | QL (150 per 30 days)          |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>                           | 1                     |                               |
| <i>hydromorphone oral liquid 1 mg/ml</i>                                                           | 1                     | QL (1200 per 30 days)         |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>                                                  | 1                     | QL (180 per 30 days)          |
| <i>methadone oral tablet 10 mg</i>                                                                 | 1                     | QL (120 per 30 days)          |
| <i>methadone oral tablet 5 mg</i>                                                                  | 1                     | QL (180 per 30 days)          |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                   | 1                     | PA; QL (180 per 30 days)      |
| <i>morphine oral solution 10 mg/5 ml</i>                                                           | 1                     | QL (700 per 30 days)          |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>                                                 | 1                     | QL (300 per 30 days)          |
| MORPHINE ORAL TABLET 15 MG                                                                         | 3                     | NDS; QL (180 per 30 days)     |
| MORPHINE ORAL TABLET 30 MG                                                                         | 3                     | NDS; QL (120 per 30 days)     |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>                                 | 1                     | QL (60 per 30 days)           |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i>                                          | 1                     | QL (90 per 30 days)           |
| <i>oxycodone oral capsule 5 mg</i>                                                                 | 1                     | QL (180 per 30 days)          |
| <i>oxycodone oral concentrate 20 mg/ml</i>                                                         | 1                     | PA; QL (120 per 30 days)      |
| <i>oxycodone oral solution 5 mg/5 ml</i>                                                           | 1                     | QL (1300 per 30 days)         |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>                                                           | 1                     | QL (180 per 30 days)          |
| <i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>                                                   | 1                     | QL (120 per 30 days)          |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>                                               | 1                     | QL (180 per 30 days)          |

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| Nombre del Medicamento                                                    | Nivel del Medicamento | Requerimientos/ Límites   |
|---------------------------------------------------------------------------|-----------------------|---------------------------|
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>           | 1                     | QL (360 per 30 days)      |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>                     | 1                     | QL (240 per 30 days)      |
| <i>oxymorphone oral tablet 10 mg</i>                                      | 1                     | QL (120 per 30 days)      |
| <i>oxymorphone oral tablet 5 mg</i>                                       | 1                     | QL (180 per 30 days)      |
| <i>tramadol oral tablet 50 mg</i>                                         | 1                     | QL (240 per 30 days)      |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                     | 1                     | QL (300 per 30 days)      |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>13.5 MG, 18 MG, 9 MG | 2                     | QL (60 per 30 days)       |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH) 27<br>MG                | 2                     | QL (120 per 30 days)      |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH) 36<br>MG                | 4                     | NDS; QL (240 per 30 days) |
| <b>Anestésicos</b>                                                        |                       |                           |
| <b>Anestesia Local</b>                                                    |                       |                           |
| <i>lidocaine hcl mucous membrane solution 4 %<br/>(40 mg/ml)</i>          | 1                     | PA                        |
| <i>lidocaine topical adhesive patch,medicated 5<br/>%</i>                 | 1                     | PA; QL (90 per 30 days)   |
| <i>lidocaine topical ointment 5 %</i>                                     | 1                     | PA; QL (90 per 30 days)   |
| <i>lidocaine viscous mucous membrane<br/>solution 2 %</i>                 | 1                     |                           |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                       | 1                     | PA; QL (30 per 30 days)   |
| <b>Antagonistas De Metales Pesados</b>                                    |                       |                           |
| <b>Antagonistas De Metales Pesados</b>                                    |                       |                           |
| <i>deferasirox oral granules in packet 180 mg,<br/>360 mg, 90 mg</i>      | 4                     | PA; NDS                   |
| <i>deferasirox oral tablet 180 mg, 360 mg</i>                             | 3                     | PA; NDS                   |
| <i>deferasirox oral tablet 90 mg</i>                                      | 1                     | PA                        |
| <i>deferasirox oral tablet, dispersible 125 mg</i>                        | 3                     | PA; NDS                   |
| <i>deferasirox oral tablet, dispersible 250 mg,<br/>500 mg</i>            | 4                     | PA; NDS                   |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i>                           | 4                     | PA; NDS                   |
| FERRIPROX (2 TIMES A DAY) ORAL<br>TABLET, MODIFIED RELEASE 1,000 MG       | 4                     | PA; NDS                   |

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| Nombre del Medicamento                                                             | Nivel del Medicamento | Requerimientos/ Límites       |
|------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| FERRIPROX ORAL SOLUTION 100 MG/ML                                                  | 4                     | PA; NDS                       |
| <i>penicillamine oral tablet 250 mg</i>                                            | 4                     | PA; NDS                       |
| <i>trientine oral capsule 250 mg</i>                                               | 4                     | PA; NDS; QL (240 per 30 days) |
| <i>trientine oral capsule 500 mg</i>                                               | 4                     | PA; NDS; QL (120 per 30 days) |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                                |                       |                               |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                                |                       |                               |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                     | 1                     |                               |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                            | 1                     |                               |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                      | 1                     |                               |
| <i>terconazole vaginal suppository 80 mg</i>                                       | 1                     |                               |
| <b>Antibacterianos</b>                                                             |                       |                               |
| <b>Aminoglicósidos</b>                                                             |                       |                               |
| <i>amikacin injection solution 500 mg/2 ml</i>                                     | 3                     | NDS                           |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                      | 3                     | NDS; QL (252 per 30 days)     |
| <i>gentamicin injection solution 40 mg/ml</i>                                      | 1                     |                               |
| <i>neomycin oral tablet 500 mg</i>                                                 | 1                     |                               |
| <i>streptomycin intramuscular recon soln 1 gram</i>                                | 4                     | NDS                           |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                        | 4                     | NDS; QL (224 per 28 days)     |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | 4                     | PA BvD; NDS                   |
| <i>tobramycin sulfate injection solution 40 mg/ml</i>                              | 1                     |                               |
| <b>Antibacteriales, Misceláneos</b>                                                |                       |                               |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                          | 1                     |                               |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>              | 1                     | PA BvD; HI                    |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>                            | 1                     |                               |
| <i>clindamycin ph 900 mg/6 ml vial 25's, sdv 150 mg/ml</i>                         | 1                     | PA BvD; HI                    |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>                 | 1                     | PA BvD; HI                    |

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| Nombre del Medicamento                                                     | Nivel del Medicamento | Requerimientos/ Límites      |
|----------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>colistin (colistimethate na) injection recon soln 150 mg</i>            | 4                     | PA BvD; HI; NDS              |
| <i>daptomycin intravenous recon soln 500 mg</i>                            | 4                     | NDS                          |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                          | 1                     |                              |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>        | 1                     | PA BvD; HI                   |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>            | 4                     | NDS; QL (1800 per 30 days)   |
| <i>linezolid oral tablet 600 mg</i>                                        | 1                     |                              |
| <i>methenamine hippurate oral tablet 1 gram</i>                            | 1                     |                              |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>  | 1                     | PA BvD; HI                   |
| <i>metronidazole oral tablet 125 mg, 250 mg, 500 mg</i>                    | 1                     |                              |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>       | 1                     | QL (120 per 30 days)         |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>                  | 1                     | QL (60 per 30 days)          |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i>               | 1                     | PA BvD; HI                   |
| <i>trimethoprim oral tablet 100 mg</i>                                     | 1                     |                              |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i> | 1                     |                              |
| <i>vancomycin oral capsule 125 mg</i>                                      | 1                     | QL (56 per 14 days)          |
| <i>vancomycin oral capsule 250 mg</i>                                      | 1                     | QL (112 per 14 days)         |
| <i>vancomycin oral recon soln 25 mg/ml</i>                                 | 3                     | NDS                          |
| XIFAXAN ORAL TABLET 200 MG                                                 | 3                     | PA; NDS; QL (9 per 30 days)  |
| XIFAXAN ORAL TABLET 550 MG                                                 | 4                     | PA; NDS; QL (90 per 30 days) |
| <b>Antibióticos B-Lactam Misceláneos</b>                                   |                       |                              |
| <i>aztreonam injection recon soln 1 gram</i>                               | 1                     | PA BvD; HI                   |
| <i>aztreonam injection recon soln 2 gram</i>                               | 4                     | NDS                          |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                      | 4                     | PA; NDS                      |
| <i>ertapenem injection recon soln 1 gram</i>                               | 1                     |                              |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>           | 1                     |                              |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i>                     | 1                     |                              |
| <b>Cefalosporinas</b>                                                      |                       |                              |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                | 1                     |                              |

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| <b>Nombre del Medicamento</b>                                                   | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---------------------------------------------------------------------------------|------------------------------|--------------------------------|
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>                  | 1                            |                                |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                       | 1                            |                                |
| <i>cefadroxil oral capsule 500 mg</i>                                           | 1                            |                                |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>   | 1                            |                                |
| <i>cefadroxil oral tablet 1 gram</i>                                            | 1                            |                                |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                   | 1                            |                                |
| <i>cefdinir oral capsule 300 mg</i>                                             | 1                            |                                |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>     | 1                            |                                |
| <i>cefepime injection recon soln 1 gram, 2 gram</i>                             | 1                            |                                |
| <i>cefixime oral capsule 400 mg</i>                                             | 1                            |                                |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>     | 1                            |                                |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>                 | 1                            | PA BvD; HI                     |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>   | 1                            |                                |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                   | 1                            |                                |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>    | 1                            |                                |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                     | 1                            |                                |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>                  | 1                            |                                |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 1                            |                                |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                             | 1                            |                                |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                            | 1                            | PA BvD; HI                     |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i>                        | 1                            | PA BvD; HI                     |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                           | 1                            |                                |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>   | 1                            |                                |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                    | 1                            |                                |

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| Nombre del Medicamento                                                                                                                     | Nivel del Medicamento | Requerimientos/ Límites   |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG                                                                                              | 4                     | PA BvD; HI; NDS           |
| <b>Macrólidos</b>                                                                                                                          |                       |                           |
| <i>azithromycin intravenous recon soln 500 mg</i>                                                                                          | 1                     | PA BvD; HI                |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>                                                            | 1                     |                           |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>                                                   | 1                     |                           |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                                                          | 1                     |                           |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                                                                           | 1                     |                           |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                                                                            | 1                     |                           |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                                                                                        | 4                     | NDS; QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG                                                                                                                 | 4                     | NDS; QL (20 per 10 days)  |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>                                             | 1                     |                           |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                                                                             | 1                     |                           |
| <b>Penicilinas</b>                                                                                                                         |                       |                           |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                                             | 1                     |                           |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>                                   | 1                     |                           |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                              | 1                     |                           |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                                                                                    | 1                     |                           |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 1                     |                           |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                          | 1                     |                           |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>                                                        | 1                     |                           |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                                                            | 1                     |                           |
| <i>ampicillin oral capsule 500 mg</i>                                                                                                      | 1                     |                           |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>                                                                      | 1                     | PA BvD; HI                |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>                                                                 | 1                     |                           |

