2026

Formulario

(lista de medicamentos cubiertos)

Este formulario se actualizó el **08/20/2026**. Para obtener información más reciente u otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Leon Health, Inc. al 1-844-969-5366 (los usuarios de TTY deben llamar al 711), de octubre a marzo, de 8 a.m. a 8 p.m., los siete días de la semana. De abril a septiembre, de 8 a.m. a 8 p.m., de lunes a viernes. También puede visitar www.leonhealth.com.

LEON HEALTH

H4286_2026FORMULARY_S_C

Leon Health, Inc.

Leon MediExtra, Leon MediDual, Leon MediMore and Leon MediMax

Formulario para 2026

Lista de medicamentos cubiertos

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

Identificación del formulario 26459, número de versión 26

Este formulario se actualizó el 08/20/2026. Para consultar 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.

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 1 de september de 2026. 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 2026 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. podríamos/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 2026 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, 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 09/01/2026. 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 143. 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 143.

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-$5.10 copago	$0-$5.10 copago
Nivel 2: Medicamentos de marca preferida	$0-$12.65 copago	$0-$12.65 copago
Nivel 3: Medicamentos de marca no preferida	$0-$12.65 copago	$0-$12.65 copago
Nivel 4: Medicamentos del nivel especializado	$0-$12.65 copago	$0-$12.65 copago
Nivel 5: Medicamentos Suplementarios	$0 copago	$10 copay

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 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 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.

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.
- 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.
- 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
Agentes Anti Cáncer		
Agentes Anti Cáncer		
abiraterone oral tablet 250 mg, 500 mg	4	PA NSO; NDS; 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
anastrozole oral tablet 1 mg	1	
AUGTYRO ORAL CAPSULE 160 MG	4	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	4	PA NSO; NDS
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)
bexarotene oral capsule 75 mg	4	PA NSO; NDS
bexarotene topical gel 1 %	4	PA NSO; NDS; QL (240 per 30 days)
bicalutamide oral tablet 50 mg	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)
bosutinib oral tablet 400 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)
BRUKINSA ORAL TABLET 160 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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
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)
cyclophosphamide oral capsule 25 mg	3	PA BvD; NDS
cyclophosphamide oral capsule 50 mg	3	PA BvD; ST; NDS
cyclophosphamide oral tablet 25 mg, 50 mg	2	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA NSO; NDS; QL (120 per 30 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	4	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg	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
ENSACOVE ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	4	PA NSO; NDS; QL (270 per 30 days)
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)
erlotinib oral tablet 100 mg, 25 mg	4	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	4	PA NSO; NDS; QL (90 per 30 days)
EULEXIN ORAL CAPSULE 125 MG	4	NDS; QL (180 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg	4	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	4	PA NSO; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	4	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA BvD; NDS; QL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA NSO; NDS; QL (21 per 28 days)
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)
gefitinib oral tablet 250 mg	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)
HERNEXEOS ORAL TABLET 60 MG	4	PA NSO; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	
HYRNUO ORAL TABLET 10 MG	4	PA NSO; NDS; QL (120 per 30 days)
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)
IBTROZI ORAL CAPSULE 200 MG	4	PA NSO; NDS; QL (90 per 30 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)
imatinib oral tablet 100 mg	3	PA NSO; NDS; QL (180 per 30 days)
imatinib oral tablet 400 mg	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
INLURIYO ORAL TABLET 200 MG	4	PA NSO; NDS; QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	4	PA NSO; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	4	PA NSO; NDS; QL (90 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	3	NDS
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)
KOMZIFTI ORAL CAPSULE 200 MG	4	PA NSO; NDS; QL (30 per 30 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)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	4	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	4	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	4	PA NSO; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	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)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA NSO; NDS; QL (28 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA NSO; NDS
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG	4	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	3	PA NSO; NDS
leuprolide subcutaneous kit 1 mg/0.2 ml	3	PA NSO; NDS
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	4	PA NSO; NDS
lomustine oral capsule 10 mg	3	NDS
lomustine oral capsule 100 mg, 40 mg	4	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)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA NSO; 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)
mercaptopurine oral suspension 20 mg/ml	4	NDS
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	
MODEYSO ORAL CAPSULE 125 MG	4	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	4	PA NSO; NDS; QL (180 per 30 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG	4	PA NSO; NDS; QL (112 per 28 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG	4	PA NSO; NDS; QL (120 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg	4	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	4	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	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), 600 MG/WEEK (100 MG X 6)	4	PA NSO; NDS; QL (24 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA NSO; NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA NSO; NDS; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
pazopanib oral tablet 200 mg	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)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	4	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	4	PA NSO; NDS; QL (90 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	4	PA NSO; NDS
REVUFORJ ORAL TABLET 25 MG	4	PA NSO; NDS; QL (240 per 30 days)
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
sorafenib oral tablet 200 mg	4	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA NSO; NDS; QL (28 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO 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)
tamoxifen oral tablet 10 mg, 20 mg	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)
toremifene oral tablet 60 mg	4	NDS
torpenz oral tablet 10 mg	4	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	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
tretinoin (antineoplastic) oral capsule 10 mg	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	PA NSO; 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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	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), 80 MG/WEEK (80 MG X 1)	4	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL (180 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (180 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL (180 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	2	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	NDS; QL (240 per 180 days)
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL (4 per 30 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)	2	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	1	
Agentes Antiansiedad		
Benzodiacepinas		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	1	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	QL (300 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	QL (180 per 30 days)
diazepam intensol oral concentrate 5 mg/ml	1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	QL (120 per 30 days)
estazolam oral tablet 1 mg	1	QL (60 per 30 days)
estazolam oral tablet 2 mg	1	QL (30 per 30 days)
lorazepam 2 mg/ml oral concent	1	QL (150 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	1	QL (30 per 30 days)
Agentes Antidemencia		
Agentes Antidemencia		
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	1	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	QL (30 per 30 days)
Agentes Antidiabetico		
Agentes Antidiabeticos, Varios		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	1	
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	1	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1	
dapagliflozin oral tablet 10 mg, 5 mg	2	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg	2	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg	2	
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	2	QL (60 per 30 days)
dapagliflozin-saxagliptin oral tablet 10-5 mg	2	
DM2 COMBO PACK, TABLET AND STRIP 500 MG	1	QL (120 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	
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, 2.5-850 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)
linagliptin-metformin oral tablet 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg	1	QL (60 per 30 days)
metformin oral solution 500 mg/5 ml	1	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 750 mg	1	QL (60 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
mifepristone oral tablet 300 mg	4	PA; NDS; QL (112 per 28 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	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)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA NSO; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	2	PA NSO; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	2	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	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)
Insulinas		
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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	2	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	2	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	2	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	2	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	2	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	2	max $35 copay per month supply
insulin glargine-yfgn subcutaneous solution 100 unit/ml	2	max $35 copay per month supply
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	2	max $35 copay per month supply
insulin lispro subcutaneous insulin pen 100 unit/ml	2	max $35 copay per month supply
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	2	max $35 copay per month supply
insulin lispro subcutaneous solution 100 unit/ml	2	max $35 copay per month supply
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max $35 copay per month supply
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	max $35 copay per month supply
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	max $35 copay per month supply
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	max $35 copay per month supply
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	max $35 copay per month supply
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)
Sulfonilureas		
glimepiride oral tablet 1 mg, 2 mg, 3 mg, 4 mg	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Antigota		
Agentes Antigota, Otros		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	1	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	1	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	1	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
Agentes Antimigraña		
Agentes Antimigraña		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	4	NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (9 per 30 days)
NURTEC ODT ORAL 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)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml autoinj suv	3	NDS; QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	3	NDS; QL (4 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	QL (6 per 30 days)
Agentes Antinausea		
Agentes Antinausea		
aprepitant oral capsule 125 mg	4	PA BvD; NDS; QL (2 per 28 days)
aprepitant oral capsule 40 mg	1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	3	PA BvD; NDS; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	PA BvD
compro rectal suppository 25 mg	1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA; QL (60 per 30 days)
granisetron hcl oral tablet 1 mg	1	PA BvD
meclizine oral tablet 12.5 mg, 25 mg	1	
ondansetron hcl oral solution 4 mg/5 ml	1	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	PA BvD
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 25 mg, 50 mg	1	
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	QL (10 per 30 days)
Agentes Antiparasitarios		
Agentes Antiparasitarios		
albendazole oral tablet 200 mg	3	NDS
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	2	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	3	NDS
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
Agentes Antipsicóticos		
Agentes Antipsicóticos		
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)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet 2 mg	1	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	3	ST; NDS; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	3	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	4	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	NDS; QL (3.9 per 56 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	NDS; QL (3.2 per 28 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	ST; NDS; QL (30 per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	3	NDS
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 12.5 mg	3	ST; NDS; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	1	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	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 CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	4	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	4	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	NDS; QL (0.5 per 21 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	ST; NDS
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	NDS
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	NDS
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	3	NDS
fluphenazine hcl oral concentrate 5 mg/ml	3	NDS
fluphenazine hcl oral elixir 2.5 mg/5 ml	3	NDS
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	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	3	NDS; 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)

