



GOLD KIDNEY HEALTH PLAN

2024

Gold Kidney Health Plan

Formulario para Arizona
(Lista de medicamentos cubiertos)

LEA LO SIGUIENTE

Este documento contiene información acerca de los medicamentos que cubrimos en este plan.

ID del formulario: 24325, Número de versión: 18

- H4869-001 Gold Kidney Health Plan Super Plus (HMO-POS C-SNP)
- H4869-002 Gold Kidney Health Plan Super Complete (HMO-POS C-SNP)
- H4869-003 Gold Kidney Health Plan Dialysis Plus (HMO-POS C-SNP)
- H4869-004 Gold Kidney Health Plan Dialysis Complete (HMO-POS C-SNP)
- H4869-005 Gold Kidney Health Plan Honest Care (HMO-POS)
- H4869-010 Gold Kidney Health Plan Gold Circle (HMO-POS C-SNP)

Este formulario fue actualizado el 24 de septiembre de 2024. Para obtener información más reciente, o si tiene otras preguntas, llame a Servicios para miembros de Gold Kidney Health Plan al **1 (844) 294-6535**. **(Los usuarios de TTY deben llamar al 711.)** Nuestro horario de atención es de 8 a.m. a 8 p.m., hora local, los 7 días a la semana desde el 1 de octubre hasta el 31 de marzo, y de 8 a.m. a 8 p.m., hora local, de lunes a viernes, desde el 1 de abril hasta el 30 de septiembre, o visite www.goldkidney.com.

Última actualización: 09/24/2024

Mensaje importante sobre lo que paga por las vacunas – nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no ha pagado su deducible (si corresponde). Llame a Servicios para miembros para obtener más información.

Mensaje importante sobre lo que paga por la insulina – no pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre, incluso si no ha pagado su deducible (si corresponde).

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 Gold Kidney Health Plan. Cuando dice “plan” o “nuestro plan”, hace referencia a Gold Kidney Health Plan.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 09/24/2024. Comuníquese con nosotros para obtener un formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

- ✓ **ATENCIÓN** – Si usted habla un idioma distinto del español, tenemos a su disposición servicios de asistencia gratuitos. Llame al **1 (844) 294-6535. (Los usuarios de TTY deben llamar al 711.)** Nuestro horario de atención es de 8 a. m. a 8 p. m. hora local, los 7 días de la semana del 1 de octubre al 31 de marzo y de 8 a. m. a 8 p. m. hora local, de lunes a viernes, del 1 de abril al 30 de septiembre. La llamada es gratuita.
- ✓ Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a nuestro Departamento de Atención al Cliente al número que aparece arriba. La llamada es gratuita.
- ✓ Gold Kidney Health Plan, Inc. es una HMO-POS y HMO-POS C-SNP con un contrato con Medicare. La inscripción en Gold Kidney Health Plan depende de la renovación del contrato.

¿Qué es el Formulario de Gold Kidney Health Plan?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Gold Kidney Health Plan 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, Gold Kidney Health Plan 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 Gold Kidney Health Plan y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

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

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

- ✓ **Nuevos medicamentos genéricos** – Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Gold Kidney Health Plan?”
- ✓ **Medicamentos retirados del mercado** – Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- ✓ **Otros cambios** – Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario; o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o a ambos. O podemos hacer cambios en función de las nuevas

pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Gold Kidney Health Plan?”.

Cambios que no lo afectarán si actualmente toma el medicamento – En general, si usted toma un medicamento de nuestro Formulario para 2024 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 09/24/2024. Para obtener información actualizada sobre los medicamentos cubiertos por Gold Kidney Health Plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada. Si se realizan cambios al formulario que no son de mantenimiento durante el año del plan, los cambios al formulario de Gold Kidney Health Plan se publican en nuestro sitio web en www.goldkidney.com.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

AFECCIÓN MÉDICA

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

LISTADO ALFABÉTICO

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el

Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

- ✓ **Autorización previa** – Gold Kidney Health Plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con Gold Kidney Health Plan antes de obtener sus medicamentos con receta. Si no obtiene autorización, es posible que Gold Kidney Health Plan no cubra el medicamento.
- ✓ **Límites de cantidad** – Para ciertos medicamentos, Gold Kidney Health Plan limita la cantidad del medicamento que cubrirá Gold Kidney Health Plan. Por ejemplo, Gold Kidney Health Plan ofrece 30 por receta para las tabletas de Farxiga de 10 mg. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- ✓ **Tratamiento escalonado** – En algunos casos, Gold Kidney Health Plan 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 Gold Kidney Health Plan no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, Gold Kidney Health Plan cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea documentos para explicar nuestra restricción de autorización previa y de tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a Gold Kidney Health Plan que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Gold Kidney Health Plan?” en la página vi para obtener información acerca de cómo solicitar una excepción.

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

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

Si resulta que Gold Kidney Health Plan 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 Gold Kidney Health Plan. Cuando reciba la lista, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por Gold Kidney Health Plan.
- ✓ Puede solicitar que Gold Kidney Health Plan 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 Gold Kidney Health Plan?

Puede solicitarle a Gold Kidney Health Plan que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

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

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

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

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

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

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

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

Para los miembros con un cambio en el nivel de atención, proporcionamos un suministro de emergencia para 30 días de la siguiente manera:

- ✓ Los miembros actuales que necesitan un suministro de emergencia por única vez o a quienes se les receta un medicamento que no está en el formulario como resultado de un cambio en el nivel de atención pueden ser colocados en transición a través de un código de aclaración enviado por la farmacia. Gold Kidney Health Plan ha autorizado a su Administrador de beneficios de farmacia a procesar un suministro único en esta situación mediante una anulación manual en el punto de venta de la farmacia.
- ✓ Cuando se recibe una nueva transacción de reclamo de la farmacia para la admisión o readmisión de un miembro en un centro de atención a largo plazo (LTC), nuestro sistema de reclamos reconocerá al miembro actual como elegible para recibir suministros de transición y aplicará el punto de - aprobación de venta.

Para obtener más información

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

Si tiene alguna pregunta sobre Gold Kidney Health Plan, 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>.

El Formulario

El Formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Gold Kidney Health Plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página I-1.

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

La información incluida en la columna de Requisitos/límites indica si Gold Kidney Health Plan tiene algún requisito especial para la cobertura del medicamento.

Leyenda de la lista de drogas

| SÍMBOLO DE REQUISITOS | NOMBRE | DESCRIPCIÓN |
|-----------------------|---|---|
| BvD | Parte B de Medicare vs. Parte D de Medicare | Algunos medicamentos pueden requerir una determinación de cobertura de la Parte B o la Parte D, de acuerdo a las reglas de cobertura de Medicare. |
| CB | Beneficio limitado | Esta receta tiene un límite máximo de beneficios. |
| EX | Medicamento excluido | Este es un medicamento con receta que un plan de medicamentos con receta de Medicare no cubre normalmente. El monto que usted paga cuando obtiene una receta para este medicamento no cuenta para los costos totales de sus medicamentos (en otras palabras, el monto que paga no lo ayuda a calificar para la cobertura ante catástrofes). Además, si está recibiendo ayuda adicional para pagar sus medicamentos recetados, no recibirá asistencia adicional para pagar este medicamento. |
| GC | Intervalo de cobertura | Brindamos cobertura adicional de este medicamento recetado en el intervalo de cobertura. Consulte nuestra evidencia de cobertura para obtener más información sobre esta cobertura. |
| LA | Acceso limitado | Este medicamento podría estar disponible solamente en ciertas farmacias. Para obtener más información, consulte con su Directorio de farmacias o llame a Servicios para miembros al 1 (480) 870-7007 (TTY 711), de 8 a.m. a 8 p.m., los siete días de la semana, del 1 de octubre al 31 de marzo, y de 8 a.m. a 8 p.m., los días de semana, del 1 de abril al 30 de septiembre, o visite goldkidney.com . |
| NDS | Suministro de días no extendidos | Este medicamento solo se puede obtener para un suministro de un mes o menos. |
| NM | No disponible por correo | Este medicamento no está disponible a través de la farmacia de pedidos por correo. |
| NSO | Solo para nuevo inicio de toma | Si no ha tomado este medicamento antes, usted o su médico deben obtener una autorización previa. |
| PA | Autorización previa | La cobertura de esta receta requiere autorización previa. |
| QL | Límite de cantidad | Este medicamento tiene un límite de dosis o de cantidades de receta. |
| SI | Insulina seleccionada | Esta receta forma parte del Programa modelo de ahorro para adultos. |
| ST | Terapia gradual | La cobertura para esta receta se brinda cuando se han intentado antes otras terapias de medicamentos preferidos o de primera línea. |

Participación en los costos de los medicamentos (Tabla 1)

Gold Kidney Health Plan Super Plus (HMO-POS C-SNP)

Gold Kidney Health Plan Dialysis Plus (HMO-POS C-SNP)

Gold Kidney Health Plan Honest Care (HMO-POS)

COBERTURA INICIAL

| DEDUCIBLE | TIPO DE FARMACIA/SUMINISTRO DE DÍAS | NIVEL 1 GENÉRICO PREFERIDO | NIVEL 2 GENÉRICOS (INCLUYE INSULINAS) | NIVEL 3 MARCAS PREFERIDAS (INCLUYE INSULINAS) | NIVEL 4 MARCAS NO PREFERIDAS | NIVEL 5 MEDICAMENTOS ESPECIALIZADOS | NIVEL 6 MEDICAMENTOS DE ATENCIÓN SELECTA (INCLUYE INSULINAS) |
|------------|--|----------------------------|---------------------------------------|---|------------------------------|-------------------------------------|--|
| \$0 | Suministro minorista para 1 mes | \$0 | \$5 | \$40 | \$100 | 33% | \$0 |
| | Insulinas | N/A | \$5 | \$35 | N/A | N/A | \$0 |
| | Brecha de cobertura | \$0 | \$5 | \$40 (Brecha parcial*) | Ningún espacio | Ningún espacio | \$0 |
| \$0 | Suministro minorista de 100 días | \$0 | \$12 | \$100 | \$250 | No disponible | \$0 |
| | Insulinas | N/A | \$12 | \$100 | N/A | N/A | \$0 |
| | Brecha de cobertura | \$0 | \$12 | \$100 (Brecha parcial) | Ningún espacio | Ningún espacio | \$0 |
| \$0 | Pedido por correo suministro de 100 días | \$0 | \$5 | \$40 | \$250 | No disponible | \$0 |
| | Insulinas | N/A | \$5 | \$35 | N/A | N/A | \$0 |
| | Brecha de cobertura | \$0 | \$5 | \$40 (Brecha parcial) | Ningún espacio | Ningún espacio | \$0 |

*La cobertura de interrupción parcial se aplica a medicamentos seleccionados. Consulte el Formulario de medicamentos cubiertos en el espacio con la designación "GC."