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| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Requerimientos/ Límites |
|----------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| BICILLIN L-A INTRAMUSCULAR SYRINGE<br>1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML,<br>600,000 UNIT/ML       | 3                     | NDS                     |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                                                         | 1                     |                         |
| <i>nafticillin injection recon soln 1 gram</i>                                                           | 1                     | PA BvD; HI              |
| <i>nafticillin injection recon soln 10 gram</i>                                                          | 4                     | PA BvD; HI; NDS         |
| <i>nafticillin injection recon soln 2 gram</i>                                                           | 3                     | NDS                     |
| <i>penicillin g potassium injection recon soln 20<br/>million unit</i>                                   | 1                     | PA BvD; HI              |
| <i>penicillin v potassium oral recon soln 125<br/>mg/5 ml, 250 mg/5 ml</i>                               | 1                     |                         |
| <i>penicillin v potassium oral tablet 250 mg, 500<br/>mg</i>                                             | 1                     |                         |
| <i>piperacillin-tazobactam intravenous recon<br/>soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5<br/>gram</i> | 1                     |                         |
| <b>Quinolonas</b>                                                                                        |                       |                         |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg,<br/>750 mg</i>                                          | 1                     |                         |
| <i>ciprofloxacin in 5 % dextrose intravenous<br/>piggyback 200 mg/100 ml</i>                             | 1                     | PA BvD; HI              |
| <i>levofloxacin in d5w intravenous piggyback<br/>500 mg/100 ml, 750 mg/150 ml</i>                        | 1                     |                         |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                                           | 1                     |                         |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750<br/>mg</i>                                               | 1                     |                         |
| <i>moxifloxacin 400 mg/250 ml bag suv, p/f,<br/>outer</i>                                                | 3                     | PA BvD; HI; NDS         |
| <i>moxifloxacin oral tablet 400 mg</i>                                                                   | 1                     |                         |
| <i>moxifloxacin-sod.chloride(iso) intravenous<br/>piggyback 400 mg/250 ml</i>                            | 3                     | PA BvD; HI; NDS         |
| <b>Sulfonamidas</b>                                                                                      |                       |                         |
| <i>sulfadiazine oral tablet 500 mg</i>                                                                   | 1                     |                         |
| <i>sulfamethoxazole-trimethoprim oral<br/>suspension 200-40 mg/5 ml</i>                                  | 1                     |                         |
| <i>sulfamethoxazole-trimethoprim oral tablet<br/>400-80 mg, 800-160 mg</i>                               | 1                     |                         |
| <b>Tetraciclinas</b>                                                                                     |                       |                         |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                                                         | 1                     |                         |
| <i>doxy-100 intravenous recon soln 100 mg</i>                                                            | 1                     | PA BvD; HI              |

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|-------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                         | 1                     |                         |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                          | 1                     |                         |
| <i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>      | 1                     |                         |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>  | 1                     |                         |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>       | 1                     |                         |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                          | 1                     |                         |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                           | 1                     |                         |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                               | 1                     |                         |
| <i>tigecycline intravenous recon soln 50 mg</i>                               | 4                     | PA BvD; HI; NDS         |
| <b>Anticonceptivos</b>                                                        |                       |                         |
| <b>Anticonceptivos</b>                                                        |                       |                         |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                                 | 1                     |                         |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | 1                     |                         |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>  | 1                     | QL (91 per 84 days)     |
| <i>apri oral tablet 0.15-0.03 mg</i>                                          | 1                     |                         |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                          | 1                     |                         |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>  | 1                     | QL (91 per 84 days)     |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                                     | 1                     |                         |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                       | 1                     |                         |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                 | 1                     |                         |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                   | 1                     |                         |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>        | 1                     |                         |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                     | 1                     |                         |
| <i>camila oral tablet 0.35 mg</i>                                             | 1                     |                         |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                | 1                     |                         |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                      | 1                     |                         |
| <i>deblitane oral tablet 0.35 mg</i>                                          | 1                     |                         |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1                     |                         |

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| Nombre del Medicamento                                                    | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>             | 1                     |                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>    | 1                     |                         |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                           | 1                     | QL (1 per 28 days)      |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                | 1                     |                         |
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                   | 1                     |                         |
| <i>errin oral tablet 0.35 mg</i>                                          | 1                     |                         |
| <i>estarylla oral tablet 0.25-0.035 mg</i>                                | 1                     |                         |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | 1                     |                         |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>    | 1                     | QL (1 per 28 days)      |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                             | 1                     |                         |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                | 1                     |                         |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>                          | 1                     | QL (1 per 28 days)      |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>         | 1                     | QL (91 per 84 days)     |
| <i>incassia oral tablet 0.35 mg</i>                                       | 1                     |                         |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                                  | 1                     |                         |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i>                                 | 1                     |                         |
| <i>juleber oral tablet 0.15-0.03 mg</i>                                   | 1                     |                         |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                        | 1                     |                         |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>                            | 1                     |                         |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>      | 1                     |                         |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>          | 1                     |                         |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                 | 1                     |                         |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>               | 1                     |                         |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>                           | 1                     |                         |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>                           | 1                     |                         |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>                              | 1                     |                         |

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| Nombre del Medicamento                                                                                                             | Nivel del Medicamento | Requerimientos/ Límites |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1                     | QL (91 per 84 days)     |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                                                                 | 1                     |                         |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                                                                     | 1                     |                         |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                                               | 1                     |                         |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                                                   | 1                     |                         |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                                                                           | 1                     |                         |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                                                    | 1                     |                         |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>                                                       | 1                     |                         |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>                                            | 1                     | QL (91 per 84 days)     |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                                    | 1                     |                         |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>                                                                                          | 1                     |                         |
| <i>loryna (28) oral tablet 3-0.02 mg</i>                                                                                           | 1                     |                         |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                                                                                 | 1                     |                         |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i>                                                                                        | 1                     |                         |
| <i>lyleq oral tablet 0.35 mg</i>                                                                                                   | 1                     |                         |
| <i>lyza oral tablet 0.35 mg</i>                                                                                                    | 1                     |                         |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>                                                                                      | 1                     |                         |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                                                              | 1                     |                         |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                                             | 1                     |                         |
| <i>mili oral tablet 0.25-0.035 mg</i>                                                                                              | 1                     |                         |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG                                                            | 2                     |                         |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                                                                 | 1                     |                         |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                                                                                  | 2                     |                         |
| <i>nikki (28) oral tablet 3-0.02 mg</i>                                                                                            | 1                     |                         |

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| Nombre del Medicamento                                                                                                        | Nivel del Medicamento | Requerimientos/ Límites |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                                                                      | 1                     |                         |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>                                                                 | 1                     |                         |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                  | 1                     |                         |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i> | 1                     |                         |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                                                          | 1                     |                         |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>                                                                         | 1                     |                         |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                                                                              | 1                     |                         |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>                                                                    | 1                     |                         |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>                                                                                | 1                     |                         |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                                                     | 1                     |                         |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i>                                                                                       | 1                     |                         |
| <i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                                 | 1                     |                         |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                                                                     | 1                     |                         |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                                                                | 1                     |                         |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>                                                            | 1                     | QL (91 per 84 days)     |
| <i>sharobel oral tablet 0.35 mg</i>                                                                                           | 1                     |                         |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i>                                                                                | 1                     |                         |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                                                                       | 1                     |                         |
| <i>syeda oral tablet 3-0.03 mg</i>                                                                                            | 1                     |                         |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                                                    | 1                     |                         |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                                          | 1                     |                         |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>                                                              | 1                     |                         |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                                                               | 1                     |                         |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>                                                               | 1                     |                         |

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| Nombre del Medicamento                                                         | Nivel del Medicamento | Requerimientos/ Límites      |
|--------------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>                 | 1                     |                              |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>                    | 1                     |                              |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                    | 1                     |                              |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>           | 1                     |                              |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                 | 1                     |                              |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>                  | 1                     |                              |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>                 | 1                     |                              |
| <i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>                            | 3                     | NDS                          |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>       | 1                     |                              |
| <i>vestura (28) oral tablet 3-0.02 mg</i>                                      | 1                     |                              |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                        | 1                     |                              |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                                  | 1                     |                              |
| <i>vylibra oral tablet 0.25-0.035 mg</i>                                       | 1                     |                              |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>                        | 1                     | QL (3 per 28 days)           |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>                        | 1                     | QL (3 per 28 days)           |
| <i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>                                | 1                     |                              |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>                                 | 1                     |                              |
| <b>Anticonvulsivos</b>                                                         |                       |                              |
| <b>Anticonvulsivos</b>                                                         |                       |                              |
| APTOM ORAL TABLET 200 MG, 400 MG                                               | 4                     | ST; NDS; QL (30 per 30 days) |
| APTOM ORAL TABLET 600 MG, 800 MG                                               | 4                     | ST; NDS; QL (60 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                | 4                     | NDS; QL (600 per 30 days)    |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                        | 4                     | NDS; QL (60 per 30 days)     |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>  | 1                     |                              |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                               | 1                     |                              |
| <i>carbamazepine oral tablet 200 mg</i>                                        | 1                     |                              |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | 1                     |                              |

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| Nombre del Medicamento                                                        | Nivel del Medicamento | Requerimientos/ Límites           |
|-------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| <i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>                     | 1                     |                                   |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                     | 1                     | QL (480 per 30 days)              |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                      | 1                     | QL (60 per 30 days)               |
| DIACOMIT ORAL CAPSULE 250 MG                                                  | 4                     | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG                                                  | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG                                         | 4                     | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG                                         | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>            | 3                     | NDS                               |
| DILANTIN ORAL CAPSULE 30 MG                                                   | 3                     | NDS                               |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                   | 1                     |                                   |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>           | 1                     |                                   |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | 1                     |                                   |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                             | 4                     | PA NSO; NDS                       |
| <i>epitol oral tablet 200 mg</i>                                              | 1                     |                                   |
| EPRONTIA ORAL SOLUTION 25 MG/ML                                               | 3                     | ST; NDS; QL (480 per 30 days)     |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i>                             | 4                     | NDS; QL (30 per 30 days)          |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i>                             | 4                     | NDS; QL (60 per 30 days)          |
| <i>ethosuximide oral capsule 250 mg</i>                                       | 1                     |                                   |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                 | 1                     |                                   |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                  | 3                     | NDS                               |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                   | 1                     |                                   |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                              | 4                     | NDS                               |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                             | 4                     | ST; NDS; QL (720 per 30 days)     |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG                                        | 4                     | ST; NDS; QL (30 per 30 days)      |
| FYCOMPA ORAL TABLET 2 MG                                                      | 3                     | ST; NDS; QL (30 per 30 days)      |
| FYCOMPA ORAL TABLET 4 MG, 6 MG                                                | 4                     | ST; NDS; QL (60 per 30 days)      |
| <i>gabapentin oral capsule 100 mg, 300 mg</i>                                 | 1                     | QL (360 per 30 days)              |
| <i>gabapentin oral capsule 400 mg</i>                                         | 1                     | QL (270 per 30 days)              |
| <i>gabapentin oral solution 250 mg/5 ml</i>                                   | 1                     | QL (2160 per 30 days)             |
| <i>gabapentin oral tablet 600 mg</i>                                          | 1                     | QL (180 per 30 days)              |
| <i>gabapentin oral tablet 800 mg</i>                                          | 1                     | QL (120 per 30 days)              |
| <i>lacosamide oral solution 10 mg/ml</i>                                      | 3                     | NDS; QL (1200 per 30 days)        |

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| Nombre del Medicamento                                                                                                                 | Nivel del Medicamento | Requerimientos/ Límites  |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                                                            | 1                     | QL (60 per 30 days)      |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                                           | 1                     |                          |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | 1                     |                          |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>                                      | 1                     |                          |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>                                                                       | 1                     |                          |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>                                                            | 1                     |                          |
| <i>levetiracetam oral solution 100 mg/ml</i>                                                                                           | 1                     |                          |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>                                                                      | 1                     |                          |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>                                                                 | 1                     |                          |
| <i>levetiracetam oral tablet for suspension 250 mg</i>                                                                                 | 1                     |                          |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG                                                                              | 4                     | NDS; QL (10 per 30 days) |
| <i>methsuximide oral capsule 300 mg</i>                                                                                                | 3                     | NDS                      |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                                                                  | 3                     | NDS; QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>                                                                            | 1                     |                          |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                                                                | 1                     |                          |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                                                                  | 1                     |                          |
| <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>                                       | 1                     |                          |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                                                                                   | 2                     |                          |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                                                                                           | 1                     |                          |
| <i>phenytoin oral tablet, chewable 50 mg</i>                                                                                           | 1                     |                          |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                                                                   | 1                     |                          |