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
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)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	NDS; QL (30 per 30 days)
lurasidone oral tablet 80 mg	3	NDS; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	3	NDS; QL (240 per 30 days)
molindone oral tablet 25 mg	3	NDS; QL (270 per 30 days)
molindone oral tablet 5 mg	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)
olanzapine intramuscular recon soln 10 mg	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	4	NDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine oral tablet 150 mg	1	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG	4	NDS; QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	4	NDS
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet,disintegrating 0.25 mg	3	NDS
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
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)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	ST; NDS; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	QL (6 per 28 days)
Agentes Calóricos		
Agentes Calóricos		
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; HI; NDS
dextrose 5 % in water (d5w) intravenous parenteral solution	1	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
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	PA BvD; HI; NDS
Agentes Cardiovasculares		
Agentes Alfa-Adrenérgicos		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	1	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
droxidopa oral capsule 100 mg	3	PA; NDS; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
Agentes Antiarritmicos		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
Agentes Bloqueadores Beta-Adrenérgicos		
acebutolol oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
Agentes Bloqueadores Da Canal De Calcio		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	3	NDS
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
Agentes Cardiovasculares, Varios		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL (600 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	2	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	2	QL (60 per 30 days)
metyrosine oral capsule 250 mg	4	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ranolazine oral tablet extended release 12 hr 1,000 mg	2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	2	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	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)
Antagonistas De Receptores De Angiotensina Ii		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	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 PELLET 15-16 MG, 6-6 MG	2	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
sacubitril-valsartan oral tablet 24-26 mg	1	QL (180 per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	1	QL (60 per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
Dihidropiridinas		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
Dislipidémicos		
amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg	1	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
colesevelam oral powder in packet 3.75 gram	1	
colesevelam oral tablet 625 mg	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	1	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	1	
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	1	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
NEXLETOL ORAL TABLET 180 MG	2	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	2	QL (30 per 30 days)
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
niacor oral tablet 500 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	
pravastatin oral tablet 10 mg, 80 mg	1	
pravastatin oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	1	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	QL (6 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL (30 per 30 days)
Diuréticos		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; NDS; QL (56 per 28 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	4	PA; NDS
tolvaptan oral tablet 15 mg, 30 mg	4	PA; NDS
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
Inhibidores De Enzima Convertidoras De Angiotensina		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	ST; QL (1200 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona		
aliskiren oral tablet 150 mg, 300 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Vasodilatadores		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
Agentes De Enfermedad Intestinal Inflamatoria		
Agentes De Enfermedad Intestinal Inflamatoria		
alosetron oral tablet 0.5 mg	1	
alosetron oral tablet 1 mg	4	NDS
balsalazide oral capsule 750 mg	1	
budesonide oral capsule,delayed,extend.release 3 mg	3	NDS
budesonide rectal foam 2 mg/actuation	1	
DIPENTUM ORAL CAPSULE 250 MG	4	ST; NDS
hydrocortisone rectal enema 100 mg/60 ml	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	3	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes De Enfermedad Ósea Metabólica		
Agentes De Enfermedad Ósea Metabólica		
alendronate oral solution 70 mg/75 ml	3	NDS; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	4	NDS
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; NDS
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	QL (3.7 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cinacalcet oral tablet 30 mg	1	QL (60 per 30 days)
cinacalcet oral tablet 60 mg	2	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	3	NDS; QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
ibandronate oral tablet 150 mg	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	NDS; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	4	NDS; QL (60 per 30 days)
risedronate oral tablet 150 mg	1	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg	1	QL (30 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	QL (4 per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	2	
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes De Trastorno De Sueño		
Agentes De Trastorno De Sueño		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; NDS; QL (150 per 30 days)
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	4	PA; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL (30 per 30 days)
Agentes Del Sistema Nervioso Central		
Agentes Del Sistema Nervioso Central		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	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)
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	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; NDS; QL (15 per 30 days)
cladribine 10 mg x 10 tab pk outer	4	PA; NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)	4	PA; NDS
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	1	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	3	PA; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	3	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	4	PA; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	4	PA; NDS; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	4	PA; NDS; QL (60 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	4	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	4	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	4	PA; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 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)
lithium carbonate oral capsule 150 mg, 300 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	2	
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
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; NDS
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL (90 per 30 days)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	QL (60 per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; NDS; QL (150 per 30 days)
riluzole oral tablet 50 mg	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
tetrabenazine oral tablet 12.5 mg	3	PA; NDS; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	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)
Agentes Del Tracto Respiratorio		
Agentes Del Tracto Respiratorio, Otros		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	PA; 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)
nintedanib oral capsule 100 mg, 150 mg	4	PA; NDS; QL (60 per 30 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 TABLET 100-125 MG, 200-125 MG	4	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	4	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	4	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	4	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA BvD; NDS
roflumilast oral tablet 250 mcg, 500 mcg	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)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	4	PA; NDS; QL (1 per 21 days)