Participación en los costos de los medicamentos (Tabla 2)

Gold Kidney Health Plan Super Complete (HMO-POS C-SNP)

Gold Kidney Health Plan Dialysis Complete (HMO-POS C-SNP)

Gold Kidney Health Plan Gold Circle (HMO-POS C-SNP)

COBERTURA INICIAL

| DEDUCIBLE | TIPO DE FARMACIA/ SUMINISTRO DE DÍAS | NIVEL 1 GENÉRICO PREFERIDO | NIVEL 2 GENÉRICOS | NIVEL 3 MARCAS PREFERIDAS | NIVEL 4 MARCAS NO PREFERIDAS | NIVEL 5 MEDICAMENTOS ESPECIALIZADOS | NIVEL 6 MEDICAMENTOS DE ATENCIÓN SELECTA |
|---------------|--|----------------------------------|----------------------|---------------------------------|------------------------------------|---|---|
| \$545* | Suministro minorista para 1 mes | 25% | 25% | 25% | 25% | 25% | 25% |
| \$545* | Suministro minorista de 100 días | 25% | 25% | 25% | 25% | No disponible | 25% |
| \$545* | Pedido por correo suministro de 100 días | 25% | 25% | 25% | 25% | No disponible | 25% |

*Su deducible y costos compartidos de medicamentos pueden ser más bajos si recibe “Ayuda adicional” con sus medicamentos recetados.

No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre, incluso si no ha pagado su deducible.

Aviso de no discriminación

Gold Kidney Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina basándose en cuestiones de raza, color, origen nacional, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Gold Kidney Health Plan no excluye a las personas ni las trata de manera diferente basándose en cuestiones de raza, color, origen nacional, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

GOLD KIDNEY HEALTH PLAN

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

Si necesita estos servicios, comuníquese con Servicio al Cliente llamando al 1 (844) 294-6535 (TTY 711)

Si usted cree que Gold Kidney Health Plan no ha proporcionado estos servicios o ha discriminado de otra forma sobre la base de raza, color, origen nacional, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja a:

Gold Kidney Health Plan – Appeals & Grievances
P.O. Box 14050, Scottsdale, Arizona, 85267
1 (844) 294-6535 (TTY 711)
Fax: 1 (866) 515-7869

Usted puede presentar una queja en persona, por correo postal o por fax. Si necesita ayuda para presentar una queja, llame al 1 (844) 294-6535 (TTY 711).

Usted puede presentar también una queja de derechos civiles con el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, en forma electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono en:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Hay formularios de quejas disponibles en <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (844) 294-6535**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (844) 294-6535**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费^的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 **1 (844) 294-6535**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 **1 (844) 294-6535**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1 (844) 294-6535**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (844) 294-6535**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (844) 294-6535** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (844) 294-6535**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (844) 294-6535** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (844) 294-6535**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1 (844) 294-6535**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (844) 294-6535** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (844) 294-6535**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (844) 294-6535**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (844) 294-6535**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (844) 294-6535**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、**1 (844) 294-6535** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---------------------------------------|
| Agentes Anti Cáncer | | |
| Agentes Anti Cáncer | | |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound) | 5 | PA BvD; NM; NDS |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil) | 2 | PA BvD; GC |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | 5 | PA NSO; NM; NDS |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 1 | GC |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | 5 | PA NSO; NM; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | 5 | NM; NDS |
| BALVERSA ORAL TABLET 3 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda) | 5 | PA NSO; NM; NDS |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| BENDAMUSTINE (Bendeka) INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| BENDEKA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 5 | PA NSO; NM; NDS |
| <i>bexarotene topical gel 1 %</i> (Targretin) | 5 | PA NSO; NM; NDS |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 2 | GC |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | 2 | GC |
| <i>bortezomib injection recon soln 1 mg</i> | 4 | PA NSO |
| <i>bortezomib injection recon soln 2.5 mg</i> | 5 | PA NSO; NM; NDS |
| <i>bortezomib injection recon soln 3.5 (Velcade) mg</i> | 5 | PA NSO; NM; NDS |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 (vandetanib) MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 (vandetanib) MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---|
| <i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin) | 2 | GC |
| <i>cladribine intravenous solution 10 mg/10 ml</i> | 2 | PA BvD; GC |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 5 | PA NSO; NM; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; NM; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 5 | PA BvD; NM; NDS |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i> | 5 | PA BvD; NM; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | 2 | PA BvD; ST; GC |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 3 | PA BvD; ST |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 5 | PA NSO; NM; NDS; QL (120 per 28 days) |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | 5 | PA NSO; NM; NDS |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; NM; LA; NDS |
| DAURISMO ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| <i>decitabine intravenous recon soln 50 mg</i> (Dacogen) | 5 | NM; NDS |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i> (Docivyx) | 2 | GC |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i> | 2 | GC |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 2 | PA BvD; GC |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx) | 5 | PA BvD; NM; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 4 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 4 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 4 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 4 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML | 5 | PA NSO; NM; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 5 | PA NSO; NM; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 5 | NM; NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 5 | PA NSO; NM; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 5 | PA NSO; NM; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| ERLEADA ORAL TABLET 60 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg</i> (Tarceva) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva) | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 25 mg</i> | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 4 | |
| <i>etoposide intravenous solution 20 mg/ml</i> | 2 | GC |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz) | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 2 | GC |
| EXKIVITY ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 5 | PA BvD; NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 4 | PA BvD |
| <i>floxuridine injection recon soln 0.5 gram</i> | 2 | PA BvD; GC |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | 2 | PA BvD; GC |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex) | 5 | NM; NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 5 | PA NSO; NM; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i> | 2 | PA BvD; GC |
| <i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i> | 2 | PA BvD; GC |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine) | 4 | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 5 | PA NSO; NM; NDS; QL (5 per 21 days) |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 2 | GC |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex) | 2 | GC |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 2 | GC |
| <i>imatinib oral tablet 100 mg</i> (Gleevec) | 2 | PA NSO; GC; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> (Gleevec) | 2 | PA NSO; GC; QL (60 per 30 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL TABLET 560 MG | 5 | NM; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | 5 | PA NSO; NM; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; NM; NDS |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | 4 | PA NSO; QL (4 per 365 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA NSO; NM; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar) | 2 | GC |
| <i>irinotecan intravenous solution 500 mg/25 ml</i> | 2 | GC |
| IWILFIN ORAL TABLET 192 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|---------------------------------------|
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA BvD; ST |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS; QL (8 per 21 days) |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 5 | PA NSO; NM; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5 | PA NSO; NM; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 5 | PA NSO; NM; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 5 | PA NSO; NM; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 5 | PA NSO; NM; NDS; QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb) | 5 | PA NSO; NM; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |

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| 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) | 5 | PA NSO; NM; NDS |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 1 | GC |
| LEUKERAN ORAL TABLET 2 MG | 5 | NM; NDS |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | 4 | PA NSO |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 2 | PA NSO; GC |
| LONSURF ORAL TABLET 15-6.14 MG | 5 | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 5 | PA NSO; NM; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | 5 | PA NSO; NM; NDS |
| LORBRENA ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 5 | PA NSO; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---|
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA NSO; NM; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | NM; NDS |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5 | PA NSO; NM; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NM; NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 2 | GC |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 5 | PA NSO; NM; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | GC |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 2 | GC |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 2 | GC |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 2 | GC |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 2 | PA BvD; ST; GC |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | 2 | GC |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| NERLYNX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |

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|--|------------------------------|---------------------------------------|
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 5 | NM; NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; NM; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| OJEMDA 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4) | 5 | PA NSO; NM; NDS; QL (24 per 28 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 5 | PA NSO; NM; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5) | 5 | PA NSO; NM; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 5 | PA NSO; NM; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 5 | PA NSO; NM; NDS |
| ORSERDU ORAL TABLET 345 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i> | 2 | GC |

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|---|------------------------------|---------------------------------------|
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | 2 | GC |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i> | 2 | PA BvD; GC |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane) | 5 | PA BvD; NM; NDS |
| <i>pazopanib oral tablet 200 mg</i> (Votrient) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i> | 5 | NM; NDS |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | 5 | NM; NDS |
| <i>pemetrexed intravenous recon soln 100 mg, 500 mg</i> | 5 | NM; NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | 5 | NM; NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 5 | NM; NDS |
| QINLOCK ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |

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|---|------------------------------|---------------------------------------|
| RETEVMO ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5 | PA NSO; NM; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 5 | PA NSO; NM; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NM; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | 5 | PA NSO; NM; NDS |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 5 | NM; NDS |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| SPRYCEL ORAL TABLET 20 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 5 | PA NSO; NM; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 4 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 5 | PA NSO; NM; NDS; QL (900 per 30 days) |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 5 | PA NSO; NM; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 2 | GC |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 5 | PA NSO; NM; NDS |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 5 | PA NSO; NM; NDS |

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|---|------------------------------|---------------------------------------|
| TEPMETKO ORAL TABLET 225 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 4 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | 5 | PA NSO; NM; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution 20 mg/ml</i> (etoposide) | 2 | GC |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | 5 | NM; NDS |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic)) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic)) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 3 | PA NSO |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | 5 | NM; NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| TUKYSA ORAL TABLET 150 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA NSO; NM; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |

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|---|------------------------------|---|
| VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG | 5 | PA NSO; NM; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA NSO; NM; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>vinblastine intravenous solution 1 mg/ml</i> | 2 | PA BvD; GC |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine) | 2 | PA BvD; GC |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS) | 2 | PA BvD; GC |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | 2 | GC |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| WELIREG ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |

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|---|------------------------------|---------------------------------------|
| XALKORI ORAL PELLETT 20 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 5 | PA NSO; NM; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 5 | PA NSO; NM; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 5 | PA NSO; NM; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 5 | PA NSO; NM; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5 | PA NSO; NM; NDS |
| YONSA ORAL TABLET 125 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |