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| Nombre del Medicamento                                                                                                                   | Nivel del Medicamento | Requerimientos/ Límites           |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>                                                               | 1                     | QL (90 per 30 days)               |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                                                                                            | 1                     | QL (60 per 30 days)               |
| <i>pregabalin oral solution 20 mg/ml</i>                                                                                                 | 1                     | QL (900 per 30 days)              |
| <i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>                                                                                       | 1                     |                                   |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                                                               | 4                     | NDS                               |
| <i>rufinamide oral tablet 200 mg</i>                                                                                                     | 1                     |                                   |
| <i>rufinamide oral tablet 400 mg</i>                                                                                                     | 4                     | NDS                               |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG                                                                                              | 3                     | ST; NDS; QL (60 per 30 days)      |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG                                                                                | 3                     | ST; NDS; QL (120 per 30 days)     |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                                               | 1                     |                                   |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG                                                                                                    | 4                     | PA NSO; NDS; QL (60 per 30 days)  |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                                                                    | 1                     |                                   |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>                                                                             | 1                     |                                   |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                               | 1                     |                                   |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                                                          | 1                     |                                   |
| <i>valproic acid oral capsule 250 mg</i>                                                                                                 | 1                     |                                   |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 4                     | NDS                               |
| <i>vigabatrin oral powder in packet 500 mg</i>                                                                                           | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i>                                                                                                     | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i>                                                                                            | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i>                                                                                                      | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| VIGAFYDE ORAL SOLUTION 100 MG/ML                                                                                                         | 4                     | PA NSO; NDS                       |
| <i>vigpoder oral powder in packet 500 mg</i>                                                                                             | 4                     | PA NSO; NDS; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)                                       | 4                     | ST; NDS; QL (56 per 28 days)      |
| XCOPRI ORAL TABLET 100 MG, 50 MG                                                                                                         | 4                     | ST; NDS; QL (30 per 30 days)      |
| XCOPRI ORAL TABLET 150 MG, 200 MG                                                                                                        | 4                     | ST; NDS; QL (60 per 30 days)      |

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| Nombre del Medicamento                                                                         | Nivel del Medicamento | Requerimientos/ Límites            |
|------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|
| XCOPRI ORAL TABLET 25 MG                                                                       | 4                     | NDS; QL (30 per 30 days)           |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)                          | 3                     | NDS; QL (28 per 28 days)           |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4                     | NDS; QL (28 per 28 days)           |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML                                                           | 4                     | NDS                                |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                            | 1                     |                                    |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                | 4                     | PA NSO; NDS; QL (1080 per 30 days) |
| <b>Antidepresivos</b>                                                                          |                       |                                    |
| <b>Antidepresivos</b>                                                                          |                       |                                    |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                    | 1                     |                                    |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                      | 1                     |                                    |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG                                            | 4                     | ST; NDS                            |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                 | 1                     |                                    |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>                         | 1                     |                                    |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>                | 1                     |                                    |
| <i>citalopram oral solution 10 mg/5 ml</i>                                                     | 1                     | QL (600 per 30 days)               |
| <i>citalopram oral tablet 10 mg</i>                                                            | 1                     | QL (120 per 30 days)               |
| <i>citalopram oral tablet 20 mg, 40 mg</i>                                                     | 1                     | QL (30 per 30 days)                |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                                           | 1                     |                                    |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                      | 1                     |                                    |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>        | 1                     | QL (30 per 30 days)                |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                         | 1                     |                                    |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                       | 1                     |                                    |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG                | 3                     | NDS; QL (60 per 30 days)           |

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| Nombre del Medicamento                                                                    | Nivel del Medicamento | Requerimientos/ Límites      |
|-------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                | 1                     | QL (60 per 30 days)          |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>                              | 1                     | QL (30 per 30 days)          |
| EMSAM TRANSDERMAL PATCH 24 HOUR<br>12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                    | 4                     | ST; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                       | 1                     |                              |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                                | 1                     |                              |
| FETZIMA ORAL CAPSULE,EXT REL 24HR<br>DOSE PACK 20 MG (2)- 40 MG (26)                      | 3                     | ST; NDS                      |
| FETZIMA ORAL CAPSULE,EXTENDED<br>RELEASE 24 HR 120 MG, 20 MG, 40 MG,<br>80 MG             | 3                     | ST; NDS; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>                                        | 1                     |                              |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                      | 1                     |                              |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                       | 1                     |                              |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                     | 1                     |                              |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                      | 1                     |                              |
| MARPLAN ORAL TABLET 10 MG                                                                 | 3                     | NDS                          |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                                | 1                     |                              |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>                        | 1                     |                              |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                       | 1                     |                              |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                              | 1                     |                              |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                             | 1                     |                              |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i>                                          | 1                     |                              |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                              | 1                     |                              |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>          | 1                     |                              |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 1                     |                              |
| <i>phenelzine oral tablet 15 mg</i>                                                       | 1                     |                              |

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| Nombre del Medicamento                                                         | Nivel del Medicamento | Requerimientos/ Límites            |
|--------------------------------------------------------------------------------|-----------------------|------------------------------------|
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                   | 1                     |                                    |
| RALDESY ORAL SOLUTION 10 MG/ML                                                 | 3                     | PA NSO; NDS; QL (1200 per 30 days) |
| <i>sertraline oral concentrate 20 mg/ml</i>                                    | 1                     |                                    |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>                             | 1                     |                                    |
| <i>tranylcypromine oral tablet 10 mg</i>                                       | 1                     |                                    |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                     | 1                     |                                    |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                          | 1                     |                                    |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                      | 2                     | QL (30 per 30 days)                |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>         | 3                     | NDS; QL (30 per 30 days)           |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i>                  | 1                     | QL (30 per 30 days)                |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>          | 1                     | QL (90 per 30 days)                |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>            | 1                     |                                    |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>   | 1                     | QL (30 per 30 days)                |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i>                     | 1                     | QL (90 per 30 days)                |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>                              | 1                     | QL (30 per 30 days)                |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                                             | 4                     | PA NSO; NDS; QL (28 per 14 days)   |
| ZURZUVAE ORAL CAPSULE 30 MG                                                    | 4                     | PA NSO; NDS; QL (14 per 14 days)   |
| <b>Antifúngicos</b>                                                            |                       |                                    |
| <b>Antifúngicos</b>                                                            |                       |                                    |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML                                         | 3                     | PA BvD; HI; NDS                    |
| <i>amphotericin b injection recon soln 50 mg</i>                               | 1                     | PA BvD; HI                         |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | 4                     | PA BvD; NDS                        |
| <i>caspofungin intravenous recon soln 50 mg</i>                                | 3                     | NDS                                |
| <i>caspofungin intravenous recon soln 70 mg</i>                                | 3                     | PA BvD; HI; NDS                    |
| <i>ciclopirox topical cream 0.77 %</i>                                         | 1                     | QL (180 per 30 days)               |
| <i>ciclopirox topical gel 0.77 %</i>                                           | 1                     | QL (300 per 30 days)               |
| <i>ciclopirox topical shampoo 1 %</i>                                          | 1                     |                                    |
| <i>ciclopirox topical solution 8 %</i>                                         | 1                     | QL (19.8 per 30 days)              |

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| Nombre del Medicamento                                                                  | Nivel del Medicamento | Requerimientos/ Límites  |
|-----------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>ciclopirox topical suspension 0.77 %</i>                                             | 1                     | QL (180 per 30 days)     |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                        | 1                     |                          |
| <i>clotrimazole topical cream 1 %</i>                                                   | 1                     | QL (45 per 30 days)      |
| <i>clotrimazole topical solution 1 %</i>                                                | 1                     |                          |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                                | 1                     | QL (90 per 30 days)      |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                               | 1                     | QL (90 per 30 days)      |
| <i>econazole nitrate topical cream 1 %</i>                                              | 1                     | QL (170 per 30 days)     |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 1                     | PA BvD; HI               |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>                | 1                     |                          |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                            | 1                     |                          |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                                          | 4                     | NDS                      |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                               | 1                     |                          |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                        | 1                     |                          |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>                   | 1                     |                          |
| <i>itraconazole oral capsule 100 mg</i>                                                 | 1                     |                          |
| <i>itraconazole oral solution 10 mg/ml</i>                                              | 4                     | PA; NDS                  |
| <i>ketoconazole oral tablet 200 mg</i>                                                  | 1                     |                          |
| <i>ketoconazole topical cream 2 %</i>                                                   | 1                     | QL (180 per 30 days)     |
| <i>ketoconazole topical foam 2 %</i>                                                    | 1                     | ST; QL (100 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i>                                                 | 1                     | QL (360 per 30 days)     |
| <i>miconazole-3 vaginal suppository 200 mg</i>                                          | 1                     |                          |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG                                     | 4                     | PA; NDS                  |
| <i>nyamyc topical powder 100,000 unit/gram</i>                                          | 1                     | QL (60 per 30 days)      |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                         | 1                     | QL (900 per 30 days)     |
| <i>nystatin oral tablet 500,000 unit</i>                                                | 1                     |                          |
| <i>nystatin topical cream 100,000 unit/gram</i>                                         | 1                     | QL (60 per 30 days)      |
| <i>nystatin topical ointment 100,000 unit/gram</i>                                      | 1                     | QL (60 per 30 days)      |
| <i>nystatin topical powder 100,000 unit/gram</i>                                        | 1                     | QL (60 per 30 days)      |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                        | 1                     |                          |

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| Nombre del Medicamento                                                        | Nivel del Medicamento | Requerimientos/ Límites  |
|-------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>        | 1                     |                          |
| <i>nystop topical powder 100,000 unit/gram</i>                                | 1                     | QL (60 per 30 days)      |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>                    | 4                     | PA; NDS                  |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>               | 4                     | PA; NDS                  |
| <i>terbinafine hcl oral tablet 250 mg</i>                                     | 1                     |                          |
| <i>voriconazole intravenous recon soln 200 mg</i>                             | 4                     | PA BvD; HI; NDS          |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | 4                     | PA; NDS                  |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                 | 1                     |                          |
| <b>Antihistamínicos</b>                                                       |                       |                          |
| <b>Antihistamínicos</b>                                                       |                       |                          |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                            | 1                     |                          |
| <i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>                           | 1                     |                          |
| <i>clemastine oral tablet 2.68 mg</i>                                         | 1                     |                          |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                    | 1                     |                          |
| <i>cyproheptadine oral tablet 4 mg</i>                                        | 1                     |                          |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                               | 1                     |                          |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                        | 1                     |                          |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>                               | 1                     |                          |
| <i>levocetirizine oral tablet 5 mg</i>                                        | 1                     |                          |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                   | 1                     |                          |
| <b>Antimicobacteriales</b>                                                    |                       |                          |
| <b>Antimicobacteriales</b>                                                    |                       |                          |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                      | 1                     |                          |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                                  | 1                     |                          |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                     | 1                     |                          |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                   | 1                     |                          |
| PRETOMANID ORAL TABLET 200 MG                                                 | 3                     | NDS; QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG                                                    | 3                     | NDS                      |
| <i>pyrazinamide oral tablet 500 mg</i>                                        | 1                     |                          |
| <i>rifabutin oral capsule 150 mg</i>                                          | 1                     |                          |
| <i>rifampin intravenous recon soln 600 mg</i>                                 | 1                     | PA BvD; HI               |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                   | 1                     |                          |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                             | 4                     | PA; NDS                  |

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| Nombre del Medicamento                                                            | Nivel del Medicamento | Requerimientos/ Límites  |
|-----------------------------------------------------------------------------------|-----------------------|--------------------------|
| TRECATOR ORAL TABLET 250 MG                                                       | 3                     | NDS                      |
| <b>Antivirales (Sitémico)</b>                                                     |                       |                          |
| <b>Antirretrovirales</b>                                                          |                       |                          |
| <i>abacavir oral solution 20 mg/ml</i>                                            | 1                     |                          |
| <i>abacavir oral tablet 300 mg</i>                                                | 1                     |                          |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                                 | 1                     |                          |
| APTIVUS ORAL CAPSULE 250 MG                                                       | 4                     | NDS                      |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>                             | 1                     |                          |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                   | 4                     | NDS; QL (30 per 30 days) |
| CIMDUO ORAL TABLET 300-300 MG                                                     | 4                     | NDS                      |
| COMPLERA ORAL TABLET 200-25-300 MG                                                | 4                     | NDS                      |
| <i>darunavir oral tablet 600 mg</i>                                               | 4                     | NDS; QL (60 per 30 days) |
| <i>darunavir oral tablet 800 mg</i>                                               | 4                     | NDS; QL (30 per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                              | 4                     | NDS                      |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG                                          | 4                     | NDS                      |
| DOVATO ORAL TABLET 50-300 MG                                                      | 4                     | NDS                      |
| EDURANT ORAL TABLET 25 MG                                                         | 4                     | NDS                      |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG                                     | 4                     | NDS                      |
| <i>efavirenz oral tablet 600 mg</i>                                               | 1                     |                          |
| <i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>                  | 4                     | NDS                      |
| <i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>  | 4                     | NDS                      |
| <i>emtricitabine oral capsule 200 mg</i>                                          | 1                     |                          |
| <i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 4                     | NDS; QL (30 per 30 days) |
| <i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>                         | 3                     | NDS; QL (30 per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                                    | 3                     | NDS                      |
| <i>etravirine oral tablet 100 mg, 200 mg</i>                                      | 4                     | NDS                      |
| EVOTAZ ORAL TABLET 300-150 MG                                                     | 4                     | NDS                      |
| <i>fosamprenavir oral tablet 700 mg</i>                                           | 4                     | NDS                      |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                                              | 4                     | NDS                      |