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
Antiinflamatorios, Corticoesteroides Inhalados		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 per 30 days)
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
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	PA BvD; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	PA BvD; QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (30.6 per 30 days)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	1	QL (60 per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation	1	
fluticasone propionate inhalation blister with device 50 mcg/actuation	1	QL (120 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	1	QL (12 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
Antileucotrinos		
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
zafirlukast oral tablet 10 mg, 20 mg	1	
Broncodilatadores		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL (10.7 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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	2	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD; QL (312.5 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	PA BvD; QL (540 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	2	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	1	
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)
terbutaline oral tablet 2.5 mg, 5 mg	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	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)
Agentes Dentales Y Orales		
Agentes Dentales Y Orales		
cevimeline oral capsule 30 mg	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
periogard mucous membrane mouthwash 0.12 %	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
triamcinolone acetonide dental paste 0.1 %	1	
Agentes Dermatológicos		
Agentes Antiinflamatorios Dermatológicos		
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
betamethasone dipropionate topical cream 0.05 %	1	QL (90 per 30 days)
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	QL (90 per 30 days)
betamethasone valerate topical cream 0.1 %	1	QL (180 per 30 days)
betamethasone valerate topical foam 0.12 %	1	QL (120 per 30 days)
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	QL (180 per 30 days)
betamethasone, augmented topical cream 0.05 %	1	QL (100 per 30 days)
betamethasone, augmented topical gel 0.05 %	1	QL (100 per 30 days)
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	QL (100 per 30 days)
clobetasol scalp solution 0.05 %	1	
clobetasol topical cream 0.05 %	1	QL (120 per 30 days)
clobetasol topical foam 0.05 %	1	QL (100 per 30 days)
clobetasol topical gel 0.05 %	1	QL (120 per 28 days)
clobetasol topical lotion 0.05 %	1	
clobetasol topical ointment 0.05 %	1	QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	1	
clobetasol-emollient topical cream 0.05 %	1	QL (120 per 30 days)
clobetasol-emollient topical foam 0.05 %	1	QL (100 per 30 days)
desonide topical cream 0.05 %	1	QL (60 per 30 days)
desonide topical lotion 0.05 %	1	
desonide topical ointment 0.05 %	1	QL (60 per 30 days)
desoximetasone topical cream 0.05 %, 0.25 %	1	QL (120 per 30 days)
desoximetasone topical gel 0.05 %	1	QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
desoximetasone topical ointment 0.05 %, 0.25 %	1	QL (120 per 30 days)
diflorasone topical ointment 0.05 %	1	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	2	
fluocinolone topical cream 0.01 %, 0.025 %	1	QL (120 per 30 days)
fluocinolone topical ointment 0.025 %	1	QL (120 per 30 days)
fluocinonide topical cream 0.05 %	1	QL (120 per 30 days)
fluocinonide topical gel 0.05 %	1	QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	1	QL (240 per 30 days)
fluocinonide topical solution 0.05 %	1	
fluocinonide-emollient topical cream 0.05 %	1	QL (120 per 30 days)
fluticasone propionate topical cream 0.05 %	1	QL (240 per 30 days)
fluticasone propionate topical ointment 0.005 %	1	QL (240 per 30 days)
halobetasol propionate topical cream 0.05 %	1	QL (50 per 30 days)
halobetasol propionate topical ointment 0.05 %	1	QL (50 per 30 days)
hydrocortisone 2.5% cream	1	QL (60 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %	1	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	1	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %	1	QL (120 per 30 days)
hydrocortisone topical cream 1 %	1	QL (60 per 30 days)
hydrocortisone topical cream with perineal applicator 2.5 %	1	QL (60 per 30 days)
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	QL (240 per 30 days)
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	1	QL (60 per 30 days)
mometasone topical cream 0.1 %	1	QL (180 per 30 days)
mometasone topical ointment 0.1 %	1	QL (180 per 30 days)
mometasone topical solution 0.1 %	1	
pimecrolimus topical cream 1 %	1	QL (100 per 30 days)
proctosol hc topical cream with perineal applicator 2.5 %	1	QL (60 per 30 days)
proctozone-hc topical cream with perineal applicator 2.5 %	1	QL (60 per 30 days)
tacrolimus topical ointment 0.03 %, 0.1 %	1	QL (100 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	QL (454 per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
Agentes Dermatológicos, Otros		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
acyclovir topical ointment 5 %	1	QL (30 per 30 days)
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
calcipotriene scalp solution 0.005 %	1	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	QL (120 per 30 days)
fluorouracil topical cream 5 %	1	QL (40 per 30 days)
fluorouracil topical solution 2 %, 5 %	1	
imiquimod topical cream in packet 5 %	1	QL (24 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	4	NDS
PANRETIN TOPICAL GEL 0.1 %	4	NDS; QL (180 per 30 days)
penciclovir topical cream 1 %	1	QL (5 per 30 days)
podofilox topical solution 0.5 %	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	NDS; QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	4	PA NSO; NDS; QL (60 per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
Antibacterianos Dermatológicos		
clindamycin phosphate topical solution 1 %	1	QL (180 per 30 days)
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %	1	QL (180 per 30 days)
gentamicin topical cream 0.1 %	1	QL (120 per 30 days)
gentamicin topical ointment 0.1 %	1	QL (120 per 30 days)
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical lotion 0.75 %	1	
mupirocin topical ointment 2 %	1	QL (220 per 30 days)
selenium sulfide topical lotion 2.5 %	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
Escabicidas Y Pediculicidas		
malathion topical lotion 0.5 %	1	
permethrin topical cream 5 %	1	QL (120 per 30 days)
Retinoides Dermatológicos		
tazarotene topical cream 0.1 %	1	QL (120 per 30 days)
tretinoin topical cream 0.025 %, 0.1 %	1	QL (45 per 30 days)
tretinoin topical cream 0.05 %	1	QL (60 per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	QL (45 per 30 days)
Agentes Gastrointestinales		
Agentes Antiúlceras Y Supresores De Ácidos		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	QL (60 per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
sucralfate oral tablet 1 gram	1	
VOQUEZNA ORAL TABLET 10 MG	3	NDS; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VOQUEZNA ORAL TABLET 20 MG	3	NDS; QL (60 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	NDS
Agentes Gastrointestinales, Otros		
carglumic acid oral tablet, dispersible 200 mg	4	PA; NDS
constulose oral solution 10 gram/15 ml	1	
cromolyn oral concentrate 100 mg/5 ml	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose oral solution 10 gram/15 ml	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; NDS
generlac oral solution 10 gram/15 ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
kionex oral suspension 15 gram/60 ml	2	
lactulose oral solution 10 gram/15 ml	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)
loperamide oral capsule 2 mg	1	
lubiprostone oral capsule 24 mcg	1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	2	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet 500 mg	4	NDS
sodium polystyrene sulfonate oral powder 15 gram	1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
TRULANCE ORAL TABLET 3 MG	2	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	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)
Enlaces De Fosfato		
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	3	NDS
sevelamer carbonate oral tablet 800 mg	3	NDS
sevelamer hcl oral tablet 400 mg, 800 mg	3	NDS
Laxantes		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	NDS
gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram	1	
gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram	1	
gavilyte-n oral recon soln 420 gram	1	
peg-electrolyte soln oral recon soln 420 gram	1	
sod sul-potass sul-mag sul sol inner 17.5-3.13-1.6 gram	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Genitourinarios		
Agentes Genitourinarios, Varios		
alfuzosin oral tablet extended release 24 hr 10 mg	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin oral capsule 0.4 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Antiespasmódicos, Urinario		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
GEMTESA ORAL TABLET 75 MG	3	NDS; QL (30 per 30 days)
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	2	QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	
trospium oral capsule,extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Hormonales, Estimulante/Reemplazo/Modificador		
Agentes Tiroideos Y Antitiroideos		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	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	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; NDS; QL (30 per 30 days)
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)
Andrógenos		
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	
testosterone enanthate intramuscular oil 200 mg/ml	1	QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	QL (300 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	QL (180 per 30 days)
Estrógenos Y Antiestrógenos		
DUAVEE ORAL TABLET 0.45-20 MG	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	QL (18 per 28 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	NDS; QL (1 per 84 days)
jinteli oral tablet 1-5 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	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	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
raloxifene oral tablet 60 mg	1	
yuvafem vaginal tablet 10 mcg	1	QL (18 per 28 days)
Glucocorticoides/Mineralocorticoides		
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	1	
prednisolone oral solution 15 mg/5 ml	1	
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)	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	
Pituitario		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; NDS; QL (35 per 28 days)
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; 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; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	4	NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	
ORGOVYX ORAL TABLET 120 MG	4	PA NSO; NDS
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
vabrinty (4 month) subcutaneous syringe 30 mg	3	PA NSO; NDS
vabrinty (6 month) subcutaneous syringe 45 mg	3	PA NSO; NDS
Progestinas		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	QL (0.65 per 90 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	1	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	1	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	
norethindrone acetate oral tablet 5 mg	1	
progesterone micronized oral capsule 100 mg, 200 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Inmunológicos		
Agentes Inmunológicos		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; NDS
azathioprine oral tablet 100 mg, 50 mg, 75 mg	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 STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 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
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; NDS
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	PA BvD
cyclosporine modified oral solution 100 mg/ml	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; NDS; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; NDS; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	3	PA BvD; NDS
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	4	PA BvD; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	4	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg	1	PA BvD
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
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
mycophenolate mofetil oral capsule 250 mg	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	4	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	1	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	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)	4	PA; NDS; QL (110 per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	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	3	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	2	PA; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG	4	PA; NDS; QL (30 per 30 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; NDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; NDS
sirolimus oral solution 1 mg/ml	3	PA BvD; NDS
sirolimus oral tablet 0.5 mg, 1 mg	1	PA BvD
sirolimus oral tablet 2 mg	3	PA BvD; NDS
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)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; NDS
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; ST; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; ST; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	3	PA BvD; NDS
TAVNEOS ORAL CAPSULE 10 MG	4	PA; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	4	PA; NDS
tofacitinib oral tablet 10 mg, 5 mg	4	PA; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	4	PA; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA; ST; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; ST; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; ST; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; ST; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; NDS
ustekinumab subcutaneous solution 45 mg/0.5 ml	4	PA; ST; NDS
ustekinumab subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	4	PA; ST; 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
Vacunas		
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
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	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	PA BvD; $0 copay