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|---|------------------------------|--------------------------------------|
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NM; NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 5 | PA NSO; NM; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | 5 | PA NSO; NM; NDS; QL (20 per 28 days) |
| Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias | | |
| Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias | | |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i> | 2 | GC |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | 2 | GC; QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone) | 2 | GC; QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | 2 | GC; QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | 2 | GC; QL (90 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 2 | GC |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 2 | GC |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | 3 | QL (4 per 30 days) |
| <i>naloxone injection solution 0.4 mg/ml</i> | 1 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i> | 2 | GC |
| <i>naloxone nasal spray, non-aerosol 4 mg/lactation</i> (Narcan) | 2 | GC; QL (4 per 30 days) |
| <i>naltrexone oral tablet 50 mg</i> | 2 | GC |
| NICOTROL INHALATION CARTRIDGE 10 MG | 4 | QL (2688 per 365 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 4 | QL (240 per 180 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | 5 | NM; NDS; QL (0.5 per 30 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | 5 | NM; NDS; QL (1.5 per 30 days) |
| <i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i> | 2 | GC; QL (336 per 365 days) |
| <i>varenicline oral tablet 1 mg</i> (Chantix) | 2 | GC; QL (336 per 365 days) |
| <i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box) | 2 | GC |
| Agentes Antiansiedad | | |
| Benzodiacepinas | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax) | 1 | GC; QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> (Xanax) | 1 | GC; QL (150 per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR) | 2 | GC; QL (120 per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR) | 2 | GC; QL (90 per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 1 | GC; QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin) | 1 | GC; QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>clonazepam oral tablet 2 mg</i> (Klonopin) | 1 | GC; QL (300 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2 | GC; QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | 2 | GC; QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | 2 | GC; QL (10 per 28 days) |
| <i>diazepam injection syringe 5 mg/ml</i> | 2 | GC |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam) | 2 | GC; QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 2 | GC; QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | 1 | GC; QL (120 per 30 days) |
| <i>estazolam oral tablet 1 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>estazolam oral tablet 2 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>flurazepam oral capsule 15 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>flurazepam oral capsule 30 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol) | 2 | GC; QL (150 per 30 days) |
| <i>lorazepam 2 mg/ml vial 25's, outer</i> (Ativan) | 1 | GC |
| <i>lorazepam 4 mg/ml vial inner</i> (Ativan) | 1 | GC |
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan) | 2 | GC; QL (2 per 30 days) |
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan) | 4 | QL (2 per 30 days) |
| <i>lorazepam injection syringe 2 mg/ml</i> | 1 | GC; QL (2 per 30 days) |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam) | 2 | GC; QL (150 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan) | 1 | GC; QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> (Ativan) | 1 | GC; QL (150 per 30 days) |
| <i>midazolam oral syrup 2 mg/ml</i> | 2 | GC; QL (10 per 30 days) |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril) | 1 | GC; QL (30 per 30 days) |
| <i>triazolam oral tablet 0.125 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion) | 2 | GC; QL (60 per 30 days) |
| Agentes Antidemencia | | |
| Agentes Antidemencia | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept) | 1 | GC; QL (30 per 30 days) |
| <i>donepezil oral tablet 23 mg</i> (Aricept) | 2 | GC; QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i> | 2 | GC |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>galantamine oral solution 4 mg/ml</i> | 2 | GC; QL (200 per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | 2 | ST; GC; QL (30 per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | 2 | GC; QL (300 per 30 days) |
| <i>memantine oral tablet 10 mg, 5 mg</i> | 2 | GC; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | 4 | ST |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 4 | ST; QL (30 per 30 days) |
| <i>rivastigmine tartrate oral capsule</i> <i>1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>rivastigmine transdermal patch 24</i> (Exelon Patch) <i>hour 13.3 mg/24 hour, 4.6 mg/24</i> <i>hour, 9.5 mg/24 hour</i> | 2 | GC; QL (30 per 30 days) |
| Agentes Antidiabetico | | |
| Agentes Antidiabeticos, Varios | | |
| <i>acarbose oral tablet 100 mg, 25 mg,</i> (Precose) <i>50 mg</i> | 2 | GC; QL (90 per 30 days) |
| FARXIGA ORAL TABLET 10 (dapagliflozin MG, 5 MG propanediol) | 3 | GC; QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10- 5 MG, 25-5 MG | 3 | GC; QL (30 per 30 days) |
| JANUMET ORAL TABLET 50- 1,000 MG, 50-500 MG | 3 | GC; QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100- 1,000 MG | 3 | GC; QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50- 1,000 MG, 50-500 MG | 3 | GC; QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | GC; QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | GC; QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5- 850 MG | 3 | GC; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | GC; QL (60 per 30 days) |

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|--|------------------------------|------------------------------------|
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 3 | GC; QL (30 per 30 days) |
| <i>metformin oral solution 500 mg/5 ml (Riomet)</i> | 2 | GC; QL (765 per 30 days) |
| <i>metformin oral tablet 1,000 mg</i> | 1 | GC; QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | 1 | GC; QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | 1 | GC; QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | 1 | GC; QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>mifepristone oral tablet 300 mg (Korlym)</i> | 5 | PA; NM; NDS; QL (112 per 28 days) |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | GC; 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 | 3 | PA NSO; GC; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 2 | GC; QL (90 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3 | PA NSO; GC; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 3 | PA NSO; GC; QL (1.5 per 28 days) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i> | 1 | GC; QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i> | 2 | GC; QL (90 per 30 days) |

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|---|------------------------------|------------------------------------|
| <i>pioglitazone-metformin oral tablet</i> (Actoplus MET) <i>15-850 mg</i> | 2 | GC; QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | 2 | GC; QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA NSO; GC; QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 5 | PA; NM; NDS; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 5 | PA; NM; NDS; QL (10.8 per 28 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 3 | GC; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 3 | GC; QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 3 | GC; QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 3 | GC; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 3 | GC; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 3 | GC; QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3 | PA NSO; GC; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin) | 3 | GC; QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|---------------------------------------|--|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG | 3 | GC; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5- 1,000 MG, 5-500 MG | 3 | GC; QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, (dapaglifloz propaned- IR - ER, BIPHASIC 24HR 5-1,000 metformin) MG | 3 | GC; QL (60 per 30 days) |
| Insulinas | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 6 | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 6 | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 6 | GC; max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 6 | GC; 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) | 6 | GC; max \$35 copay per month supply; QL (24 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> | (Novolog Mix 70- 30FlexPen U-100) | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> | (Novolog Mix 70-30 U- 100 Insulin) | GC; max \$35 copay per month supply; QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> | (Novolog PenFill U- 100 Insulin) | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> | (Novolog FlexPen U- 100 Insulin) | GC; max \$35 copay per month supply; QL (30 per 28 days) |

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|---|------------------------------|--|
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart) | 6 | GC; max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 6 | GC; 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) | 6 | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 6 | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 6 | GC; max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 6 | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 6 | GC; max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn) | 6 | GC; max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn) | 6 | GC; max \$35 copay per month supply; QL (30 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 6 | GC; max \$35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc) | 6 | GC; max \$35 copay per month supply; QL (18 per 28 days) |

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|--|----------------------------------|---|
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | 6 GC; 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) | | 6 GC; max \$35 copay per month supply; QL (15 per 28 days) |
| Sulfonilureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | 1 | GC; QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 1 | GC; QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 1 | GC; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg</i> | 1 | GC; QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5- 250 mg</i> | 2 | GC; QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | 1 | GC |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 1 | GC |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 1 | GC |
| Agentes Antigota | | |
| Agentes Antigota, Otros | | |
| <i>allopurinol oral tablet 100 mg</i> | (Zyloprim) | 1 GC |
| <i>allopurinol oral tablet 300 mg</i> | | 1 GC |

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|---|------------------------------|------------------------------------|
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare) | 2 | GC; QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> (Colcris) | 2 | GC; QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 2 | ST; GC; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 2 | GC |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 2 | GC |
| Agentes Antimigraña | | |
| Agentes Antimigraña | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | 5 | NM; NDS; QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 5 | ST; NM; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; QL (3 per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | 2 | GC; QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG | 3 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | 2 | GC; QL (12 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>rizatriptan oral tablet 5 mg</i> | 2 | GC; QL (12 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT) | 2 | GC; QL (12 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i> | 2 | GC; QL (12 per 30 days) |
| <i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen) | 2 | GC; QL (4 per 28 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> | 2 | GC; QL (12 per 30 days) |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> | 2 | GC; QL (18 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | 1 | GC; QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | 1 | GC; QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 2 | GC; QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen) | 4 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 2 | GC; QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | 2 | GC; QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | 2 | GC; QL (4 per 28 days) |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet) | 2 | GC; QL (9 per 27 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig) | 2 | GC; QL (6 per 30 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> | 2 | GC; QL (6 per 30 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--|
| Agentes Antinausea | | |
| Agentes Antinausea | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | 4 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | 4 | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | 4 | PA BvD |
| APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML) | 4 | QL (4.4 per 28 days) |
| <i>aprepitant oral capsule 125 mg</i> | 2 | PA BvD; GC; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 2 | PA BvD; GC; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 2 | PA BvD; GC; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 2 | PA BvD; GC |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine) | 2 | GC |
| <i>dimenhydrinate injection solution 50 mg/ml</i> | 2 | GC |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 2 | PA; GC; QL (60 per 30 days) |
| <i>droperidol injection solution 2.5 mg/ml</i> | 2 | GC |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 5 | PA BvD; NM; NDS; QL (6 per 28 days) |
| <i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant)) | 2 | GC; QL (2 per 28 days) |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i> | 2 | GC |
| <i>granisetron hcl intravenous solution 1 mg/ml</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>granisetron hcl oral tablet 1 mg</i> | 2 | PA BvD; GC |
| <i>meclizine oral tablet 12.5 mg</i> | 2 | GC |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine)) | 2 | GC |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | 2 | GC |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> | 1 | GC |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i> | 2 | GC |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | 2 | PA BvD; GC |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 2 | PA BvD; GC |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 2 | PA BvD; GC |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 2 | GC |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | 2 | GC |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 2 | GC |
| <i>promethazine injection solution 25 mg/ml</i> (Phenergan) | 2 | GC |
| <i>promethazine injection solution 50 mg/ml</i> (Phenergan) | 2 | GC |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | GC |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan) | 2 | GC |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine) | 2 | GC |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 2 | GC; QL (10 per 30 days) |
| Agentes Antiparasitarios | | |
| Agentes Antiparasitarios | | |
| <i>albendazole oral tablet 200 mg</i> | 5 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|----------------------------------|
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | 2 | GC |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | 2 | GC |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | 2 | GC |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 2 | GC |
| COARTEM ORAL TABLET 20-120 MG | 4 | |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | 2 | GC; QL (90 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 2 | GC |
| KRINTAFEL ORAL TABLET 150 MG | 4 | |
| <i>mefloquine oral tablet 250 mg</i> | 2 | GC |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia) | 5 | NM; NDS |
| <i>paromomycin oral capsule 250 mg</i> (Humatin) | 2 | GC |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | 2 | PA BvD; GC |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam) | 2 | GC |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | 4 | |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | 5 | PA; NM; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 2 | PA; GC; QL (42 per 7 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | GC |
| Agentes Antiparkinson | | |
| Agentes Antiparkinson | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | GC |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | 1 | GC |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|-----------------------------------|
| <i>apomorphine subcutaneous cartridge</i> (APOKYN) 10 mg/ml | 5 | PA; NM; NDS; QL (60 per 30 days) |
| <i>benztropine injection solution</i> 1 mg/ml | 2 | GC |
| <i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg | 2 | GC |
| <i>bromocriptine oral capsule</i> 5 mg (Parlodel) | 2 | GC |
| <i>bromocriptine oral tablet</i> 2.5 mg (Parlodel) | 2 | GC |
| <i>cabergoline oral tablet</i> 0.5 mg | 2 | GC |
| <i>carbidopa oral tablet</i> 25 mg (Lodosyn) | 2 | GC |
| <i>carbidopa-levodopa oral tablet</i> 10-100 mg (Sinemet) | 2 | GC |
| <i>carbidopa-levodopa oral tablet</i> 25-100 mg (Dhivy) | 2 | GC |
| <i>carbidopa-levodopa oral tablet</i> 25-250 mg | 2 | GC |
| <i>carbidopa-levodopa oral tablet extended release</i> 25-100 mg, 50-200 mg | 2 | GC |
| <i>carbidopa-levodopa oral tablet, disintegrating</i> 10-100 mg, 25-100 mg, 25-250 mg | 2 | GC |
| <i>carbidopa-levodopa-entacapone oral tablet</i> 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 | GC |
| <i>entacapone oral tablet</i> 200 mg | 2 | GC |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 5 | PA; NM; NDS; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NM; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | 5 | PA; NM; NDS |