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| Nombre del Medicamento                                      | Nivel del Medicamento | Requerimientos/ Límites   |
|-------------------------------------------------------------|-----------------------|---------------------------|
| GENVOYA ORAL TABLET 150-150-200-10 MG                       | 4                     | NDS                       |
| INTELENCE ORAL TABLET 25 MG                                 | 3                     | NDS                       |
| ISENTRESS HD ORAL TABLET 600 MG                             | 4                     | NDS                       |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                      | 4                     | NDS                       |
| ISENTRESS ORAL TABLET 400 MG                                | 4                     | NDS                       |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG                       | 4                     | NDS                       |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG                        | 3                     | NDS                       |
| JULUCA ORAL TABLET 50-25 MG                                 | 4                     | NDS                       |
| <i>lamivudine oral solution 10 mg/ml</i>                    | 1                     |                           |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>        | 1                     |                           |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>         | 1                     |                           |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>    | 1                     | QL (480 per 30 days)      |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>            | 1                     | QL (300 per 30 days)      |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>            | 3                     | NDS; QL (120 per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>                 | 4                     | NDS                       |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                | 1                     |                           |
| <i>nevirapine oral tablet 200 mg</i>                        | 1                     |                           |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | 1                     |                           |
| NORVIR ORAL POWDER IN PACKET 100 MG                         | 3                     | NDS                       |
| ODEFSEY ORAL TABLET 200-25-25 MG                            | 4                     | NDS                       |
| PIFELTRO ORAL TABLET 100 MG                                 | 4                     | NDS                       |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                         | 4                     | NDS                       |
| PREZISTA ORAL SUSPENSION 100 MG/ML                          | 4                     | NDS; QL (400 per 30 days) |
| PREZISTA ORAL TABLET 150 MG                                 | 4                     | NDS; QL (240 per 30 days) |
| PREZISTA ORAL TABLET 75 MG                                  | 4                     | NDS; QL (480 per 30 days) |
| REYATAZ ORAL POWDER IN PACKET 50 MG                         | 4                     | NDS                       |
| <i>ritonavir oral tablet 100 mg</i>                         | 1                     |                           |

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| Nombre del Medicamento                                  | Nivel del Medicamento | Requerimientos/ Límites          |
|---------------------------------------------------------|-----------------------|----------------------------------|
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG       | 4                     | NDS                              |
| SELZENTRY ORAL SOLUTION 20 MG/ML                        | 4                     | NDS                              |
| SELZENTRY ORAL TABLET 25 MG                             | 2                     |                                  |
| SELZENTRY ORAL TABLET 75 MG                             | 4                     | NDS                              |
| STRIBILD ORAL TABLET 150-150-200-300 MG                 | 4                     | NDS                              |
| SUNLENCA 300 MG TABLET                                  | 4                     | NDS; QL (8 per 365 days)         |
| SUNLENCA ORAL TABLET 300 MG                             | 4                     | NDS; QL (10 per 365 days)        |
| SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)             | 4                     | NDS; QL (8 per 365 days)         |
| SYMITUZA ORAL TABLET 800-150-200-10 MG                  | 4                     | NDS                              |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | 1                     |                                  |
| TIVICAY ORAL TABLET 10 MG                               | 3                     | NDS                              |
| TIVICAY ORAL TABLET 25 MG, 50 MG                        | 4                     | NDS                              |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG              | 4                     | NDS                              |
| TRIUMEQ ORAL TABLET 600-50-300 MG                       | 4                     | NDS; QL (30 per 30 days)         |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG        | 3                     | NDS                              |
| VEMLIDY ORAL TABLET 25 MG                               | 4                     | NDS; QL (30 per 30 days)         |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                     | 4                     | NDS                              |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)             | 4                     | NDS                              |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG               | 4                     | NDS                              |
| <i>zidovudine oral capsule 100 mg</i>                   | 1                     |                                  |
| <i>zidovudine oral syrup 10 mg/ml</i>                   | 1                     |                                  |
| <i>zidovudine oral tablet 300 mg</i>                    | 1                     |                                  |
| <b>Antivirales Hcv</b>                                  |                       |                                  |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG              | 4                     | PA NSO; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG                | 4                     | PA NSO; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG                           | 4                     | PA NSO; NDS; QL (56 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG             | 4                     | PA; NDS; QL (28 per 28 days)     |

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| Nombre del Medicamento                                                                                       | Nivel del Medicamento | Requerimientos/ Límites          |
|--------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                                                                     | 4                     | PA; NDS; QL (56 per 28 days)     |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>                                                           | 4                     | PA; NDS; QL (28 per 28 days)     |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG                                                                      | 4                     | PA; NDS                          |
| MAVYRET ORAL TABLET 100-40 MG                                                                                | 4                     | PA; NDS; QL (84 per 28 days)     |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>                                                         | 4                     | PA NSO; NDS; QL (30 per 30 days) |
| VOSEVI ORAL TABLET 400-100-100 MG                                                                            | 4                     | PA; NDS; QL (28 per 28 days)     |
| <b>Antivirales, Varios</b>                                                                                   |                       |                                  |
| LIVTENCITY ORAL TABLET 200 MG                                                                                | 4                     | PA; NDS                          |
| <i>oseltamivir oral capsule 30 mg</i>                                                                        | 1                     | QL (84 per 180 days)             |
| <i>oseltamivir oral capsule 45 mg</i>                                                                        | 1                     | QL (48 per 180 days)             |
| <i>oseltamivir oral capsule 75 mg</i>                                                                        | 1                     | QL (42 per 180 days)             |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>                                                | 1                     | QL (540 per 180 days)            |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG | 1                     |                                  |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG                                                                | 4                     | PA; NDS                          |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                                                          | 4                     | PA; NDS; QL (28 per 28 days)     |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION                                              | 3                     | NDS; QL (60 per 180 days)        |
| <i>rimantadine oral tablet 100 mg</i>                                                                        | 1                     |                                  |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                                                             | 3                     | NDS                              |
| <b>Interferones</b>                                                                                          |                       |                                  |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                                                     | 4                     | NDS                              |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                                                                  | 4                     | NDS                              |
| <b>Nucleósidos Y Nucleótidos</b>                                                                             |                       |                                  |
| <i>acyclovir oral capsule 200 mg</i>                                                                         | 1                     |                                  |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                                                                 | 1                     |                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                                                  | 1                     |                                  |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>                                                        | 1                     | PA BvD; HI                       |
| <i>adefovir oral tablet 10 mg</i>                                                                            | 1                     |                                  |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                                                    | 1                     |                                  |

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|----------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                              | 1                     |                         |
| <i>lagevrio (eua) oral capsule 200 mg</i>                                                          | 1                     |                         |
| <i>ribavirin oral capsule 200 mg</i>                                                               | 1                     |                         |
| <i>ribavirin oral tablet 200 mg</i>                                                                | 1                     |                         |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i>                                                     | 1                     |                         |
| <i>valganciclovir oral recon soln 50 mg/ml</i>                                                     | 4                     | NDS                     |
| <i>valganciclovir oral tablet 450 mg</i>                                                           | 1                     |                         |
| <b>Dispositivos</b>                                                                                |                       |                         |
| <b>Dispositivos</b>                                                                                |                       |                         |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"                                                    | 1                     | PA; ST                  |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"                                                    | 1                     | PA; ST                  |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"                                                     | 1                     | PA; ST                  |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"                               | 1                     | PA; ST                  |
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"                                                     | 1                     | PA; ST                  |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"                                                    | 1                     | PA; ST                  |
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"                                                    | 1                     | PA; ST                  |
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | 1                     | PA; ST                  |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"                                              | 1                     | PA; ST                  |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"                                              | 1                     | PA; ST                  |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"                                              | 1                     | PA; ST                  |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"                                              | 1                     | PA; ST                  |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"                                                  | 1                     | PA; ST                  |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"                                             | 1                     | PA; ST                  |

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|--------------------------------------------------------|------------------------------|--------------------------------|
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | 1                            | PA; ST                         |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"    | 1                            | PA; ST                         |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16    | 1                            | PA; ST                         |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"            | 1                            | PA; ST                         |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"           | 1                            | PA; ST                         |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"           | 1                            | PA; ST                         |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"          | 1                            | PA; ST                         |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"          | 1                            | PA; ST                         |
| ALCOHOL 70% SWABS                                      | 1                            | PA; ST                         |
| ALCOHOL PADS TOPICAL PADS, MEDICATED                   | 1                            | PA; ST                         |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED             | 1                            | PA; ST                         |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"           | 1                            | PA; ST                         |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"           | 1                            | PA; ST                         |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"         | 1                            | PA; ST                         |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"        | 1                            | PA; ST                         |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"        | 1                            | PA; ST                         |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"  | 1                            | PA; ST                         |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"        | 1                            | PA; ST                         |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"        | 1                            | PA; ST                         |
| ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"        | 1                            | PA; ST                         |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"         | 1                            | PA; ST                         |

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|----------------------------------------------------------------------------|------------------------------|--------------------------------|
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"                  | 1                            | PA; ST                         |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"                   | 1                            | PA; ST                         |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"                       | 1                            | PA; ST                         |
| AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"                            | 1                            | PA; ST                         |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"                             | 1                            | PA; ST                         |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"                           | 1                            | PA; ST                         |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "                                | 1                            | PA; ST                         |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"                     | 1                            | PA; ST                         |
| BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"                     | 1                            | PA; ST                         |
| BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" | 1                            | PA; ST                         |
| BD INS SYRNG UF 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"                     | 1                            | PA; ST                         |
| BD INS SYRNG UF 0.5 ML 8MMX31G 0.5 ML 31 GAUGE X 5/16"                     | 1                            | PA; ST                         |
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"                                    | 1                            | PA; ST                         |
| BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"                          | 1                            | PA; ST                         |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"                                | 1                            | PA; ST                         |
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"                        | 1                            | PA; ST                         |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"               | 1                            | PA; ST                         |
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML                                   | 1                            | PA; ST                         |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"                  | 1                            | PA; ST                         |
| BD LUER-LOK SYRINGE 1 ML                                                   | 1                            | PA; ST                         |

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|----------------------------------------------------------|------------------------------|--------------------------------|
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"           | 1                            | PA; ST                         |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"   | 1                            | PA; ST                         |
| BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"   | 1                            | PA; ST                         |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"  | 1                            | PA; ST                         |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"  | 1                            | PA; ST                         |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"      | 1                            | PA; ST                         |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"    | 1                            | PA; ST                         |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"      | 1                            | PA; ST                         |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"  | 1                            | PA; ST                         |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"   | 1                            | PA; ST                         |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"  | 1                            | PA; ST                         |
| BD SINGLE USE SWAB                                       | 1                            | PA; ST                         |
| BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"           | 1                            | PA; ST                         |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"           | 1                            | PA; ST                         |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"           | 1                            | PA; ST                         |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"            | 1                            | PA; ST                         |
| BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"          | 1                            | PA; ST                         |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | 1                            | PA; ST                         |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"    | 1                            | PA; ST                         |
| BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"  | 1                            | PA; ST                         |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"  | 1                            | PA; ST                         |