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA BvD; $0 copay
ENGERIX-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
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
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	
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	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	
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	
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)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	QL (1.5 per 365 days)
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	$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	$0 copay
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	2	$0 copay
Agentes Oftálmicos		
Agentes Antiglaucoma		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
betaxolol ophthalmic (eye) drops 0.5 %	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	2	QL (2.5 per 25 days)
bimatoprost ophthalmic (eye) drops 0.01 %	2	QL (2.5 per 25 days)
bimatoprost ophthalmic (eye) drops 0.03 %	1	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	1	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %	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	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
travoprost ophthalmic (eye) drops 0.004 %	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Para Los Ojos, Oídos, Nariz, Garganta		
Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta		
acetic acid otic (ear) solution 2 %	1	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	2	
trifluridine ophthalmic (eye) drops 1 %	1	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; NDS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	NDS; QL (5 per 30 days)
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta		
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	2	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
difluprednate ophthalmic (eye) drops 0.05 %	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	QL (8.3 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	3	NDS
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL (16 per 30 days)
ketorolac ophthalmic (eye) drops 0.4 %	1	
ketorolac ophthalmic (eye) drops 0.5 %	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	QL (10 per 13 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	2	QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 per 30 days)
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios		
atropine ophthalmic (eye) drops 1 %	3	NDS
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	ST
cromolyn ophthalmic (eye) drops 4 %	1	
epinastine ophthalmic (eye) drops 0.05 %	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (30 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (15 per 10 days)
olopatadine nasal spray,non-aerosol 0.6 %	1	QL (30.5 per 30 days)
Agentes Terapeuticos Misceláneos		
Agentes Terapeuticos Misceláneos		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; NDS
betaine oral powder 1 gram/scoop	4	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
diazoxide oral suspension 50 mg/ml	4	NDS
ELMIRON ORAL CAPSULE 100 MG	3	NDS; QL (90 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	4	PA; NDS; QL (240 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	4	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	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	3	NDS
mesna oral tablet 400 mg	4	NDS
nitroglycerin rectal ointment 0.4 % (w/w)	3	NDS; QL (30 per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; NDS; QL (4 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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, 50 MG	4	PA NSO; NDS
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 1 X 10EXP6 TO 3 X 10EXP7 CELL	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	
Agentes Vasodilatadores		
Agentes Vasodilatadores		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	4	PA; NDS; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	4	PA; LA; NDS; QL (60 per 30 days)
bosentan oral tablet for suspension 32 mg	4	PA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA; QL (360 per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	5	NDS; EX; CB (8 EA per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	3	PA; NDS; QL (60 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	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)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; NDS
Analgésicos		
Agentes Antiinflamatorios No Esteroideos		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	1	QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	QL (60 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	1	QL (150 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	1	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	1	QL (60 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	4	PA; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg	1	QL (240 per 30 days)
indomethacin oral capsule 50 mg	1	QL (120 per 30 days)
indomethacin oral capsule, extended release 75 mg	1	QL (60 per 30 days)
ketoprofen oral capsule 50 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
Analgésicos, Varios		