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| 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 | 4 | ST; QL (30 per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | 4 | PA; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG | 4 | ST; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | 4 | ST; QL (60 per 30 days) |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 1 | GC |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | 2 | GC |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 2 | GC |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | 2 | GC |
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | GC |
| <i>selegiline hcl oral tablet 5 mg</i> | 2 | GC |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | 2 | GC |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 1 | GC |
| XADAGO ORAL TABLET 100 MG, 50 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| Agentes Antipsicóticos | | |
| Agentes Antipsicóticos | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 5 | NM; NDS; QL (2.4 per 42 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 5 | NM; NDS; QL (3.2 per 42 days) |
| ABILIFY MANTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 5 | NM; NDS; QL (1 per 26 days) |
| ABILIFY MANTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 5 | NM; NDS; QL (1 per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | GC |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | 2 | GC |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | 2 | ST; GC; QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | 2 | ST; GC; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 5 | NM; NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 5 | NM; NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 5 | NM; NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 5 | NM; NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 5 | NM; NDS; QL (3.2 per 14 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg | 2 | GC; QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution</i> 25 mg/ml | 2 | GC |
| <i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml | 2 | GC |
| <i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg | 2 | GC |
| <i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Clozaril) | 2 | GC |
| <i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 25 mg | 2 | ST; GC; QL (90 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> 150 mg | 2 | ST; GC; QL (180 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> 200 mg | 5 | ST; NM; NDS; QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) | 4 | ST |
| <i>fluphenazine decanoate injection solution</i> 25 mg/ml | 2 | GC |
| <i>fluphenazine hcl injection solution</i> 2.5 mg/ml | 2 | GC |
| <i>fluphenazine hcl oral concentrate</i> 5 mg/ml | 2 | GC |
| <i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml | 2 | GC |
| <i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg | 2 | GC |
| <i>haloperidol decanoate intramuscular solution</i> 100 mg/ml (1 ml), 50 mg/ml(1ml) | 2 | GC |
| <i>haloperidol decanoate intramuscular solution</i> 100 mg/ml, 50 mg/ml (Haldol Decanoate) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|-----------------------------------|
| <i>haloperidol lactate injection solution</i> 5 mg/ml | 2 | GC |
| <i>haloperidol lactate intramuscular syringe</i> 5 mg/ml | 2 | GC |
| <i>haloperidol lactate oral concentrate</i> 2 mg/ml | 2 | GC |
| <i>haloperidol oral tablet</i> 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg | 2 | GC |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 5 | NM; NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 5 | NM; NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | NM; NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | NM; NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | NM; NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | NM; NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 5 | NM; NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 5 | NM; NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | NM; NDS; QL (1.75 per 70 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 5 | NM; NDS; QL (2.63 per 70 days) |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | GC |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda) | 2 | GC; QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> (Latuda) | 2 | GC; QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | 2 | GC; QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | 2 | GC; QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 2 | GC; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln</i> (Zyprexa) <i>10 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg,</i> (Zyprexa) <i>2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 2 | GC |
| <i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) <i>10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | GC |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 3 mg, 9 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 6 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 2 | GC |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | 5 | NM; NDS; QL (1 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | GC |
| <i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i> | 2 | GC |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel) | 2 | GC |
| <i>quetiapine oral tablet 150 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | 2 | GC |
| REXULTI ORAL TABLET 0.25 MG | 5 | ST; NM; NDS; QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.5 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta) | 2 | GC; QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta) | 5 | NM; NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | 2 | GC |
| <i>risperidone oral tablet 0.25 mg</i> | 2 | GC |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal) | 2 | GC |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 2 | GC |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | GC |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | GC |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | 5 | NM; NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | 5 | NM; NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | 5 | NM; NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | 5 | NM; NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 5 | NM; NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 5 | NM; NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 5 | NM; NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | 4 | ST |
| <i>ziprasidone hcl oral capsule 20 mg,</i> (Geodon) <i>40 mg, 60 mg, 80 mg</i> | 2 | GC |
| <i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln 20 mg/ml (final conc.)</i> | 2 | GC; QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 5 | NM; NDS; QL (2 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--------------------------------|
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 5 | NM; NDS; QL (1 per 28 days) |
| Agentes Calóricos | | |
| Agentes Calóricos | | |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |
| CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 4 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4 | PA BvD |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 4 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4 | PA BvD |
| <i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i> | 2 | PA BvD; GC |
| <i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i> | 4 | |
| <i>dextrose 5 % in water (d5w)</i> <i>intravenous piggyback 5 %</i> | 2 | GC |
| <i>dextrose 5%-water iv soln single use</i> | 2 | GC |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | 4 | PA BvD |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 4 | PA BvD |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 4 | PA BvD |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |

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|---|-----------------------|-----------------------------------|
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| Agentes Cardiovasculares | | |
| Agentes Alfa-Adrenérgicos | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | GC |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | 2 | GC; QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | 2 | GC; QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | 2 | GC; QL (8 per 28 days) |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | 2 | GC |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | 5 | PA; NM; NDS; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | 2 | GC |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | 2 | GC |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | GC |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep) | 2 | GC |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 2 | GC |
| Agentes Antiarrítmicos | | |
| <i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone) | 2 | GC |
| <i>amiodarone oral tablet 200 mg</i> (Pacerone) | 1 | GC |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace) | 2 | GC |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 2 | GC |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | GC |

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|--|------------------------------|------------------------------------|
| <i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i> | 1 | GC |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i> | 1 | GC |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | 2 | GC |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone) | 2 | GC |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> | 2 | GC |
| <i>procainamide intravenous syringe 100 mg/ml</i> | 2 | GC |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | 2 | GC |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 2 | GC |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | 2 | GC |
| <i>quinidine sulfate oral tablet 200 mg</i> | 1 | GC |
| <i>quinidine sulfate oral tablet 300 mg</i> | 2 | GC |
| Agentes Bloqueadores Beta-Adrenérgicos | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 2 | GC |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | GC |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100) | 2 | GC |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50) | 2 | GC |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | 2 | GC |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 2 | GC |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg) | 1 | GC |
| <i>labetalol intravenous solution 5 mg/ml</i> | 2 | GC |
| <i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i> | 2 | GC |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 2 | GC |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1 | GC |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | 2 | GC |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> | 2 | GC |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor) | 1 | GC |
| <i>metoprolol tartrate oral tablet 25 mg</i> | 1 | GC |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard) | 2 | GC |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic) | 2 | GC |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 2 | GC |
| <i>propranolol intravenous solution 1 mg/ml</i> | 2 | GC |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | 2 | GC |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | 2 | GC |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | 2 | GC |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol) | 2 | GC |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol) | 2 | GC |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF) | 2 | GC |
| <i>sotalol oral tablet 240 mg</i> (Betapace) | 2 | GC |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | GC |
| Agentes Bloqueadores Da Canal De Calcio | | |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl) | 2 | GC |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | 2 | GC |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> | 2 | GC |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadyt ER) | 2 | GC |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 2 | GC |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | 2 | GC |
| <i>diltiazem hcl oral tablet 90 mg</i> | 2 | GC |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA) | 2 | GC |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA) | 2 | GC |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl) | 2 | GC |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl) | 2 | GC |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 2 | GC |
| <i>verapamil intravenous syringe 2.5 mg/ml</i> | 2 | GC |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM) | 2 | GC |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | 2 | GC |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i> | 4 | |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | 1 | GC |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 2 | GC |
| Agentes Cardiovasculares, Varios | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 3 | GC; QL (600 per 30 days) |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin) | 2 | GC |
| <i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin) | 2 | GC |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin) | 2 | GC |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> | 2 | GC |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek) | 2 | GC |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | 2 | GC; QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | 2 | GC; QL (4 per 30 days) |
| <i>epinephrine injection solution 1 mg/ml</i> (Adrenalin) | 1 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>hydralazine injection solution 20 mg/ml</i> | 2 | GC |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | GC |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir) | 5 | PA; NM; NDS; QL (18 per 30 days) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor) | 3 | GC; QL (60 per 30 days) |
| <i>metirosine oral capsule 250 mg</i> (Demser) | 5 | NM; NDS |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant) | 5 | PA; NM; NDS; QL (18 per 30 days) |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML | 4 | QL (4 per 30 days) |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine) | 4 | QL (4 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| Antagonistas De Receptores De Angiotensina Ii | | |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand) | 2 | GC |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 2 | GC |
| EDARBI ORAL TABLET 40 MG, 80 MG | 3 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 3 | |
| ENTRESTO ORAL TABLET 24-26 MG | 3 | GC; QL (180 per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 3 | GC; QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG | 3 | QL (240 per 30 days) |