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| Nombre del Medicamento                                 | Nivel del Medicamento | Requerimientos/ Límites |
|--------------------------------------------------------|-----------------------|-------------------------|
| BORDERED GAUZE 2"X2" 2 X 2 "                           | 1                     | PA; ST                  |
| CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"         | 1                     | PA; ST                  |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"           | 1                     | PA; ST                  |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"           | 1                     | PA; ST                  |
| CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"            | 1                     | PA; ST                  |
| CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"           | 1                     | PA; ST                  |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"           | 1                     | PA; ST                  |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"          | 1                     | PA; ST                  |
| CARETOUCH ALCOHOL 70% PREP PAD                         | 1                     | PA; ST                  |
| CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"          | 1                     | PA; ST                  |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"          | 1                     | PA; ST                  |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"        | 1                     | PA; ST                  |
| CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"        | 1                     | PA; ST                  |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"        | 1                     | PA; ST                  |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"        | 1                     | PA; ST                  |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 1                     | PA; ST                  |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 1                     | PA; ST                  |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 1                     | PA; ST                  |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"           | 1                     | PA; ST                  |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16      | 1                     | PA; ST                  |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16      | 1                     | PA; ST                  |

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|--------------------------------------------------------------------------------|-----------------------|-------------------------|
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16                              | 1                     | PA; ST                  |
| CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"                  | 1                     | PA; ST                  |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"               | 1                     | PA; ST                  |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"                | 1                     | PA; ST                  |
| COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"                          | 1                     | PA; ST                  |
| COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"                          | 1                     | PA; ST                  |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"                          | 1                     | PA; ST                  |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"                        | 1                     | PA; ST                  |
| COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"                          | 1                     | PA; ST                  |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16                             | 1                     | PA; ST                  |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"                          | 1                     | PA; ST                  |
| COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"                                 | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"              | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"                                | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"                           | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"          | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"                                | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"                                 | 1                     | PA; ST                  |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"                                 | 1                     | PA; ST                  |

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|-------------------------------------------------------|------------------------------|--------------------------------|
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"        | 1                            | PA; ST                         |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"       | 1                            | PA; ST                         |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"       | 1                            | PA; ST                         |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"       | 1                            | PA; ST                         |
| COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"       | 1                            | PA; ST                         |
| COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"       | 1                            | PA; ST                         |
| COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | 1                            | PA; ST                         |
| COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | 1                            | PA; ST                         |
| COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 1                            | PA; ST                         |
| COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | 1                            | PA; ST                         |
| COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"     | 1                            | PA; ST                         |
| COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"     | 1                            | PA; ST                         |
| COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"     | 1                            | PA; ST                         |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"   | 1                            | PA; ST                         |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"        | 1                            | PA; ST                         |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"        | 1                            | PA; ST                         |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"        | 1                            | PA; ST                         |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"        | 1                            | PA; ST                         |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"         | 1                            | PA; ST                         |

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|---------------------------------------------------------|-----------------------|-------------------------|
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"          | 1                     | PA; ST                  |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"          | 1                     | PA; ST                  |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"          | 1                     | PA; ST                  |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"           | 1                     | PA; ST                  |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"          | 1                     | PA; ST                  |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"          | 1                     | PA; ST                  |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"           | 1                     | PA; ST                  |
| COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"          | 1                     | PA; ST                  |
| CURAD GAUZE PADS 2" X 2" 2 X 2 "                        | 1                     | PA; ST                  |
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM                       | 1                     | PA; ST                  |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "           | 1                     | PA; ST                  |
| CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "                   | 1                     | PA; ST                  |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "       | 1                     | PA; ST                  |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "               | 1                     | PA; ST                  |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "                  | 1                     | PA; ST                  |
| DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"   | 1                     | PA; ST                  |
| DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"   | 1                     | PA; ST                  |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"   | 1                     | PA; ST                  |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"   | 1                     | PA; ST                  |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"    | 1                     | PA; ST                  |
| DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16" | 1                     | PA; ST                  |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"    | 1                     | PA; ST                  |

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|----------------------------------------------------------|-----------------------|-------------------------|
| DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"   | 1                     | PA; ST                  |
| DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"  | 1                     | PA; ST                  |
| DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"     | 1                     | PA; ST                  |
| DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"     | 1                     | PA; ST                  |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"  | 1                     | PA; ST                  |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"  | 1                     | PA; ST                  |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | 1                     | PA; ST                  |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"  | 1                     | PA; ST                  |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"  | 1                     | PA; ST                  |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"   | 1                     | PA; ST                  |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"  | 1                     | PA; ST                  |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"   | 1                     | PA; ST                  |
| DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"   | 1                     | PA; ST                  |
| DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"    | 1                     | PA; ST                  |
| DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"   | 1                     | PA; ST                  |
| DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"     | 1                     | PA; ST                  |
| DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16        | 1                     | PA; ST                  |
| DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"     | 1                     | PA; ST                  |
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"      | 1                     | PA; ST                  |
| DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"        | 1                     | PA; ST                  |

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| <b>Nombre del Medicamento</b>                            | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|----------------------------------------------------------|------------------------------|--------------------------------|
| DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"      | 1                            | PA; ST                         |
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16        | 1                            | PA; ST                         |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"               | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"              | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"               | 1                            | PA; ST                         |
| DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"              | 1                            | PA; ST                         |
| DROPSAFE ALCOHOL 70% PREP PADS                           | 1                            | PA; ST                         |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | 1                            | PA; ST                         |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"  | 1                            | PA; ST                         |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | 1                            | PA; ST                         |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"  | 1                            | PA; ST                         |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"   | 1                            | PA; ST                         |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"    | 1                            | PA; ST                         |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"     | 1                            | PA; ST                         |

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| <b>Nombre del Medicamento</b>                                                                                                                                              | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"                                                                                                                               | 1                            | PA; ST                         |
| DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"                                                                                                                             | 1                            | PA; ST                         |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"                                                                                                                             | 1                            | PA; ST                         |
| DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | 1                            | PA; ST                         |
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"                                                                                                                            | 1                            | PA; ST                         |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"                                                                                                                             | 1                            | PA; ST                         |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"                                                                                                                            | 1                            | PA; ST                         |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"                                                                                                                              | 1                            | PA; ST                         |
| EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"                                                                                                                      | 1                            | PA; ST                         |
| EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"                                                                                                                        | 1                            | PA; ST                         |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"                                                                                                                        | 1                            | PA; ST                         |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"                                                                                                                      | 1                            | PA; ST                         |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"                                                                                                                      | 1                            | PA; ST                         |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"                                                                                                                        | 1                            | PA; ST                         |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"                                                                                                                          | 1                            | PA; ST                         |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"                                                                                                                          | 1                            | PA; ST                         |
| EASY COMFORT ALCOHOL 70% PAD                                                                                                                                               | 1                            | PA; ST                         |
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16"                                                                                                                        | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"                                                                                                                              | 1                            | PA; ST                         |

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| <b>Nombre del Medicamento</b>                          | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|--------------------------------------------------------|------------------------------|--------------------------------|
| EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"          | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"          | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"        | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"        | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"        | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"          | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"          | 1                            | PA; ST                         |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"           | 1                            | PA; ST                         |
| EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "      | 1                            | PA; ST                         |
| EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16     | 1                            | PA; ST                         |
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"    | 1                            | PA; ST                         |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | 1                            | PA; ST                         |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | 1                            | PA; ST                         |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"     | 1                            | PA; ST                         |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"         | 1                            | PA; ST                         |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"  | 1                            | PA; ST                         |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"  | 1                            | PA; ST                         |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"  | 1                            | PA; ST                         |
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"  | 1                            | PA; ST                         |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | 1                            | PA; ST                         |

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| <b>Nombre del Medicamento</b>                                                  | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|--------------------------------------------------------------------------------|------------------------------|--------------------------------|
| EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"                              | 1                            | PA; ST                         |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"                              | 1                            | PA; ST                         |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"                              | 1                            | PA; ST                         |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED                                   | 1                            | PA; ST                         |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"                           | 1                            | PA; ST                         |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"                           | 1                            | PA; ST                         |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"                           | 1                            | PA; ST                         |
| EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16         | 1                            | PA; ST                         |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"                   | 1                            | PA; ST                         |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"                           | 1                            | PA; ST                         |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"                           | 1                            | PA; ST                         |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| EASY TOUCH LUER LOK INSUL 1 ML                                                 | 1                            | PA; ST                         |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"                                 | 1                            | PA; ST                         |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"                                | 1                            | PA; ST                         |

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|---------------------------------------------------------|------------------------------|--------------------------------|
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"          | 1                            | PA; ST                         |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"         | 1                            | PA; ST                         |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"         | 1                            | PA; ST                         |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"          | 1                            | PA; ST                         |
| EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"         | 1                            | PA; ST                         |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"         | 1                            | PA; ST                         |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"         | 1                            | PA; ST                         |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"         | 1                            | PA; ST                         |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"         | 1                            | PA; ST                         |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"         | 1                            | PA; ST                         |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" | 1                            | PA; ST                         |
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | 1                            | PA; ST                         |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"       | 1                            | PA; ST                         |
| EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"     | 1                            | PA; ST                         |
| EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"     | 1                            | PA; ST                         |
| EASY TOUCH UNI-SLIP SYR 1 ML                            | 1                            | PA; ST                         |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"           | 1                            | PA; ST                         |
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"             | 1                            | PA; ST                         |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"             | 1                            | PA; ST                         |
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"             | 1                            | PA; ST                         |
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"             | 1                            | PA; ST                         |

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|------------------------------------------------------------------------|------------------------------|--------------------------------|
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"                             | 1                            | PA; ST                         |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"                            | 1                            | PA; ST                         |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                            | 1                            | PA; ST                         |
| EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30                      | 1                            | PA; ST                         |
| EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE                | 1                            | PA; ST                         |
| EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"            | 1                            | PA; ST                         |
| FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16 | 1                            | PA; ST                         |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"                  | 1                            | PA; ST                         |
| FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE                                  | 1                            | PA; ST                         |
| FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"                 | 1                            | PA; ST                         |
| FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"                 | 1                            | PA; ST                         |
| FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16                     | 1                            | PA; ST                         |
| FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16                     | 1                            | PA; ST                         |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 "                                      | 1                            | PA; ST                         |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"        | 1                            | PA; ST                         |
| GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE               | 1                            | PA; ST                         |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"    | 1                            | PA; ST                         |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30                                | 1                            | PA; ST                         |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"                | 1                            | PA; ST                         |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"                | 1                            | PA; ST                         |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"                | 1                            | PA; ST                         |

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|------------------------------------------------------------|------------------------------|--------------------------------|
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"    | 1                            | PA; ST                         |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"        | 1                            | PA; ST                         |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"        | 1                            | PA; ST                         |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"             | 1                            | PA; ST                         |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"             | 1                            | PA; ST                         |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"             | 1                            | PA; ST                         |
| HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"            | 1                            | PA; ST                         |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"            | 1                            | PA; ST                         |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"             | 1                            | PA; ST                         |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"            | 1                            | PA; ST                         |
| HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"            | 1                            | PA; ST                         |
| HEB INCONTROL ALCOHOL 70% PADS                             | 1                            | PA; ST                         |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"              | 1                            | PA; ST                         |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"              | 1                            | PA; ST                         |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"              | 1                            | PA; ST                         |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"               | 1                            | PA; ST                         |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"              | 1                            | PA; ST                         |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"     | 1                            | PA; ST                         |
| INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" | 1                            | PA; ST                         |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | 1                            | PA; ST                         |
| INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"  | 1                            | PA; ST                         |

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|---------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"                   | 1                            | PA; ST                         |
| INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"                                 | 1                            | PA; ST                         |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE                                                      | 1                            | PA; ST                         |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"                                       | 1                            | PA; ST                         |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29                                                            | 1                            | PA; ST                         |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"                                       | 1                            | PA; ST                         |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE                                                          | 1                            | PA; ST                         |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"                                    | 1                            | PA; ST                         |
| INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"                                          | 1                            | PA; ST                         |
| INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"                                    | 1                            | PA; ST                         |
| INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"                       | 1                            | PA; ST                         |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16                      | 1                            | PA; ST                         |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"                                          | 1                            | PA; ST                         |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE | 1                            | PA; ST                         |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"                                                | 1                            | PA; ST                         |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"                                                 | 1                            | PA; ST                         |
| INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"                                                  | 1                            | PA; ST                         |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"                                                 | 1                            | PA; ST                         |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"                                                 | 1                            | PA; ST                         |
| INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"                                                 | 1                            | PA; ST                         |