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	QL (4 per 28 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	QL (180 per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	1	QL (5 per 28 days)
codeine sulfate oral tablet 60 mg	1	QL (180 per 30 days)
endocet oral tablet 10-325 mg	1	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	1	QL (240 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	1	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (150 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	QL (180 per 30 days)
methadone oral tablet 10 mg	1	QL (120 per 30 days)
methadone oral tablet 5 mg	1	QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)	1	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	3	NDS; QL (180 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MORPHINE ORAL TABLET 30 MG	3	NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	1	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	1	QL (90 per 30 days)
oxycodone oral capsule 5 mg	1	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	PA; QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 20 mg, 30 mg	1	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (240 per 30 days)
oxymorphone oral tablet 10 mg	1	QL (120 per 30 days)
oxymorphone oral tablet 5 mg	1	QL (180 per 30 days)
tramadol oral tablet 50 mg	1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (300 per 30 days)
Anestésicos		
Anestesia Local		
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	1	PA; QL (30 per 30 days)
Antagonistas De Metales Pesados		
Antagonistas De Metales Pesados		
deferasirox oral tablet 180 mg	3	PA; NDS
deferasirox oral tablet 90 mg	2	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; NDS
penicillamine oral tablet 250 mg	4	PA; NDS
trientine oral capsule 250 mg	4	PA; NDS; QL (240 per 30 days)
trientine oral capsule 500 mg	4	PA; NDS; QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
clindamycin phosphate vaginal cream 2 %	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
Antibacterianos		
Aminoglicósidos		
amikacin injection solution 500 mg/2 ml	3	PA BvD; NDS
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; NDS; QL (252 per 30 days)
gentamicin injection solution 40 mg/ml	1	
neomycin oral tablet 500 mg	1	
streptomycin intramuscular recon soln 1 gram	4	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	PA BvD; NDS
tobramycin sulfate injection solution 40 mg/ml	1	
Antibacteriales, Misceláneos		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin ph 900 mg/6 ml vl 25's,sdv 150 mg/ml	1	PA BvD; HI
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)	1	PA BvD; HI
colistin (colistimethate na) injection recon soln 150 mg	4	PA BvD; HI; NDS
daptomycin intravenous recon soln 500 mg	4	NDS
fosfomycin tromethamine oral packet 3 gram	1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	PA BvD; HI
linezolid oral suspension for reconstitution 100 mg/5 ml	4	NDS; QL (1800 per 30 days)
linezolid oral tablet 600 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
methenamine hippurate oral tablet 1 gram	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	PA BvD; HI
metronidazole oral tablet 250 mg, 500 mg	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit	1	PA BvD; HI
trimethoprim oral tablet 100 mg	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	1	
vancomycin oral capsule 125 mg	1	QL (56 per 14 days)
vancomycin oral capsule 250 mg	1	QL (112 per 14 days)
vancomycin oral recon soln 25 mg/ml	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)
Antibióticos B-Lactam Misceláneos		
aztreonam injection recon soln 1 gram	1	PA BvD; HI
aztreonam injection recon soln 2 gram	3	NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; NDS
ertapenem injection recon soln 1 gram	1	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	
meropenem intravenous recon soln 1 gram, 500 mg	1	
Cefalosporinas		
cefaclor oral capsule 250 mg, 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral tablet 1 gram	1	
cefazolin injection recon soln 1 gram, 500 mg	1	
cefazolin intravenous recon soln 10 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefepime injection recon soln 1 gram, 2 gram	1	
cefixime oral capsule 400 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	PA BvD; HI
cefpodoxime oral tablet 100 mg, 200 mg	1	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	4	NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	1	PA BvD; HI
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA BvD; HI
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
Macrólidos		
azithromycin intravenous recon soln 500 mg	1	PA BvD; HI
azithromycin oral suspension for reconstitution 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	NDS; QL (136 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin oral tablet 250 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	4	NDS; QL (20 per 10 days)
Penicilinas		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 1 gram, 10 gram	1	PA BvD; HI
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	NDS
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin injection recon soln 1 gram	1	PA BvD; HI
nafcillin injection recon soln 10 gram	4	PA BvD; HI; NDS
nafcillin injection recon soln 2 gram	3	NDS
penicillin g potassium injection recon soln 20 million unit	1	PA BvD; HI
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
Quinolonas		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	PA BvD; HI
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	3	PA BvD; HI; NDS
moxifloxacin oral tablet 400 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	3	PA BvD; HI; NDS
Sulfonamidas		
sulfadiazine oral tablet 500 mg	4	NDS
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
Tetraciclinas		
doxy-100 intravenous recon soln 100 mg	1	PA BvD; HI
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	
tetracycline oral capsule 250 mg, 500 mg	1	
tigecycline intravenous recon soln 50 mg	3	PA BvD; HI; NDS
Anticonceptivos		
Anticonceptivos		
apri oral tablet 0.15-0.03 mg	1	
aubra eq oral tablet 0.1-20 mg-mcg	1	
aviane oral tablet 0.1-20 mg-mcg	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
enskyce oral tablet 0.15-0.03 mg	1	
errin oral tablet 0.35 mg	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
falmina (28) oral tablet 0.1-20 mg-mcg	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
lessina oral tablet 0.1-20 mg-mcg	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
levora-28 oral tablet 0.15-0.03 mg	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
mili oral tablet 0.25-0.035 mg	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	3	NDS
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	
norethindrone (contraceptive) oral tablet 0.35 mg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
portia 28 oral tablet 0.15-0.03 mg	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	1	
sprintec (28) oral tablet 0.25-0.035 mg	1	
sronyx oral tablet 0.1-20 mg-mcg	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	
Anticonvulsivos		
Anticonvulsivos		
brivaracetam oral solution 10 mg/ml	4	NDS; QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	4	NDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
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)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
levetiracetam oral tablet for suspension 250 mg, 500 mg	1	
methsuximide oral capsule 300 mg	3	NDS
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	NDS; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral suspension 0.5 mg/ml	4	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	3	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	3	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytek oral capsule 200 mg, 300 mg	3	NDS
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	QL (900 per 30 days)
primidone oral tablet 125 mg	3	NDS
primidone oral tablet 250 mg, 50 mg	1	
RELGAABI ORAL CAPSULE 200 MG	3	NDS; QL (360 per 30 days)
ROWEEPRA ORAL TABLET 500 MG	3	ST; NDS
rufinamide oral suspension 40 mg/ml	4	NDS
rufinamide oral tablet 200 mg	1	
rufinamide oral tablet 400 mg	4	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	ST; NDS; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	3	NDS
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral solution 25 mg/ml	3	ST; NDS
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule 250 mg	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
vigabatrin oral powder in packet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA NSO; NDS