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|--|------------------------------|------------------------------------|
| <i>eprosartan oral tablet 600 mg</i> | 2 | GC |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 2 | GC |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 2 | GC |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | 1 | GC |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 1 | GC |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | 2 | GC |
| <i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor) | 2 | GC |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 2 | GC |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 2 | GC |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | 2 | GC |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | 2 | GC |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | 2 | GC |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT) | 2 | GC |
| Dihidropiridinas | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc) | 1 | GC |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | 1 | GC |

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|--|------------------------------|--------------------------------|
| <i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg | 1 | GC |
| <i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg | 2 | GC |
| <i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge) | 2 | GC |
| <i>amlodipine-valsartan-hcthiazyd oral tablet</i> 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT) | 2 | GC |
| <i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg | 2 | GC |
| <i>isradipine oral capsule</i> 2.5 mg, 5 mg | 2 | GC |
| KATERZIA ORAL SUSPENSION 1 MG/ML | 4 | ST; QL (300 per 30 days) |
| <i>nicardipine oral capsule</i> 20 mg, 30 mg | 2 | GC |
| <i>nifedipine oral capsule</i> 10 mg, 20 mg | 2 | GC |
| <i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg, 90 mg (Procardia XL) | 2 | GC |
| <i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg | 2 | GC |
| Dislipídemicos | | |
| <i>amlodipine-atorvastatin oral tablet</i> 10-10 mg, 5-10 mg (Caduet) | 2 | GC |
| <i>amlodipine-atorvastatin oral tablet</i> 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet) | 2 | GC; QL (30 per 30 days) |
| <i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg | 2 | GC |
| <i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor) | 1 | GC; QL (30 per 30 days) |
| <i>cholestyramine (with sugar) oral powder in packet</i> 4 gram (Questran) | 2 | GC |
| <i>cholestyramine light oral powder in packet</i> 4 gram (cholestyramine-aspartame) | 2 | GC |

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|--|------------------------------|------------------------------------|
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol) | 2 | GC |
| <i>colesevelam oral tablet 625 mg</i> (WelChol) | 2 | GC |
| <i>colestipol oral packet 5 gram</i> | 2 | GC |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | 2 | GC |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | 4 | ST; QL (30 per 30 days) |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 1 | GC; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | 2 | GC; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | 2 | GC; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | 2 | GC; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | 2 | GC; QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | GC |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor) | 2 | GC |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 2 | GC |
| <i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i> (Trilipix) | 2 | GC |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL) | 2 | GC |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 1 | GC |
| JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |

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|--|------------------------------|------------------------------------|
| LIVALO ORAL TABLET 1 MG, (pitavastatin calcium) 2 MG, 4 MG | 2 | GC; QL (30 per 30 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | GC |
| NEXLETOL ORAL TABLET 180 MG | 3 | QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180- 10 MG | 3 | QL (30 per 30 days) |
| <i>niacin oral tablet 500 mg</i> (Niacor) | 1 | GC |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 2 | GC |
| <i>niacor oral tablet 500 mg</i> (niacin) | 2 | GC |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza) | 2 | ST; GC; QL (120 per 30 days) |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | 3 | QL (2 per 28 days) |
| <i>pravastatin oral tablet 10 mg, 80 mg</i> | 1 | GC |
| <i>pravastatin oral tablet 20 mg, 40 mg</i> | 1 | GC; QL (30 per 30 days) |
| <i>prevalite oral powder in packet 4 gram</i> (cholestyramine- aspartame) | 2 | GC |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 3 | QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 3 | QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 3 | QL (6 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | GC; QL (30 per 30 days) |
| <i>rosuvastatin oral tablet 40 mg</i> (Crestor) | 1 | GC; QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | 1 | GC; QL (30 per 30 days) |

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|--|------------------------------|-----------------------------------|
| <i>simvastatin oral tablet 5 mg, 80 mg</i> | 1 | GC; QL (30 per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl) | 2 | GC; QL (240 per 30 days) |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl) | 2 | GC; QL (120 per 30 days) |
| Diuréticos | | |
| <i>amiloride oral tablet 5 mg</i> | 2 | GC |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 2 | GC |
| <i>bumetanide injection solution 0.25 mg/ml</i> | 2 | GC |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | GC |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i> | 2 | GC |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 2 | GC |
| <i>furosemide injection solution 10 mg/ml</i> | 2 | GC |
| <i>furosemide injection syringe 10 mg/ml</i> | 1 | GC |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | GC |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i> | 1 | GC |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | GC |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | GC |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | GC |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------------|
| 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) | 5 | PA; NM; NDS; QL (56 per 28 days) |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | GC |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | 1 | GC |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | 2 | GC |
| <i>toremide oral tablet 10 mg, 100 mg, 5 mg</i> | 2 | GC |
| <i>toremide oral tablet 20 mg</i> (Soanz) | 2 | GC |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | GC |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | GC |
| Inhibidores De Enzima Convertidoras De Angiotensina | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | 1 | GC |
| <i>benazepril oral tablet 5 mg</i> | 1 | GC |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 2 | GC |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 2 | GC |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 2 | GC |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | 2 | GC |
| <i>enalapril maleate oral solution 1 mg/ml</i> (Epaned) | 2 | ST; GC; QL (1200 per 30 days) |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 1 | GC |

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|--|------------------------------|------------------------------------|
| <i>enalaprilat intravenous solution 1.25 mg/ml</i> | 2 | GC |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 1 | GC |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 1 | GC |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | GC |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 2 | GC |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 1 | GC |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 1 | GC |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | 2 | GC |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 2 | GC |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 1 | GC |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic) | 2 | GC |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | 1 | GC |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | GC |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 2 | GC |
| Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | 2 | GC |
| <i>epplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 2 | GC |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 3 | PA; QL (30 per 30 days) |
| <i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir) | 2 | ST; GC; QL (600 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| Vasodilatadores | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 2 | GC |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso) | 2 | GC |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 2 | GC |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | 1 | GC |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil) | 2 | GC |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 2 | GC |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> | 2 | GC |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 2 | GC |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2 | GC |
| Agentes De Enfermedad Intestinal Inflamatoria | | |
| Agentes De Enfermedad Intestinal Inflamatoria | | |
| <i>alosetron oral tablet 0.5 mg</i> (Lotronex) | 2 | GC |
| <i>alosetron oral tablet 1 mg</i> (Lotronex) | 5 | NM; NDS |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | 2 | GC |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | 2 | GC |
| <i>budesonide rectal foam 2 mg/lactuation</i> (Uceris) | 2 | GC |
| DIPENTUM ORAL CAPSULE 250 MG | 5 | ST; NM; NDS |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | 2 | GC |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol) | 2 | GC |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda) | 2 | GC; QL (120 per 30 days) |
| <i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> | 2 | GC |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa) | 2 | GC |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | 2 | GC |
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs) | 4 | |
| Agentes De Enfermedad Ósea Metabólica | | |
| Agentes De Enfermedad Ósea Metabólica | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | 2 | GC; QL (300 per 28 days) |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | 1 | GC; QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg</i> | 1 | GC; QL (4 per 28 days) |
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | 1 | GC; QL (4 per 28 days) |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin) | 5 | NM; NDS |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i> | 2 | GC; QL (3.7 per 28 days) |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 2 | GC |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | 2 | GC |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol) | 2 | GC |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | 2 | GC; QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | 2 | GC; QL (120 per 30 days) |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | 2 | GC |
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | 2 | GC; QL (3 per 84 days) |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> | 2 | GC; QL (3 per 84 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>ibandronate oral tablet 150 mg</i> | 1 | GC; QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 5 | PA; NM; NDS; QL (2 per 28 days) |
| <i>pamidronate intravenous recon soln 30 mg, 90 mg</i> | 2 | GC |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | 2 | GC |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 2 | GC |
| <i>paricalcitol oral capsule 4 mcg</i> | 2 | GC |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG | 3 | QL (60 per 30 days) |
| <i>risedronate oral tablet 150 mg</i> (Actonel) | 2 | GC; QL (1 per 28 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>risedronate oral tablet 35 mg</i> (Actonel) | 2 | GC; QL (4 per 28 days) |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | 2 | GC; QL (4 per 28 days) |
| <i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia) | 2 | GC; QL (4 per 28 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | 2 | GC; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 3 | QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 5 | PA; NM; NDS |
| <i>zoledronic acid intravenous recon soln 4 mg</i> | 2 | GC |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 2 | GC |

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|---|------------------------------|---------------------------------------|
| <i>zoledronic acid-mannitol-water</i> (Reclast) <i>intravenous piggyback 5 mg/100 ml</i> | 2 | GC; QL (100 per 300 days) |
| Agentes De Trastorno De Sueño | | |
| Agentes De Trastorno De Sueño | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 2 | PA; GC; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 2 | GC; QL (30 per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 5 | PA; NM; NDS; QL (150 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> (Provigil) | 2 | PA; GC; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> (Provigil) | 2 | PA; GC; QL (60 per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem) | 5 | PA; NM; LA; NDS; QL (540 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 4 | PA; QL (30 per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | GC; QL (30 per 30 days) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien) | 1 | GC; QL (30 per 30 days) |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR) | 2 | GC; QL (30 per 30 days) |
| Agentes Del Sistema Nervioso Central | | |
| Agentes Del Sistema Nervioso Central | | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera) | 2 | GC; QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | 2 | GC; QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |

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|--|------------------------------|------------------------------------|
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 5 | PA; NM; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 5 | PA; NM; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; NM; NDS; QL (15 per 30 days) |
| <i>caffeine citrate intravenous solution</i> (Cafcit) <i>60 mg/3 ml (20 mg/ml)</i> | 2 | PA BvD; GC |
| <i>caffeine citrate oral solution</i> <i>60 mg/3 ml (20 mg/ml)</i> | 2 | GC |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> | 2 | GC |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML | 5 | PA; NM; NDS; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 40 MG/ML | 5 | PA; NM; NDS; QL (12 per 28 days) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | 2 | PA; GC; QL (60 per 30 days) |