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|---------------------------------------------------------------------------------|------------------------------|--------------------------------|
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"                                   | 1                            | PA; ST                         |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"                                     | 1                            | PA; ST                         |
| INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"                                     | 1                            | PA; ST                         |
| IV ANTISEPTIC WIPES                                                             | 1                            | PA; ST                         |
| KENDALL ALCOHOL 70% PREP PAD                                                    | 1                            | PA; ST                         |
| LISCO SPONGES 100/BAG 2 X 2 "                                                   | 1                            | PA; ST                         |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"                                  | 1                            | PA; ST                         |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE      | 1                            | PA; ST                         |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16" | 1                            | PA; ST                         |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16                                | 1                            | PA; ST                         |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"                                       | 1                            | PA; ST                         |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"                    | 1                            | PA; ST                         |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"                            | 1                            | PA; ST                         |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"                            | 1                            | PA; ST                         |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"                            | 1                            | PA; ST                         |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"                              | 1                            | PA; ST                         |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"                              | 1                            | PA; ST                         |

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| Nombre del Medicamento                                                    | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------|-----------------------|-------------------------|
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"                      | 1                     | PA; ST                  |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"                           | 1                     | PA; ST                  |
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"                     | 1                     | PA; ST                  |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"                        | 1                     | PA; ST                  |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"                        | 1                     | PA; ST                  |
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | 1                     | PA; ST                  |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"                            | 1                     | PA; ST                  |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"                    | 1                     | PA; ST                  |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"                        | 1                     | PA; ST                  |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"                        | 1                     | PA; ST                  |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"                       | 1                     | PA; ST                  |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"                            | 1                     | PA; ST                  |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"                            | 1                     | PA; ST                  |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"                               | 1                     | PA; ST                  |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"                              | 1                     | PA; ST                  |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"                              | 1                     | PA; ST                  |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"                     | 1                     | PA; ST                  |
| MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                                  | 1                     | PA; ST                  |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"                                  | 1                     | PA; ST                  |
| MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"                                   | 1                     | PA; ST                  |

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|-----------------------------------------------------------------------------|------------------------------|--------------------------------|
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"                                    | 1                            | PA; ST                         |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"                                    | 1                            | PA; ST                         |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"                                    | 1                            | PA; ST                         |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"                                     | 1                            | PA; ST                         |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"                     | 1                            | PA; ST                         |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE                               | 1                            | PA; ST                         |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"                             | 1                            | PA; ST                         |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"                      | 1                            | PA; ST                         |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"                        | 1                            | PA; ST                         |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"          | 1                            | PA; ST                         |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | 1                            | PA; ST                         |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"                           | 1                            | PA; ST                         |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"       | 1                            | PA; ST                         |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)                               | 1                            | PA; ST                         |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"                   | 1                            | PA; ST                         |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"                         | 1                            | PA; ST                         |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"                   | 1                            | PA; ST                         |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"                         | 1                            | PA; ST                         |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16"                   | 1                            | PA; ST                         |

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| Nombre del Medicamento                                             | Nivel del Medicamento | Requerimientos/ Límites |
|--------------------------------------------------------------------|-----------------------|-------------------------|
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2" | 1                     | PA; ST                  |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"                    | 1                     | PA; ST                  |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"                    | 1                     | PA; ST                  |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"                        | 1                     | PA; ST                  |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                     | 1                     | PA; ST                  |
| NOVOFINE 30 NEEDLE                                                 | 1                     | PA; ST                  |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"                               | 1                     | PA; ST                  |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"                     | 1                     | PA; ST                  |
| NOVOTWIST NEEDLE 32 GAUGE X 1/5"                                   | 1                     | PA; ST                  |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE              | 2                     |                         |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE                | 2                     |                         |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE                | 2                     |                         |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE              | 2                     |                         |
| OMNIPOD DASH PDM KIT (GEN 4)                                       | 2                     |                         |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE                   | 2                     |                         |
| PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"               | 1                     | PA; ST                  |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"                          | 1                     | PA; ST                  |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"                          | 1                     | PA; ST                  |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"                            | 1                     | PA; ST                  |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"                        | 1                     | PA; ST                  |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"                 | 1                     | PA; ST                  |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"                               | 1                     | PA; ST                  |

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|---------------------------------------------------------------|------------------------------|--------------------------------|
| PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"             | 1                            | PA; ST                         |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"                   | 1                            | PA; ST                         |
| PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"                   | 1                            | PA; ST                         |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"       | 1                            | PA; ST                         |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"      | 1                            | PA; ST                         |
| PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"                   | 1                            | PA; ST                         |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"             | 1                            | PA; ST                         |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"                     | 1                            | PA; ST                         |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"                     | 1                            | PA; ST                         |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"                   | 1                            | PA; ST                         |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"                 | 1                            | PA; ST                         |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"            | 1                            | PA; ST                         |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"          | 1                            | PA; ST                         |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"          | 1                            | PA; ST                         |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"                | 1                            | PA; ST                         |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"              | 1                            | PA; ST                         |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"              | 1                            | PA; ST                         |
| PRO COMFORT ALCOHOL 70% PADS                                  | 1                            | PA; ST                         |
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"                | 1                            | PA; ST                         |

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|---------------------------------------------------------|------------------------------|--------------------------------|
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"          | 1                            | PA; ST                         |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"            | 1                            | PA; ST                         |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"            | 1                            | PA; ST                         |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"      | 1                            | PA; ST                         |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"  | 1                            | PA; ST                         |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"         | 1                            | PA; ST                         |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"          | 1                            | PA; ST                         |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"         | 1                            | PA; ST                         |
| PURE COMFORT ALCOHOL 70% PADS                           | 1                            | PA; ST                         |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"           | 1                            | PA; ST                         |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"           | 1                            | PA; ST                         |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"            | 1                            | PA; ST                         |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"           | 1                            | PA; ST                         |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"         | 1                            | PA; ST                         |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"           | 1                            | PA; ST                         |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"          | 1                            | PA; ST                         |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"          | 1                            | PA; ST                         |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"  | 1                            | PA; ST                         |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"  | 1                            | PA; ST                         |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"   | 1                            | PA; ST                         |

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|---------------------------------------------------------------------------------|------------------------------|--------------------------------|
| RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29                                            | 1                            | PA; ST                         |
| RELI-ON INSULIN 1 ML SYR 1 ML 29<br>GAUGE X 7/16"                               | 1                            | PA; ST                         |
| RELION MINI PEN 31G X 1/4" NDL 31<br>GAUGE X 1/4"                               | 1                            | PA; ST                         |
| SAFESNAP INS SYR UNITS-100 0.3 ML<br>30GX5/16",10X10 0.3 ML 30 GAUGE X<br>5/16" | 1                            | PA; ST                         |
| SAFESNAP INS SYR UNITS-100 0.5 ML<br>29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"      | 1                            | PA; ST                         |
| SAFESNAP INS SYR UNITS-100 0.5 ML<br>30GX5/16",10X10 0.5 ML 30 GAUGE X<br>5/16" | 1                            | PA; ST                         |
| SAFESNAP INS SYR UNITS-100 1 ML<br>28GX1/2",10X10 1 ML 28 GAUGE X 1/2"          | 1                            | PA; ST                         |
| SAFESNAP INS SYR UNITS-100 1 ML<br>29GX1/2",10X10 1 ML 29 GAUGE X 1/2"          | 1                            | PA; ST                         |
| SAFETY PEN NEEDLE 31G 4MM 31<br>GAUGE X 5/32"                                   | 1                            | PA; ST                         |
| SAFETY PEN NEEDLE 5MM X 31G 31<br>GAUGE X 3/16"                                 | 1                            | PA; ST                         |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML<br>30 GAUGE X 1/2"                        | 1                            | PA; ST                         |
| SECURESAFE PEN NDL 30GX5/16"<br>OUTER 30 GAUGE X 5/16"                          | 1                            | PA; ST                         |
| SECURESAFE SYR 0.5 ML 29G 1/2"<br>OUTER 0.5 ML 29 GAUGE X 1/2"                  | 1                            | PA; ST                         |
| SECURESAFE SYRNG 1 ML 29G 1/2"<br>OUTER 1 ML 29 GAUGE X 1/2"                    | 1                            | PA; ST                         |
| SKY SAFETY PEN NEEDLE 30G 5MM 30<br>GAUGE X 3/16"                               | 1                            | PA; ST                         |
| SKY SAFETY PEN NEEDLE 30G 8MM 30<br>GAUGE X 5/16"                               | 1                            | PA; ST                         |
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML<br>31 GAUGE X 5/16"                      | 1                            | PA; ST                         |
| STERILE PADS 2" X 2" 2 X 2 "                                                    | 1                            | PA; ST                         |
| SURE CMFT SFTY PEN NDL 31G 6MM 31<br>GAUGE X 1/4"                               | 1                            | PA; ST                         |
| SURE CMFT SFTY PEN NDL 32G 4MM 32<br>GAUGE X 5/32"                              | 1                            | PA; ST                         |
| NEEDLES, INSULIN DISP., SAFETY                                                  | 1                            | PA; ST                         |

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|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"             | 1                            | PA; ST                         |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"                                     | 1                            | PA; ST                         |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"                                                                     | 1                            | PA; ST                         |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"                                                                                             | 1                            | PA; ST                         |
| SURE COMFORT ALCOHOL PREP PADS                                                                                                           | 1                            | PA; ST                         |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"                                                                                   | 1                            | PA; ST                         |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"                                                                                   | 1                            | PA; ST                         |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"                                                                                      | 1                            | PA; ST                         |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"                                                                                     | 1                            | PA; ST                         |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"                                                                                            | 1                            | PA; ST                         |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"                                                                                            | 1                            | PA; ST                         |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"                                                                                            | 1                            | PA; ST                         |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"                                                                                             | 1                            | PA; ST                         |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"                                                                                             | 1                            | PA; ST                         |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"                                                                                               | 1                            | PA; ST                         |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"                                                                                               | 1                            | PA; ST                         |

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| Nombre del Medicamento                                                                                 | Nivel del Medicamento | Requerimientos/ Límites |
|--------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"                         | 1                     | PA; ST                  |
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | 1                     | PA; ST                  |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"                                                      | 1                     | PA; ST                  |
| SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16                               | 1                     | PA; ST                  |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16                                                    | 1                     | PA; ST                  |
| SURE-PREP ALCOHOL PREP PADS                                                                            | 1                     | PA; ST                  |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"                                                  | 1                     | PA; ST                  |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"                                                  | 1                     | PA; ST                  |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"                                                 | 1                     | PA; ST                  |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"                                                  | 1                     | PA; ST                  |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"                                                  | 1                     | PA; ST                  |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"                                                  | 1                     | PA; ST                  |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"                                                 | 1                     | PA; ST                  |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"                                                  | 1                     | PA; ST                  |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"                                                    | 1                     | PA; ST                  |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"                                                    | 1                     | PA; ST                  |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"                                                   | 1                     | PA; ST                  |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16                                                     | 1                     | PA; ST                  |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"                                                           | 1                     | PA; ST                  |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"                                                           | 1                     | PA; ST                  |

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| <b>Nombre del Medicamento</b>                                                                                    | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"                                                                     | 1                            | PA; ST                         |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"                                                                   | 1                            | PA; ST                         |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"                                                                   | 1                            | PA; ST                         |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"                                                                     | 1                            | PA; ST                         |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"                                                                   | 1                            | PA; ST                         |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"                                                                   | 1                            | PA; ST                         |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"                                                                   | 1                            | PA; ST                         |
| TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                    | 1                            | PA; ST                         |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"                                                                | 1                            | PA; ST                         |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"                                                                  | 1                            | PA; ST                         |
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"                                                                  | 1                            | PA; ST                         |
| TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"              | 1                            | PA; ST                         |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"                         | 1                            | PA; ST                         |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | 1                            | PA; ST                         |
| THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"     | 1                            | PA; ST                         |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"                                                                     | 1                            | PA; ST                         |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"                                                                   | 1                            | PA; ST                         |