vigpoder oral powder in packet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 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)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	ST; 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	ST; NDS; QL (28 per 28 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	NDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA NSO; NDS; QL (1080 per 30 days)
Antidepresivos		
Antidepresivos		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST; NDS
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg, 450 mg	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
citalopram oral solution 10 mg/5 ml	1	QL (600 per 30 days)
citalopram oral tablet 10 mg	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	NDS; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral capsule 15 mg	1	QL (45 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	4	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	4	PA NSO; NDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; NDS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; NDS; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG	3	NDS
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
paroxetine hcl oral suspension 10 mg/5 ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine oral tablet 15 mg	1	
protriptyline oral tablet 10 mg, 5 mg	1	
RALDESY ORAL SOLUTION 10 MG/ML	4	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	3	NDS; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg	1	QL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg	1	QL (90 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antifúngicos		
Antifúngicos		
amphotericin b injection recon soln 50 mg	1	PA BvD; HI
amphotericin b liposome intravenous suspension for reconstitution 50 mg	4	PA BvD; NDS
caspofungin intravenous recon soln 50 mg	3	NDS
caspofungin intravenous recon soln 70 mg	3	PA BvD; HI; NDS
ciclopirox topical cream 0.77 %	1	QL (180 per 30 days)
ciclopirox topical gel 0.77 %	1	QL (300 per 30 days)
ciclopirox topical shampoo 1 %	1	
ciclopirox topical solution 8 %	1	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	1	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg	1	
clotrimazole topical cream 1 %	1	QL (45 per 30 days)
clotrimazole topical solution 1 %	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA; NDS
econazole nitrate topical cream 1 %	1	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	PA BvD; HI
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	4	NDS
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
griseofulvin ultramicrosize oral tablet 165 mg	3	NDS
itraconazole oral capsule 100 mg	1	
ketoconazole oral tablet 200 mg	1	
ketoconazole topical cream 2 %	1	QL (180 per 30 days)
ketoconazole topical foam 2 %	1	ST; QL (100 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ketoconazole topical shampoo 2 %	1	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	3	NDS
miconazole-3 vaginal suppository 200 mg	1	
nyamyc topical powder 100,000 unit/gram	1	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
nystatin topical cream 100,000 unit/gram	1	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram	1	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	1	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	
nystop topical powder 100,000 unit/gram	1	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	4	PA; NDS
terbinafine hcl oral tablet 250 mg	1	
voriconazole intravenous recon soln 200 mg	4	PA BvD; HI; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	4	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	1	
Antihistamínicos		
Antihistamínicos		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 6 mg	1	
carbzah oral liquid 4 mg/5 ml	1	
clemastine oral tablet 2.68 mg	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
levocetirizine oral solution 2.5 mg/5 ml	1	
levocetirizine oral tablet 5 mg	1	
promethazine oral syrup 6.25 mg/5 ml	1	
Antimicobacteriales		
Antimicobacteriales		
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol oral tablet 100 mg, 400 mg	1	
isoniazid oral solution 50 mg/5 ml	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
isoniazid oral tablet 100 mg, 300 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	NDS; QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	3	NDS
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin intravenous recon soln 600 mg	1	HI
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA; NDS
Antivirales (Sitémico)		
Antirretrovirales		
abacavir oral solution 20 mg/ml	1	
abacavir oral tablet 300 mg	1	
abacavir-lamivudine oral tablet 600-300 mg	1	
APTIVUS ORAL CAPSULE 250 MG	4	NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	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
darunavir oral tablet 600 mg	3	NDS; QL (60 per 30 days)
darunavir oral tablet 800 mg	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
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	3	NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	4	NDS
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	3	NDS; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	4	NDS; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	4	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	3	NDS
etravirine oral tablet 100 mg, 200 mg	4	NDS
EVOTAZ ORAL TABLET 300-150 MG	4	NDS
fosamprenavir oral tablet 700 mg	4	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	4	NDS
IDVYNSO ORAL TABLET 100-0.25 MG	4	NDS; QL (30 per 30 days)
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
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	NDS; QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	3	NDS; QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	4	NDS
nevirapine oral suspension 50 mg/5 ml	3	NDS
nevirapine oral tablet 200 mg	1	
nevirapine oral tablet extended release 24 hr 400 mg	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 675-150 MG, 800-150 MG-MG	4	NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	3	NDS; QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	NDS
rilpivirine hcl oral tablet 25 mg	4	NDS
ritonavir oral tablet 100 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	4	NDS
SUNLENCA ORAL TABLET 300 MG	4	NDS
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	4	NDS; QL (8 per 365 days)
SUNLENCA ORAL TABLET 300 MG (5-TABLET PACK)	4	NDS; QL (10 per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	NDS
tenofovir disoproxil fumarate oral tablet 300 mg	1	
TIVICAY ORAL TABLET 10 MG, 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
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 10 mg/ml	1	
zidovudine oral tablet 300 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antivirales Hcv		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; NDS; QL (56 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; NDS; QL (56 per 28 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg	4	PA; NDS; QL (28 per 28 days)
sofosbuvir-velpatasvir oral tablet 400-100 mg	4	PA; NDS; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; NDS; QL (28 per 28 days)
Antivirales, Varios		
LIVTENCITY ORAL TABLET 200 MG	4	PA; NDS
oseltamivir oral capsule 30 mg	1	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	1	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	1	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	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 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)
rimantadine oral tablet 100 mg	1	
Interferones		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; NDS
Nucleósidos Y Nucleótidos		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD; HI
adefovir oral tablet 10 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
lagevrio (eua) oral capsule 200 mg	1	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral recon soln 50 mg/ml	4	NDS
valganciclovir oral tablet 450 mg	1	
Dispositivos		
Dispositivos		
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
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 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	1	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 PADS 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 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
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 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 INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	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
BORDERED GAUZE 2"X2" 2 X 2 "	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAREFINE PEN NEEDLE 12.7MM 29G HRI 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 HRI 31 GAUGE X 1/4"	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 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
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