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|---|------------------------------|------------------------------------|
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin) | 2 | GC; QL (60 per 30 days) |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule) | 2 | GC; QL (120 per 30 days) |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi) | 2 | GC; QL (180 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenedi) | 2 | GC; QL (90 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi) | 2 | GC; QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR) | 2 | GC; QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR) | 2 | GC; QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 2 | GC; QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg</i> (Tecfidera) | 5 | PA; NM; NDS; QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera) | 5 | PA; NM; NDS |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 240 mg</i> (Tecfidera) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| <i>edaravone intravenous solution 30 mg/100 ml</i> (Radicava) | 5 | PA; NM; NDS; QL (2800 per 28 days) |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | 5 | PA; NM; NDS |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>flumazenil intravenous solution 0.1 mg/ml</i> | 2 | GC |

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|--|------------------------------|--------------------------------------|
| GILENYA ORAL CAPSULE 0.25 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone) | 5 | PA; NM; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer) | 5 | PA; NM; NDS; QL (12 per 28 days) |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER) | 2 | GC |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) | 5 | PA; NM; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 5 | PA; NM; NDS; QL (1.2 per 28 days) |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 1 | GC |
| <i>lithium carbonate oral tablet 300 mg</i> | 2 | GC |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | 2 | GC |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | 2 | GC |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 2 | GC |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|-----------------------------------|
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; NM; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 4 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 5 | PA; NM; NDS |
| <i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl) | 2 | GC; QL (90 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD) | 2 | GC; QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD) | 2 | GC; QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA) | 2 | GC; QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA) | 2 | GC; QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin) | 2 | GC; QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | 2 | GC; QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i> | 2 | GC; QL (90 per 30 days) |

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|--|------------------------------|------------------------------------|
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER) | 2 | GC; QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i> | 2 | GC; QL (30 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta) | 2 | GC; QL (30 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta) | 2 | GC; QL (60 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i> | 2 | GC; QL (60 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 5 | PA; NM; NDS; QL (20 per 180 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NM; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NM; NDS |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (edaravone) | 5 | PA; NM; NDS; QL (2800 per 28 days) |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | 2 | GC; QL (60 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 3 | |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |

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|---|-----------------------|-------------------------------------|
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | 5 | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE, DELAYED RELEASE (DR/EC) 231 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |
| Agentes Del Tracto Respiratorio | | |
| Agentes Del Tracto Respiratorio, Otros | | |
| <i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote) | 2 | GC |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | 2 | PA BvD; GC |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 5 | NM; NDS; QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA; NM; NDS |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 2 | PA BvD; GC |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |

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|---|------------------------------|---------------------------------------|
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; NM; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NM; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i> | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 5 | PA BvD; NM; NDS |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | 2 | GC; QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | 2 | GC; QL (30 per 30 days) |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/150 MG (N), 50-75 MG (D)/75 MG (N) | 5 | PA; NM; 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) | 5 | PA; NM; 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) | 5 | PA; NM; NDS; QL (84 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------------------|
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK) | 5 | PA; NM; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NM; NDS |
| Antiinflamatorios, Corticoesteroides | | |
| Inhalados | | |
| ADVAIR HFA INHALATION (fluticasone propion- HFA AEROSOL INHALER 115- salmeterol) 21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3 | QL (12 per 30 days) |
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION (fluticasone furoate- BLISTER WITH DEVICE 100-25 vilanterol) MCG/DOSE, 200-25 MCG/DOSE | 3 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | 3 | QL (60 per 30 days) |
| <i>breyina inhalation hfa aerosol inhaler</i> (budesonide- <i>160-4.5 mcg/lactuation, 80-4.5 formoterol)</i> <i>mcg/lactuation</i> | 2 | GC; QL (30.9 per 30 days) |
| <i>budesonide inhalation suspension for</i> (Pulmicort) <i>nebulization 0.25 mg/2 ml, 0.5 mg/2</i> <i>ml</i> | 2 | PA BvD; GC; QL (120 per 30 days) |

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|---|------------------------------|------------------------------------|
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort) | 2 | PA BvD; GC; QL (60 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> (Breyna) | 2 | GC; QL (30.6 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcglactuation</i> | 2 | GC; QL (12 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcglactuation</i> | 2 | GC; QL (24 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcglactuation</i> | 2 | GC; QL (21.2 per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub) | 2 | GC; QL (60 per 30 days) |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol) | 2 | GC; QL (60 per 30 days) |
| Antileucotrinos | | |
| <i>montelukast oral tablet 10 mg</i> (Singulair) | 1 | GC |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair) | 1 | GC |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate) | 2 | GC |
| Broncodilatadores | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i> (Ventolin HFA) | 2 | GC; QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020503)</i> | 2 | GC; QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020983)</i> | 2 | GC; QL (36 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | 2 | PA BvD; GC; QL (360 per 30 days) |

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|---|------------------------------|------------------------------------|
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i> | 2 | PA BvD; GC; QL (120 per 30 days) |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | 2 | GC |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | 2 | GC |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | 2 | GC |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 4 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 3 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 3 | QL (8 per 30 days) |
| <i>elixophyllin oral elixir 80 mg/15 ml (theophylline)</i> | 2 | GC |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 2 | PA BvD; GC; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 2 | PA BvD; GC; QL (540 per 30 days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 4 | QL (2 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |

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|---|------------------------------|------------------------------------|
| SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 2 | GC; QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL (4 per 28 days) |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | 2 | GC |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | 5 | NM; NDS |
| <i>theophylline oral solution 80 mg/15 ml</i> | 2 | GC |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 2 | GC |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 2 | GC |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3 | QL (60 per 30 days) |
| Agentes Dentales Y Orales | | |
| Agentes Dentales Y Orales | | |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac) | 2 | GC |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse) | 1 | GC |
| <i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium)) | 1 | GC |
| <i>dentagel dental gel 1.1 %</i> (fluoride (sodium)) | 1 | GC |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent) | 1 | GC |
| KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide) | 2 | GC |
| <i>oralone dental paste 0.1 %</i> (triamcinolone acetonide) | 2 | GC |

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|---|------------------------------|------------------------------------|
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate) | 1 | GC |
| <i>perio gard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate) | 1 | GC |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | 2 | GC |
| <i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium)) | 1 | GC |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive) | 1 | GC |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq) | 2 | GC |
| Agentes Dermatológicos | | |
| Agentes Antiinflamatorios Dermatológicos | | |
| <i>ala-cort topical cream 1 %</i> (hydrocortisone) | 2 | GC |
| <i>ala-scalp topical lotion 2 %</i> (hydrocortisone) | 2 | GC |
| <i>alclometasone topical cream 0.05 %</i> | 2 | GC |
| <i>alclometasone topical ointment 0.05 %</i> | 2 | GC |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 2 | GC |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 2 | GC |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 2 | GC |
| <i>betamethasone valerate topical cream 0.1 %</i> | 2 | GC |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq) | 2 | GC |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 2 | GC |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 2 | GC |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 2 | GC |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 2 | GC |

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|---|------------------------------|------------------------------------|
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 2 | GC |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 2 | GC |
| <i>clobetasol scalp solution 0.05 %</i> | 2 | GC |
| <i>clobetasol topical cream 0.05 %</i> | 2 | GC |
| <i>clobetasol topical foam 0.05 %</i> (Olux) | 2 | GC |
| <i>clobetasol topical gel 0.05 %</i> | 2 | GC |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex) | 2 | GC |
| <i>clobetasol topical ointment 0.05 %</i> | 2 | GC |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex) | 2 | GC |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 2 | GC |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E) | 2 | GC |
| <i>desonide topical cream 0.05 %</i> (DesOwen) | 2 | GC |
| <i>desonide topical lotion 0.05 %</i> | 2 | GC |
| <i>desonide topical ointment 0.05 %</i> | 2 | GC |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort) | 2 | GC; QL (120 per 30 days) |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort) | 2 | GC; QL (120 per 30 days) |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort) | 2 | GC; QL (120 per 30 days) |
| <i>diflorasone topical ointment 0.05 %</i> | 2 | GC; QL (180 per 30 days) |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | |
| <i>fluocinolone topical cream 0.01 %</i> | 2 | GC |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | 2 | GC |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar) | 2 | GC |
| <i>fluocinonide topical cream 0.05 %</i> | 2 | GC |
| <i>fluocinonide topical gel 0.05 %</i> | 2 | GC |
| <i>fluocinonide topical ointment 0.05 %</i> | 2 | GC |
| <i>fluocinonide topical solution 0.05 %</i> | 2 | GC |

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|---|------------------------------|------------------------------------|
| <i>fluocinonide-emollient topical cream</i> (Fluocinonide-E) 0.05 % | 2 | GC |
| <i>fluticasone propionate topical cream</i> 0.05 % | 2 | GC |
| <i>fluticasone propionate topical ointment</i> 0.005 % | 2 | GC |
| <i>halobetasol propionate topical cream</i> 0.05 % | 2 | GC |
| <i>halobetasol propionate topical ointment</i> 0.05 % | 2 | GC |
| <i>hydrocortisone</i> 2.5% cream | 1 | GC |
| <i>hydrocortisone butyrate topical cream</i> 0.1 % | 2 | GC; QL (120 per 30 days) |
| <i>hydrocortisone butyrate topical lotion</i> 0.1 % (Locoid) | 2 | GC; QL (236 per 30 days) |
| <i>hydrocortisone butyrate topical ointment</i> 0.1 % | 2 | GC; QL (120 per 30 days) |
| <i>hydrocortisone butyrate topical solution</i> 0.1 % | 2 | GC; QL (120 per 30 days) |
| HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 % | 2 | GC |
| <i>hydrocortisone topical cream</i> 1 % (Ala-Cort) | 1 | GC |
| <i>hydrocortisone topical cream with perineal applicator</i> 2.5 % (Proctosol HC) | 1 | GC |
| <i>hydrocortisone topical lotion</i> 2.5 % | 2 | GC |
| <i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC)) | 1 | GC |
| <i>hydrocortisone topical ointment</i> 2.5 % | 1 | GC |
| <i>hydrocortisone valerate topical cream</i> 0.2 % | 2 | GC |
| <i>hydrocortisone valerate topical ointment</i> 0.2 % | 2 | GC |
| <i>mometasone topical cream</i> 0.1 % | 2 | GC |
| <i>mometasone topical ointment</i> 0.1 % | 2 | GC |
| <i>mometasone topical solution</i> 0.1 % | 2 | GC |
| <i>pimecrolimus topical cream</i> 1 % (Elidel) | 2 | GC; QL (100 per 30 days) |