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| Nombre del Medicamento                                                                                                                                                                                                                                               | Nivel del Medicamento | Requerimientos/ Límites |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| TOPCARE ULTRA COMFORT SYRINGE<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML 30<br>GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16",<br>0.5 ML 29 GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16",<br>1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X<br>5/16, 1 ML 31 GAUGE X 5/16 | 1                     | PA; ST                  |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5<br>ML 30 GAUGE X 5/16"                                                                                                                                                                                                           | 1                     | PA; ST                  |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5<br>ML 31 GAUGE X 5/16"                                                                                                                                                                                                           | 1                     | PA; ST                  |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2<br>ML 32 GAUGE X 5/16"                                                                                                                                                                                                           | 1                     | PA; ST                  |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31<br>GAUGE X 3/16"                                                                                                                                                                                                                   | 1                     | PA; ST                  |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31<br>GAUGE X 1/4"                                                                                                                                                                                                                    | 1                     | PA; ST                  |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32<br>GAUGE X 5/32"                                                                                                                                                                                                                   | 1                     | PA; ST                  |
| TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML<br>30 GAUGE X 1/2"                                                                                                                                                                                                               | 1                     | PA; ST                  |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML<br>30 GAUGE X 5/16"                                                                                                                                                                                                             | 1                     | PA; ST                  |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML<br>31 GAUGE X 5/16"                                                                                                                                                                                                             | 1                     | PA; ST                  |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML<br>31 GAUGE X 5/16"                                                                                                                                                                                                             | 1                     | PA; ST                  |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31<br>GAUGE X 5/16                                                                                                                                                                                                                  | 1                     | PA; ST                  |
| TRUE COMFORT ALCOHOL 70% PADS                                                                                                                                                                                                                                        | 1                     | PA; ST                  |
| TRUE COMFORT PEN NDL 31G 8MM 31<br>GAUGE X 5/16"                                                                                                                                                                                                                     | 1                     | PA; ST                  |
| TRUE COMFORT PEN NDL 31GX5MM 31<br>GAUGE X 3/16"                                                                                                                                                                                                                     | 1                     | PA; ST                  |
| TRUE COMFORT PEN NDL 31GX6MM 31<br>GAUGE X 1/4"                                                                                                                                                                                                                      | 1                     | PA; ST                  |
| TRUE COMFORT PEN NDL 32G 5MM 32<br>GAUGE X 3/16"                                                                                                                                                                                                                     | 1                     | PA; ST                  |
| TRUE COMFORT PEN NDL 32G 6MM 32<br>GAUGE X 1/4"                                                                                                                                                                                                                      | 1                     | PA; ST                  |

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| <b>Nombre del Medicamento</b>                          | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|--------------------------------------------------------|------------------------------|--------------------------------|
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"          | 1                            | PA; ST                         |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"          | 1                            | PA; ST                         |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"          | 1                            | PA; ST                         |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"           | 1                            | PA; ST                         |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"    | 1                            | PA; ST                         |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"  | 1                            | PA; ST                         |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"  | 1                            | PA; ST                         |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"  | 1                            | PA; ST                         |
| TRUE COMFORT PRO ALCOHOL PADS                          | 1                            | PA; ST                         |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"   | 1                            | PA; ST                         |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 1                            | PA; ST                         |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"  | 1                            | PA; ST                         |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"  | 1                            | PA; ST                         |
| TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"  | 1                            | PA; ST                         |
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"           | 1                            | PA; ST                         |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"         | 1                            | PA; ST                         |
| TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"         | 1                            | PA; ST                         |
| TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"         | 1                            | PA; ST                         |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"         | 1                            | PA; ST                         |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"    | 1                            | PA; ST                         |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"  | 1                            | PA; ST                         |

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| Nombre del Medicamento                                        | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------|-----------------------|-------------------------|
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"         | 1                     | PA; ST                  |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"           | 1                     | PA; ST                  |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"           | 1                     | PA; ST                  |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"         | 1                     | PA; ST                  |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"         | 1                     | PA; ST                  |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"               | 1                     | PA; ST                  |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"               | 1                     | PA; ST                  |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"             | 1                     | PA; ST                  |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"             | 1                     | PA; ST                  |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"        | 1                     | PA; ST                  |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"               | 1                     | PA; ST                  |
| ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"       | 1                     | PA; ST                  |
| ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"        | 1                     | PA; ST                  |
| ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"       | 1                     | PA; ST                  |
| ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"        | 1                     | PA; ST                  |
| ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16" | 1                     | PA; ST                  |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"           | 1                     | PA; ST                  |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"                | 1                     | PA; ST                  |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"                   | 1                     | PA; ST                  |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"                  | 1                     | PA; ST                  |

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| <b>Nombre del Medicamento</b>                                   | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|-----------------------------------------------------------------|------------------------------|--------------------------------|
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"                   | 1                            | PA; ST                         |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"    | 1                            | PA; ST                         |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"                    | 1                            | PA; ST                         |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"                  | 1                            | PA; ST                         |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"                  | 1                            | PA; ST                         |
| ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"           | 1                            | PA; ST                         |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"             | 1                            | PA; ST                         |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"             | 1                            | PA; ST                         |
| ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"               | 1                            | PA; ST                         |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"                   | 1                            | PA; ST                         |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"                | 1                            | PA; ST                         |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"                | 1                            | PA; ST                         |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"                 | 1                            | PA; ST                         |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"                   | 1                            | PA; ST                         |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"                     | 1                            | PA; ST                         |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"                      | 1                            | PA; ST                         |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"                     | 1                            | PA; ST                         |
| ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"                     | 1                            | PA; ST                         |

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| Nombre del Medicamento                                                                                  | Nivel del Medicamento | Requerimientos/ Límites |
|---------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"                                                               | 1                     | PA; ST                  |
| ULTIGUARD SAFEPAK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"                                                      | 1                     | PA; ST                  |
| ULTIGUARD SAFEPAK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"                                                      | 1                     | PA; ST                  |
| ULTILET ALCOHOL STERL SWAB                                                                              | 1                     | PA; ST                  |
| ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | 1                     | PA; ST                  |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | 1                     | PA; ST                  |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16           | 1                     | PA; ST                  |
| ULTILET PEN NEEDLE 29 GAUGE                                                                             | 1                     | PA; ST                  |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"                                                             | 1                     | PA; ST                  |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"                                                    | 1                     | PA; ST                  |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"                                    | 1                     | PA; ST                  |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"                                                    | 1                     | PA; ST                  |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE                                                            | 1                     | PA; ST                  |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16                                                       | 1                     | PA; ST                  |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"                                                         | 1                     | PA; ST                  |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"                                                  | 1                     | PA; ST                  |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"                                                 | 1                     | PA; ST                  |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"                                                 | 1                     | PA; ST                  |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"                                                           | 1                     | PA; ST                  |

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|--------------------------------------------------------|------------------------------|--------------------------------|
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"          | 1                            | PA; ST                         |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"          | 1                            | PA; ST                         |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"          | 1                            | PA; ST                         |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"         | 1                            | PA; ST                         |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"   | 1                            | PA; ST                         |
| ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"   | 1                            | PA; ST                         |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"          | 1                            | PA; ST                         |
| ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"   | 1                            | PA; ST                         |
| ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 1                            | PA; ST                         |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"   | 1                            | PA; ST                         |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"       | 1                            | PA; ST                         |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"   | 1                            | PA; ST                         |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"          | 1                            | PA; ST                         |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"        | 1                            | PA; ST                         |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"        | 1                            | PA; ST                         |

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|----------------------------------------------------------|------------------------------|--------------------------------|
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"            | 1                            | PA; ST                         |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"          | 1                            | PA; ST                         |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"          | 1                            | PA; ST                         |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"          | 1                            | PA; ST                         |
| ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"      | 1                            | PA; ST                         |
| ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | 1                            | PA; ST                         |
| ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"  | 1                            | PA; ST                         |
| ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"      | 1                            | PA; ST                         |
| ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16     | 1                            | PA; ST                         |
| ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"            | 1                            | PA; ST                         |
| ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"            | 1                            | PA; ST                         |
| ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"    | 1                            | PA; ST                         |
| ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"      | 1                            | PA; ST                         |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16        | 1                            | PA; ST                         |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"     | 1                            | PA; ST                         |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"     | 1                            | PA; ST                         |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"      | 1                            | PA; ST                         |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"     | 1                            | PA; ST                         |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"     | 1                            | PA; ST                         |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"      | 1                            | PA; ST                         |

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|----------------------------------------------------------------|------------------------------|--------------------------------|
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16            | 1                            | PA; ST                         |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"                 | 1                            | PA; ST                         |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"                | 1                            | PA; ST                         |
| UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"                | 1                            | PA; ST                         |
| UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                | 1                            | PA; ST                         |
| UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                    | 1                            | PA; ST                         |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"        | 1                            | PA; ST                         |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"   | 1                            | PA; ST                         |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"                       | 1                            | PA; ST                         |
| UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | 1                            | PA; ST                         |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"                     | 1                            | PA; ST                         |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"                        | 1                            | PA; ST                         |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"                 | 1                            | PA; ST                         |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE                           | 1                            | PA; ST                         |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"             | 1                            | PA; ST                         |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"                | 1                            | PA; ST                         |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | 1                            | PA; ST                         |
| UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"           | 1                            | PA; ST                         |
| UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"          | 1                            | PA; ST                         |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"                | 1                            | PA; ST                         |

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|-------------------------------------------------------------|------------------------------|--------------------------------|
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"             | 1                            | PA; ST                         |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"                    | 1                            | PA; ST                         |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"                    | 1                            | PA; ST                         |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"                    | 1                            | PA; ST                         |
| UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"                | 1                            | PA; ST                         |
| UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"                | 1                            | PA; ST                         |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"                | 1                            | PA; ST                         |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"                 | 1                            | PA; ST                         |
| UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"                | 1                            | PA; ST                         |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"                | 1                            | PA; ST                         |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"              | 1                            | PA; ST                         |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"               | 1                            | PA; ST                         |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"              | 1                            | PA; ST                         |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"              | 1                            | PA; ST                         |
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" | 1                            | PA; ST                         |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"        | 1                            | PA; ST                         |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"           | 1                            | PA; ST                         |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"         | 1                            | PA; ST                         |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"                | 1                            | PA; ST                         |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"                | 1                            | PA; ST                         |

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|-----------------------------------------------------------------------|-----------------------|-------------------------|
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"                         | 1                     | PA; ST                  |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"                        | 1                     | PA; ST                  |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"                           | 1                     | PA; ST                  |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"                        | 1                     | PA; ST                  |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"                        | 1                     | PA; ST                  |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"                        | 1                     | PA; ST                  |
| VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"                        | 1                     | PA; ST                  |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"                        | 1                     | PA; ST                  |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"       | 1                     | PA; ST                  |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"                | 1                     | PA; ST                  |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"                  | 1                     | PA; ST                  |
| VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"               | 1                     | PA; ST                  |
| VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"               | 1                     | PA; ST                  |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "               | 1                     | PA; ST                  |
| WEBCOL ALCOHOL PREPS 20'S,LARGE                                       | 1                     | PA; ST                  |
| <b>Preparaciones De Reemplazo</b>                                     |                       |                         |
| <b>Preparaciones De Reemplazo</b>                                     |                       |                         |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 1                     | PA BvD; HI              |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>    | 1                     | PA BvD; HI              |
| <i>electrolyte-148 intravenous parenteral solution</i>                | 1                     |                         |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE                                | 3                     | PA BvD; HI; NDS         |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                      | 3                     | PA BvD; HI; NDS         |

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|-------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %                                   | 3                     | PA BvD; HI; NDS         |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>                                    | 1                     |                         |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>                                    | 1                     |                         |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>                                    | 1                     |                         |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>                                    | 3                     | NDS                     |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>                                     | 1                     |                         |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>                       | 1                     | PA BvD; HI              |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>                          | 1                     |                         |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                                | 1                     |                         |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>                    | 1                     |                         |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>              | 1                     |                         |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>                  | 1                     | PA BvD; HI              |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | 1                     |                         |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>                            | 1                     |                         |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                                    | 1                     | PA BvD; HI              |
| <i>sodium chloride 0.9% solution mini-bag, single use</i>                                       | 1                     | PA BvD; HI              |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML                                         | 3                     | PA BvD; NDS             |
| <b>Productos Para La Tos Y Resfriado</b>                                                        |                       |                         |
| <b>Productos Para La Tos Y Resfriado</b>                                                        |                       |                         |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                                  | 5                     | NDS; EX                 |