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
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 27G 12.7MM 1 ML 27 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
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	1	PA; ST
CURITY GAUZE PADS 2 X 2 "	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
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) OUTER 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 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 OUTER 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	1	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	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 0.5 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
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

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
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 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	1	PA; ST
EASYLIFE ALCOHOL 70% PADS	1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	1	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	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
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
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	PA; ST
GNP ALCOHOL SWAB STERILE, TWO PLY	1	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	1	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	1	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	1	PA; ST

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	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
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 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 PENTP 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 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INSULIN 1/2 ML SYRINGE 1/2 ML 29 , 1/2 ML 30 GAUGE	1	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	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
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 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 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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 5MM 32 GAUGE X 3/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	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
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	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
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	1	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"	1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	PA; ST
OMNIPOD 5 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	
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 31G X 1/4" HRI 31 GAUGE X 1/4"	1	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	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" 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
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
PRO-COMFORT ALCOHOL 70% PADS	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
RA ISOPROPYL ALCOHOL 70% WIPES	1	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	1	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	PA; ST
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	1	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NEEDLES, INSULIN DISP., SAFETY	1	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
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

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
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
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	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

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
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
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
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 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 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
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 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
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTIGUARD SAFEPK 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 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	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 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	1	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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 6MM 1 ML 31 GAUGE X 15/64"	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 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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 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 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	1	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	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 31G 5MM 31 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 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
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 ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"	1	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	1	PA; ST
Preparaciones De Reemplazo		
Preparaciones De Reemplazo		
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	HI
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	HI
electrolyte-a intravenous parenteral solution	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
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	HI; NDS
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
magnesium sulfate injection solution 500 mg/ml (50 %)	3	NDS
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	
multiple electrolytes t1 ph5.5 inner, single use	1	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	PA BvD; HI