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|--|------------------------------|------------------------------------|
| <i>prednicarbate topical ointment 0.1 %</i> | 2 | GC |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2 | GC |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2 | GC |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | 2 | GC; QL (100 per 30 days) |
| <i>triamcinolone acetonide topical cream 0.025 %</i> | 1 | GC |
| <i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm) | 1 | GC |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | 2 | GC |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2 | GC |
| <i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex) | 2 | GC |
| Agentes Dermatológicos, Otros | | |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin) | 2 | GC |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 2 | GC |
| <i>acyclovir topical cream 5 %</i> (Zovirax) | 2 | GC; QL (5 per 4 days) |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | 2 | GC; QL (30 per 30 days) |
| ALCOHOL 70% SWABS (Alcohol Pads) | 1 | GC |
| ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | GC |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | GC |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | GC |
| <i>ammonium lactate topical cream 12 %</i> | 2 | GC |
| <i>ammonium lactate topical lotion 12 %</i> (Skin Treatment) | 2 | GC |
| BD SINGLE USE SWAB (alcohol swabs) | 1 | GC |

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|---|------------------------------|------------------------------------|
| <i>calcipotriene scalp solution 0.005 %</i> | 2 | GC; QL (120 per 30 days) |
| <i>calcipotriene topical cream 0.005 %</i> | 2 | GC; QL (120 per 30 days) |
| <i>calcipotriene topical ointment 0.005 %</i> | 2 | GC; QL (120 per 30 days) |
| CARETOUCH ALCOHOL 70% (alcohol swabs) PREP PAD | 1 | GC |
| CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM | 1 | GC |
| DROPSAFE ALCOHOL 70% (alcohol swabs) PREP PADS | 1 | GC |
| EASY COMFORT ALCOHOL (alcohol swabs) 70% PAD | 1 | GC |
| EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED | 1 | GC |
| <i>fluorouracil topical cream 0.5 %</i> (Carac) | 5 | NM; NDS |
| <i>fluorouracil topical cream 5 %</i> (Efudex) | 2 | GC |
| <i>fluorouracil topical solution 2 %, 5 %</i> | 2 | GC |
| HEB INCONTROL ALCOHOL (alcohol swabs) 70% PADS | 1 | GC |
| <i>imiquimod topical cream in packet 5 %</i> | 2 | GC; QL (24 per 30 days) |
| IV ANTISEPTIC WIPES (alcohol swabs) | 1 | GC |
| KENDALL ALCOHOL 70% (alcohol swabs) PREP PAD | 1 | GC |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | 3 | QL (5 per 5 days) |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i> | 5 | NM; NDS |
| PANRETIN TOPICAL GEL 0.1 % | 5 | NM; NDS; QL (180 per 30 days) |
| <i>penciclovir topical cream 1 %</i> (Denavir) | 2 | GC |
| <i>podofilox topical solution 0.5 %</i> | 2 | GC |
| PRO COMFORT ALCOHOL (alcohol swabs) 70% PADS | 1 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| PURE COMFORT ALCOHOL (alcohol swabs) 70% PADS | 1 | GC |
| REGRANEX TOPICAL GEL 0.01 % | 5 | PA; NM; NDS; QL (30 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 4 | QL (180 per 30 days) |
| SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS | 1 | GC |
| SURE-PREP ALCOHOL PREP (alcohol swabs) PADS | 1 | GC |
| TRUE COMFORT ALCOHOL (alcohol swabs) 70% PADS | 1 | GC |
| TRUE COMFORT PRO (alcohol swabs) ALCOHOL PADS | 1 | GC |
| ULTILET ALCOHOL STERL (alcohol swabs) SWAB | 1 | GC |
| VALCHLOR TOPICAL GEL 0.016 % | 5 | PA NSO; NM; NDS |
| WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE | 1 | GC |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin) | 2 | GC |
| Antibacterianos Dermatológicos | | |
| <i>clindamycin phosphate topical foam 1 %</i> (Clindacin) | 2 | GC; QL (100 per 30 days) |
| <i>clindamycin phosphate topical solution 1 %</i> | 2 | GC; QL (180 per 30 days) |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ) | 2 | GC |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac) | 2 | GC |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | 2 | GC |
| <i>ery pads topical swab 2 %</i> (erythromycin with ethanol) | 2 | GC |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel) | 2 | GC; QL (180 per 30 days) |

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|--|------------------------------|------------------------------------|
| <i>erythromycin with ethanol topical solution 2 %</i> | 2 | GC; QL (180 per 30 days) |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin) | 2 | GC |
| <i>gentamicin topical cream 0.1 %</i> | 2 | GC; QL (120 per 30 days) |
| <i>gentamicin topical ointment 0.1 %</i> | 2 | GC; QL (120 per 30 days) |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan) | 2 | GC |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan) | 2 | GC |
| <i>metronidazole topical gel 1 %</i> (Metrogel) | 2 | GC |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion) | 2 | GC |
| <i>mupirocin topical ointment 2 %</i> (Centany) | 1 | GC; QL (220 per 30 days) |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 2 | GC |
| <i>rosadan topical cream 0.75 %</i> (metronidazole) | 2 | GC |
| <i>selenium sulfide topical lotion 2.5 %</i> | 2 | GC |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD) | 2 | GC |
| <i>ssd topical cream 1 %</i> (silver sulfadiazine) | 4 | |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron) | 2 | GC |
| Escabicidas Y Pediculicidas | | |
| <i>malathion topical lotion 0.5 %</i> (Ovide) | 2 | GC |
| <i>permethrin topical cream 5 %</i> (Elimite) | 2 | GC; QL (60 per 30 days) |
| Retinoides Dermatológicos | | |
| <i>adapalene topical cream 0.1 %</i> (Differin) | 2 | GC |
| <i>adapalene topical gel 0.1 %</i> (Differin) | 2 | GC |
| ALTRENO TOPICAL LOTION 0.05 % | 4 | PA |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | 2 | GC |
| TAZORAC TOPICAL CREAM 0.05 % | 4 | |
| <i>tretinoin topical cream 0.025 %</i> (Avita) | 2 | PA; GC |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A) | 2 | PA; GC |

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|---|-----------------------|-----------------------------|
| <i>tretinoin topical gel 0.01 %</i> (Retin-A) | 2 | PA; GC |
| <i>tretinoin topical gel 0.025 %</i> (Avita) | 2 | PA; GC |
| <i>tretinoin topical gel 0.05 %</i> (Atralin) | 2 | PA; GC |
| Agentes Gastrointestinales | | |
| Agentes Antiúlceras Y Supresores De Ácidos | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | 2 | GC |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | 2 | GC |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine)) | 2 | GC |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | 2 | GC |
| <i>esomeprazole magnesium oral capsule, delayed release (drlec) 20 mg</i> (Acid Reducer (esomeprazole)) | 2 | GC; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule, delayed release (drlec) 40 mg</i> (Nexium) | 2 | GC; QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | 2 | ST; GC; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet) | 2 | ST; GC; QL (60 per 30 days) |
| <i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i> | 2 | GC |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | 1 | GC |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | 2 | GC |
| <i>famotidine intravenous solution 10 mg/ml</i> | 2 | GC |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | 2 | GC |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller) | 1 | GC |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | 1 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|--|-------------------------------|------------------------------|--------------------------------|
| <i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> | (Acid Reducer (lansoprazole)) | 1 | GC; QL (30 per 30 days) |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> | (Prevacid) | 1 | GC; QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | (Cytotec) | 2 | GC |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | | 2 | GC |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i> | | 1 | GC |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> | (Zegerid) | 2 | ST; GC; QL (30 per 30 days) |
| <i>pantoprazole intravenous recon soln 40 mg</i> | (Protonix) | 2 | GC |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> | (Protonix) | 1 | GC; QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> | (Protonix) | 1 | GC; QL (60 per 30 days) |
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> | (AcipHex) | 2 | GC; QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> | (Carafate) | 2 | GC |
| Agentes Gastrointestinales, Otros | | | |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> | (Carbaglu) | 5 | PA; NM; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> | (lactulose) | 2 | GC |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> | (Gastrocrom) | 2 | GC |
| <i>dicyclomine oral capsule 10 mg</i> | | 2 | GC |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | | 2 | GC |
| <i>dicyclomine oral tablet 20 mg</i> | | 2 | GC |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | | 2 | GC |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | (Lomotil) | 2 | GC |
| <i>enulose oral solution 10 gram/15 ml</i> | (lactulose) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 5 | PA; NM; NDS |
| <i>generlac oral solution 10 gram/15 ml</i> (lactulose) | 2 | GC |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | 2 | GC |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte) | 2 | GC |
| IQIRVO ORAL TABLET 80 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 2 | GC |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose) | 2 | GC |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 per 30 days) |
| LIVDELZI ORAL CAPSULE 10 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | 3 | QL (34 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | 3 | QL (30 per 30 days) |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 2 | GC |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | 3 | QL (60 per 30 days) |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | 2 | GC |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | 2 | GC |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | 2 | GC |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | 2 | GC |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | 1 | GC |
| MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 per 30 days) |
| OICALIVA ORAL TABLET 10 MG, 5 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |

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|---|-----------------------|------------------------------------|
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 5 | PA; NM; NDS |
| RELISTOR ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | 5 | PA; NM; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 5 | PA; NM; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 5 | PA; NM; NDS; QL (11.2 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl) | 5 | PA; NM; NDS |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | GC |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 2 | GC |
| <i>ursodiol oral capsule 300 mg</i> | 2 | GC |
| <i>ursodiol oral tablet 250 mg</i> | 2 | GC |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | 2 | GC |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 3 | QL (30 per 30 days) |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NM; NDS; QL (84 per 28 days) |
| Enlaces De Fosfato | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | 2 | GC |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | 2 | GC |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol) | 5 | NM; NDS |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | 2 | GC |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | 2 | GC |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 3 | |
| Laxantes | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML | 3 | |
| <i>gavilyte-c oral recon soln 240-22.72- 6.72 -5.84 gram</i> (peg 3350-electrolytes) | 2 | GC |
| <i>gavilyte-g oral recon soln 236-22.74- 6.74 -5.86 gram</i> (peg 3350-electrolytes) | 2 | GC |
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln) | 2 | GC |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N) | 2 | GC |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 3 | |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i> | 3 | |
| SUTAB ORAL TABLET 1.479- 0.188- 0.225 GRAM | 3 | |
| Agentes Genitourinarios | | |
| Agentes Genitourinarios, Varios | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | 1 | GC; QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 2 | GC |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | 2 | GC |
| ENTADFI ORAL CAPSULE 5-5 MG | 4 | PA; QL (30 per 30 days) |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | GC |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax) | 1 | GC |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | GC |
| <i>tiopronin oral tablet 100 mg</i> (Thiola) | 5 | NM; NDS |
| Antiespasmódicos, Urinario | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | GC |