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| Nombre del Medicamento                                                                                   | Nivel del Medicamento | Requerimientos/ Límites      |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| <b>Productos Sanguíneos/Modificadores/Expansores De Volumen</b>                                          |                       |                              |
| <b>Agentes Hematológicos, Varios</b>                                                                     |                       |                              |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>                                                              | 1                     |                              |
| CABLIVI INJECTION KIT 11 MG                                                                              | 4                     | PA; NDS; QL (30 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                                               | 3                     | NDS                          |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                | 1                     |                              |
| <b>Anticoagulantes</b>                                                                                   |                       |                              |
| <i>dabigatran etexilate oral capsule 110 mg</i>                                                          | 1                     |                              |
| <i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>                                                   | 1                     | QL (60 per 30 days)          |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)                                     | 2                     | QL (74 per 30 days)          |
| ELIQUIS ORAL TABLET 2.5 MG                                                                               | 2                     | QL (60 per 30 days)          |
| ELIQUIS ORAL TABLET 5 MG                                                                                 | 2                     | QL (74 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>                                              | 1                     | QL (60 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>                                       | 1                     | QL (48 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>                                                      | 1                     | QL (18 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>                                                      | 1                     | QL (24 per 30 days)          |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>                                                      | 1                     | QL (36 per 30 days)          |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>                                                    | 4                     | NDS; QL (24 per 30 days)     |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>                                                   | 1                     | QL (15 per 30 days)          |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>                                                     | 4                     | NDS; QL (12 per 30 days)     |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>                                                   | 4                     | NDS; QL (18 per 30 days)     |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 1                     | PA BvD; 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>                    | 1                     |                              |

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|---------------------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>rivaroxaban oral tablet 2.5 mg</i>                                                 | 1                     | QL (60 per 30 days)          |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1                     |                              |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)            | 2                     | QL (51 per 30 days)          |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML                                    | 2                     | QL (600 per 30 days)         |
| XARELTO ORAL TABLET 10 MG, 20 MG                                                      | 2                     | QL (30 per 30 days)          |
| XARELTO ORAL TABLET 15 MG, 2.5 MG                                                     | 2                     | QL (60 per 30 days)          |
| <b>Inhibidores De Agregación De Plaquetas</b>                                         |                       |                              |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>               | 1                     | QL (60 per 30 days)          |
| BRILINTA ORAL TABLET 60 MG, 90 MG                                                     | 2                     |                              |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                           | 1                     |                              |
| <i>clopidogrel oral tablet 75 mg</i>                                                  | 1                     |                              |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                   | 1                     |                              |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                             | 1                     |                              |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                          | 1                     | QL (30 per 30 days)          |
| <b>Modificadores De Formación De Sangre</b>                                           |                       |                              |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                                        | 4                     | PA BvD; NDS                  |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG                                              | 4                     | PA; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG                                              | 4                     | PA; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG                                              | 4                     | PA; NDS; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                             | 4                     | PA; NDS                      |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT                                           | 4                     | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT                                           | 4                     | PA; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG                                                  | 4                     | NDS                          |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                             | 4                     | PA; NDS                      |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                                                                                                                | 4                     | PA; NDS                       |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                          | 4                     | PA; NDS                       |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                             | 4                     | PA; NDS                       |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG                                                                                                                                                | 4                     | PA; NDS; QL (90 per 30 days)  |
| PROMACTA ORAL POWDER IN PACKET 25 MG                                                                                                                                                  | 4                     | PA; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG                                                                                                                                                          | 4                     | PA; NDS; QL (90 per 30 days)  |
| PROMACTA ORAL TABLET 25 MG                                                                                                                                                            | 4                     | PA; NDS; QL (30 per 30 days)  |
| PROMACTA ORAL TABLET 50 MG, 75 MG                                                                                                                                                     | 4                     | PA; NDS; QL (60 per 30 days)  |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML                                                             | 2                     | PA; QL (12 per 28 days)       |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML                                                                                                                                            | 2                     | PA; QL (4 per 28 days)        |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML                                                                                                                           | 4                     | PA; NDS                       |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                              | 4                     | PA; NDS                       |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                               | 4                     | PA; NDS                       |
| <b>Reemplazo/Modificadores De Enzima</b>                                                                                                                                              |                       |                               |
| <b>Reemplazo/Modificadores De Enzima</b>                                                                                                                                              |                       |                               |
| CERDELGA ORAL CAPSULE 84 MG                                                                                                                                                           | 4                     | PA; NDS                       |
| CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT | 2                     |                               |
| GALAFOLD ORAL CAPSULE 123 MG                                                                                                                                                          | 4                     | PA; NDS; QL (14 per 28 days)  |
| <i>javygtor oral tablet, soluble 100 mg</i>                                                                                                                                           | 4                     | PA; NDS                       |
| <i>miglustat oral capsule 100 mg</i>                                                                                                                                                  | 4                     | PA; NDS; QL (90 per 30 days)  |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>                                                                                                                                      | 4                     | PA; NDS                       |
| <i>nitisinone oral capsule 20 mg</i>                                                                                                                                                  | 4                     | NDS                           |
| PULMOZYME INHALATION SOLUTION 1 MG/ML                                                                                                                                                 | 4                     | PA BvD; NDS                   |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| REVCovi INTRAMUSCULAR SOLUTION<br>2.4 MG/1.5 ML (1.6 MG/ML)                                                                                                                                                                                                                                          | 4                     | PA; NDS                 |
| <i>sapropterin oral tablet, soluble 100 mg</i>                                                                                                                                                                                                                                                       | 4                     | PA; NDS                 |
| ZENPEP ORAL CAPSULE, DELAYED<br>RELEASE(DR/EC) 10,000-32,000 -42,000<br>UNIT, 15,000-47,000 -63,000 UNIT, 20,000-<br>63,000- 84,000 UNIT, 25,000-79,000-<br>105,000 UNIT, 3,000-10,000 -14,000-UNIT,<br>40,000-126,000- 168,000 UNIT, 5,000-<br>17,000- 24,000 UNIT, 60,000-189,600-<br>252,600 UNIT | 2                     |                         |
| <b>Relajantes Musculares Esqueléticos</b>                                                                                                                                                                                                                                                            |                       |                         |
| <b>Relajantes Musculares Esqueléticos</b>                                                                                                                                                                                                                                                            |                       |                         |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                                                                                                                                                                                       | 1                     |                         |
| <i>chlorzoxazone oral tablet 250 mg</i>                                                                                                                                                                                                                                                              | 4                     | NDS                     |
| <i>chlorzoxazone oral tablet 500 mg</i>                                                                                                                                                                                                                                                              | 1                     |                         |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                                                                                                                                                                                                                                                       | 1                     |                         |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>                                                                                                                                                                                                                                                  | 1                     |                         |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                                                                                                                                                                                                                                      | 1                     |                         |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>                                                                                                                                                                                                                                                             | 1                     |                         |
| <b>Vitaminas Y Minerales</b>                                                                                                                                                                                                                                                                         |                       |                         |
| <b>Vitaminas Y Minerales</b>                                                                                                                                                                                                                                                                         |                       |                         |
| <i>bal-care dha combo pack 27-1-430 mg</i>                                                                                                                                                                                                                                                           | 1                     |                         |
| <i>bal-care dha essential pack 27 mg iron-1 mg<br/>-374 mg</i>                                                                                                                                                                                                                                       | 1                     |                         |
| <i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>                                                                                                                                                                                                                                                    | 1                     |                         |
| <i>completenate tablet chew 29 mg iron- 1 mg</i>                                                                                                                                                                                                                                                     | 1                     |                         |
| <i>cyanocobalamin (vitamin b-12) injection<br/>solution</i>                                                                                                                                                                                                                                          | 5                     | NDS; EX                 |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250<br/>mcg (50,000 unit)</i>                                                                                                                                                                                                                          | 5                     | NDS; EX                 |
| <i>folic acid oral tablet 1 mg</i>                                                                                                                                                                                                                                                                   | 5                     | NDS; EX                 |
| <i>folivane-ob capsule 85-1 mg</i>                                                                                                                                                                                                                                                                   | 1                     |                         |
| <i>kosher prenatal plus iron tab 30 mg iron- 1<br/>mg</i>                                                                                                                                                                                                                                            | 1                     |                         |
| <i>marnatal-f capsule 60 mg iron-1 mg</i>                                                                                                                                                                                                                                                            | 1                     |                         |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i>                                                                                                                                                                                                                                                          | 1                     |                         |
| <i>mynatal advance oral tablet 90-1-50 mg</i>                                                                                                                                                                                                                                                        | 1                     |                         |
| <i>mynatal capsule 65 mg iron- 1 mg</i>                                                                                                                                                                                                                                                              | 1                     |                         |

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| <b>Nombre del Medicamento</b>                                                 | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|-------------------------------------------------------------------------------|------------------------------|--------------------------------|
| <i>mynatal oral tablet 90-1-50 mg</i>                                         | 1                            |                                |
| <i>mynatal plus captab 65 mg iron- 1 mg</i>                                   | 1                            |                                |
| <i>mynatal-z captab 65 mg iron- 1 mg</i>                                      | 1                            |                                |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>            | 1                            |                                |
| <i>newgen tablet 32-1,000 mg-mcg</i>                                          | 1                            |                                |
| <i>niva-plus tablet 27 mg iron- 1 mg</i>                                      | 1                            |                                |
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>                     | 1                            |                                |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i> | 1                            |                                |
| <i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>                       | 1                            |                                |
| <i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>                                  | 1                            |                                |
| <i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>       | 1                            |                                |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>                      | 1                            |                                |
| <i>pnv-omega softgel 28-1-300 mg</i>                                          | 1                            |                                |
| <i>pr natal 400 combo pack 29-1-400 mg</i>                                    | 1                            |                                |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i>                                 | 1                            |                                |
| <i>pr natal 430 combo pack 29 mg iron-1 mg - 430 mg</i>                       | 1                            |                                |
| <i>pr natal 430 ec combo pack 29-1-430 mg</i>                                 | 1                            |                                |
| <i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>                       | 1                            |                                |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i>                            | 1                            |                                |
| <i>prenaissance plus oral capsule 28-1-50-250 mg</i>                          | 1                            |                                |
| <i>prenatabs fa tablet 29-1 mg</i>                                            | 1                            |                                |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>         | 1                            |                                |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>                           | 1                            |                                |
| <i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>                         | 1                            |                                |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>                        | 1                            |                                |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>            | 1                            |                                |
| <i>prenatal-u capsule 106.5-1 mg</i>                                          | 1                            |                                |

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Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento. (Página 10)

| <b>Nombre del Medicamento</b>                                              | <b>Nivel del Medicamento</b> | <b>Requerimientos/ Límites</b> |
|----------------------------------------------------------------------------|------------------------------|--------------------------------|
| <i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>                | 1                            |                                |
| <i>pretab oral tablet 29-1 mg</i>                                          | 1                            |                                |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>                          | 1                            |                                |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>                          | 1                            |                                |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>                          | 1                            |                                |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>                        | 1                            |                                |
| <i>taron-c dha capsule 35-1-200 mg</i>                                     | 1                            |                                |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i> | 1                            |                                |
| <i>triveen-duo dha oral combo pack 29-1-400 mg</i>                         | 1                            |                                |
| <i>virt-c dha softgel (rx) 35-1-200 mg</i>                                 | 1                            |                                |
| <i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>                       | 1                            |                                |
| <i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>                    | 1                            |                                |
| <i>virt-pn plus oral capsule 28-1-300 mg</i>                               | 1                            |                                |
| <i>vitafol gummies 3.33 mg iron- 0.33 mg</i>                               | 1                            |                                |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i>                                | 1                            |                                |
| <i>vitafol-ob+dha combo pack 65-1-250 mg</i>                               | 1                            |                                |
| <i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>                | 1                            |                                |
| <i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>                     | 1                            |                                |
| <i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>                       | 1                            |                                |
| <i>zatean-pn plus softgel 28-1-300 mg</i>                                  | 1                            |                                |
| <i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>                       | 1                            |                                |

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