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	1	HI
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	
sodium chloride 0.9 % intravenous parenteral solution	1	HI
sodium chloride 0.9% solution mini-bag, single use	1	HI
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	3	PA BvD; NDS
Productos Para La Tos Y Resfriado		
Productos Para La Tos Y Resfriado		
benzonatate oral capsule 100 mg, 200 mg	5	NDS; EX
Productos Sanguíneos/Modificadores/Expansores De Volumen		
Agentes Hematológicos, Varios		
anagrelide oral capsule 0.5 mg, 1 mg	1	
tranexamic acid oral tablet 650 mg	1	
Anticoagulantes		
dabigatran etexilate oral capsule 110 mg	1	
dabigatran etexilate oral capsule 150 mg, 75 mg	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)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	4	NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	4	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	4	NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	PA BvD; HI
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	2	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	2	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	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)
Inhibidores De Agregación De Plaquetas		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	QL (60 per 30 days)
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
pentoxifylline oral tablet extended release 400 mg	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
prasugrel hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
ticagrelor oral tablet 60 mg	2	QL (90 per 30 days)
ticagrelor oral tablet 90 mg	2	QL (60 per 30 days)
Modificadores De Formación De Sangre		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA BvD; NDS
eltrombopag olamine oral powder in packet 12.5 mg	4	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	4	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	4	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	4	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	4	PA; NDS; QL (60 per 30 days)
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
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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Reemplazo/Modificadores De Enzima		
Reemplazo/Modificadores De Enzima		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
javygtor oral tablet,soluble 100 mg	4	PA; NDS
miglustat oral capsule 100 mg	4	PA; NDS; QL (90 per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; NDS
sapropterin oral tablet,soluble 100 mg	4	PA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT	2	
Relajantes Musculares Esqueléticos		
Relajantes Musculares Esqueléticos		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	
Vitaminas Y Minerales		
Vitaminas Y Minerales		
cyanocobalamin (vitamin b-12) injection solution	5	NDS; EX
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	5	NDS; EX
folic acid oral tablet 1 mg	5	NDS; EX

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PAŽNJA: Ako govorite Srpski / Hrvatski / Bosanski, besplatne usluge jezične pomoći su vam dostupne. Također su dostupne odgovarajuće pomoćne usluge za pružanje informacija u pristupačnim formatima bez naknade. Pozovite 1-844-969-5366 (TTY: 711) ili se obratite svom pružatelju usluga.

한국어 — Korean
주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-844-969-5366 (TTY: 711)로 전화하거나 제공자에게 문의하십시오.

Tiếng Việt — Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho bạn. Các phương tiện trợ giúp thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng có sẵn miễn phí. Gọi 1-844-969-5366 (TTY: 711) hoặc liên hệ nhà cung cấp dịch vụ của bạn.

العربية — Arabic
تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. كما تتوفر المساعدات والخدمات المناسبة لتوفير

أو تحدث إلى مقدم الخدمة الخاص بك.

Deutsch — German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 1-844-969-5366 (TTY: 711) an oder wenden Sie sich an Ihren Anbieter.

Tagalog — Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Angkop ding magagamit nang libre ang mga tulong at serbisyo upang maipahayag ang impormasyon sa naa-access na mga format. Tumawag sa 1-844-969-5366 (TTY: 711) o makipag-ugnayan sa iyong tagapagbigay.

Русский — Russian
ВНИМАНИЕ: Если вы говорите на Русский, для вас доступны бесплатные услуги языковой поддержки. Также доступны соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах бесплатно. Позвоните 1-844-969-5366 (TTY: 711) или обратитесь к своему поставщику услуг.

Français — French
ATTENTION : Si vous parlez Français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-969-5366 (TTY : 711) ou contactez votre prestataire.

日本語 — Japanese
注意: 日本語を話す場合、無料の言語支援サービスをご利用いただけます。情報をアクセス可能な形式で提供するための適切な補助具およびサービスも無料で利用可能です。1-844-969-5366 (TTY: 711) に電話するか、提供者にお問い合わせください。

Română — Romanian
ATENȚIE: Dacă vorbiți Română, serviciile gratuite de asistență lingvistică sunt disponibile pentru dumneavoastră. Ajutoarele și serviciile adecvate pentru furnizarea informațiilor în formate accesibile sunt, de asemenea, disponibile gratuit. Apelați 1-844-969-5366 (TTY: 711) sau contactați furnizorul dumneavoastră.

سوداني — Sudanese Arabic
تنبيه: إذا كنت تتحدث سوداني، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر الوسائل المساعدة والخدمات المناسبة

أو تحدث إلى مقدم الخدمة (TTY: 711) لتقديم المعلومات بصيغ يسهل الوصول إليها مجانًا. اتصل بالرقم 1-844-969-5366 الخاص بك.

Persian (Farsi) — فارسی

توجه: اگر به فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان برای شما در دسترس است. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات به فرمت‌های قابل دسترسی نیز به صورت رایگان ارائه می‌شود. با شماره 1-844-969-5366 تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید (TTY: 711).

Українська — Ukrainian

УВАГА: Якщо ви розмовляєте Українська, безкоштовні послуги мовної підтримки доступні для вас. Відповідні допоміжні засоби та послуги для надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-969-5366 (TTY: 711) або зверніться до вашого постачальника послуг.

Este formulario se actualizó el **08/20/2026**. Para obtener información más reciente u otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Leon Health, Inc. al 1-844-969-5366 (los usuarios de TTY deben llamar al 711), de octubre a marzo, de 8 a.m. a 8 p.m., los siete días de la semana. De abril a septiembre, de 8 a.m. a 8 p.m., de lunes a viernes. También puede visitar www.leonhealth.com.

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