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|---|------------------------------|------------------------------------|
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz) | 2 | GC |
| <i>flavoxate oral tablet 100 mg</i> | 2 | GC |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron) | 2 | GC |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | 2 | GC |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i> | 2 | GC |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 2 | GC |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare) | 1 | GC |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | 2 | GC |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | 2 | GC |
| <i>tropium oral capsule, extended release 24hr 60 mg</i> | 2 | GC |
| <i>tropium oral tablet 20 mg</i> | 2 | GC |
| Agentes Hormonales, Estimulante/Reemplazo/Modificador | | |
| Agentes Tiroideos Y Antitiroideos | | |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1 | GC |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | 1 | GC |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | 2 | GC |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | GC |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | GC |
| Andrógenos | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | GC |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin) | 2 | PA; GC |

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|--|------------------------------|------------------------------------|
| <i>testosterone cypionate</i> (Depo-Testosterone) <i>intramuscular oil 100 mg/ml, 200 mg/ml</i> | 2 | PA; GC |
| <i>testosterone cypionate</i> <i>intramuscular oil 200 mg/ml (1 ml)</i> | 2 | PA; GC |
| <i>testosterone enanthate</i> <i>intramuscular oil 200 mg/ml</i> | 2 | PA; GC; QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo) | 2 | PA; GC; QL (300 per 30 days) |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel) | 2 | PA; GC; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel) | 2 | PA; GC; QL (300 per 30 days) |
| <i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i> | 2 | PA; GC; QL (180 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| Estrógenos Y Antiestrógenos | | |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet) | 2 | GC |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol) | 2 | GC; QL (8 per 28 days) |
| DUAVEE ORAL TABLET 0.45-20 MG | 3 | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace) | 1 | GC |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti) | 2 | GC; QL (8 per 28 days) |

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|--|------------------------------|------------------------------------|
| <i>estradiol transdermal patch weekly</i> (Climara) 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 | 2 | GC; QL (4 per 28 days) |
| <i>estradiol vaginal cream 0.01 % (0.1</i> (Estrace) <i>mg/gram)</i> | 2 | GC |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvafem) | 2 | GC; QL (18 per 28 days) |
| <i>estradiol valerate intramuscular oil</i> (Delestrogen) <i>10 mg/ml, 20 mg/ml, 40 mg/ml</i> | 2 | GC |
| <i>estradiol-norethindrone acet oral</i> <i>tablet 0.5-0.1 mg</i> | 2 | GC |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 4 | QL (1 per 84 days) |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg,</i> (norethindrone ac-eth <i>1-5 mg-mcg</i> estradiol) | 2 | GC |
| <i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol) | 2 | GC |
| <i>lyllana transdermal patch</i> (estradiol) <i>semiweekly 0.025 mg/24 hr, 0.0375</i> <i>mg/24 hr, 0.05 mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24 hr</i> | 2 | GC; QL (8 per 28 days) |
| <i>mimvey oral tablet 1-0.5 mg</i> (estradiol- norethindrone acet) | 2 | GC |
| <i>norethindrone ac-eth estradiol oral</i> (Fyavolv) <i>tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | GC |
| PREMARIN INJECTION RECON SOLN 25 MG | 3 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | 3 | |
| PREMARIN ORAL TABLET (conjugated estrogens) 0.625 MG, 1.25 MG | 3 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 3 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG- 5MG(14) | 3 | |

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|---|------------------------------|------------------------------------|
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | |
| <i>raloxifene oral tablet 60 mg</i> (Evista) | 2 | GC |
| <i>yuvafem vaginal tablet 10 mcg</i> (estradiol) | 2 | GC; QL (18 per 28 days) |
| Glucocorticoides/Mineralocorticoides | | |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan) | 2 | GC |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | 2 | GC |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 2 | GC |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i> | 1 | GC |
| <i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i> | 1 | GC |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | 1 | GC |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i> | 2 | GC |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 2 | GC |
| HEMADY ORAL TABLET 20 MG | 4 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | 2 | GC |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol) | 2 | GC |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol) | 2 | GC |
| <i>methylprednisolone oral tablet 32 mg</i> | 2 | GC |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak)) | 2 | GC |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|----------------------------------|
| <i>methylprednisolone sodium succ</i> (Solu-Medrol) <i>intravenous recon soln 1,000 mg</i> | 1 | GC |
| <i>prednisolone 15 mg/5 ml soln dlf 15 mg/5 ml (3 mg/ml)</i> | 2 | PA BvD; GC |
| <i>prednisolone oral solution 15 mg/5 ml</i> | 2 | PA BvD; GC |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 2 | PA BvD; GC |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 2 | PA BvD; GC |
| <i>prednisone oral solution 5 mg/5 ml</i> | 2 | PA BvD; GC |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | PA BvD; GC |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i> | 2 | GC |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 4 | |
| <i>triamcinolone acetanide injection suspension 40 mg/ml</i> (Kenalog) | 2 | GC |
| Pituitario | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 5 | PA; NM; NDS; QL (35 per 28 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML | 5 | PA; NM; NDS; QL (15 per 30 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML | 5 | PA; NM; NDS; QL (30 per 30 days) |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | 5 | PA; NM; NDS; QL (35 per 28 days) |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> | 2 | GC |
| <i>desmopressin ac 4 mcg/ml ampul p/f, outer, sdv</i> (DDAVP) | 5 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP) | 2 | GC |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 2 | GC |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 2 | GC |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | NM; NDS |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot) | 5 | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 5 | PA; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | 5 | PA; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA; NM; NDS |
| NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 5 | PA; NM; NDS |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i> | 2 | GC |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| <i>octreotide acetate injection solution</i> (Sandostatin) 500 mcg/ml | 5 | NM; NDS |
| <i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) | 2 | GC |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA NSO; NM; NDS |
| ORILISSA ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; NM; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | 5 | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 5 | PA NSO; NM; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | 5 | PA NSO; NM; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NM; NDS |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) | 5 | PA; NM; NDS |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | 5 | PA; NM; NDS |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 5 | PA; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| Progestinas | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 4 | QL (1 per 84 days) |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> | 5 | NM; NDS |
| <i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i> | 5 | NM; NDS |
| <i>medroxyprogesterone intramuscular (Depo-Provera) suspension 150 mg/ml</i> | 2 | GC; QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular (Depo-Provera) syringe 150 mg/ml</i> | 2 | GC; QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10 (Provera) mg, 2.5 mg, 5 mg</i> | 1 | GC |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 2 | GC |
| <i>norethindrone acetate oral tablet 5 mg</i> | 2 | GC |
| <i>progesterone intramuscular oil 50 mg/ml</i> | 2 | GC |
| <i>progesterone micronized oral (Prometrium) capsule 100 mg, 200 mg</i> | 2 | GC |
| Agentes Inmunológicos | | |
| Agentes Inmunológicos | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 5 | PA; NM; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 5 | PA; NM; NDS |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA; NM; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 5 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 4 | PA BvD |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NM; NDS |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 2 | PA BvD; GC |
| <i>azathioprine sodium injection recon soln 100 mg</i> | 2 | PA BvD; GC |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 5 | PA; NM; NDS |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 5 | PA; NM; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 5 | PA; NM; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; NM; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NM; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; NM; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) | 5 | PA; NM; NDS |
| <i>cyclosporine intravenous solution</i> (Sandimmune) <i>250 mg/5 ml</i> | 2 | PA BvD; GC |
| <i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i> | 2 | PA BvD; GC |
| <i>cyclosporine modified oral capsule</i> <i>50 mg</i> | 2 | PA BvD; GC |
| <i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i> | 2 | PA BvD; GC |
| <i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune) <i>mg</i> | 2 | PA BvD; GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NM; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NM; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| <i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75</i> <i>mg, 1 mg</i> | 5 | PA BvD; NM; NDS |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | 5 | PA BvD; NM; NDS |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | 5 | PA; NM; NDS |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 5 | PA BvD; NM; NDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 5 | PA BvD; NM; NDS |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 5 | PA BvD; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--|
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | 5 | PA BvD; NM; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | 5 | PA BvD; NM; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified) | 2 | PA BvD; GC |
| <i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified) | 2 | PA BvD; GC |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 5 | PA BvD; NM; NDS |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | 5 | PA; NM; NDS |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NM; NDS |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NM; NDS |
| <i>infliximab intravenous recon soln</i> <i>100 mg</i> (Remicade) | 5 | PA; NM; NDS |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 5 | PA; NM; NDS |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | 5 | PA; NM; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5 | PA; NM; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 2 | GC |
| <i>mycophenolate mofetil (hcl)</i> <i>intravenous recon soln 500 mg</i> (CellCept Intravenous) | 2 | PA BvD; GC |
| <i>mycophenolate mofetil oral capsule</i> <i>250 mg</i> (CellCept) | 2 | PA BvD; GC |
| <i>mycophenolate mofetil oral</i> <i>suspension for reconstitution 200</i> <i>mg/ml</i> (CellCept) | 5 | PA BvD; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg | 2 | PA BvD; GC |
| <i>mycophenolate sodium oral tablet, delayed release (drlec)</i> (Myfortic) 180 mg, 360 mg | 2 | PA BvD; GC |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 5 | PA BvD; NM; NDS |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | 5 | PA BvD; NM; NDS |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | 5 | PA; NM; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 5 | PA; NM; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 5 | PA; NM; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 5 | PA; NM; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; NM; NDS |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | 5 | PA; NM; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 5 | PA BvD; NM; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 4 | PA BvD; ST |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3 | |

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|--|------------------------------|--------------------------------------|
| RENFLXIS INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NM; NDS |
| REZUROCK ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS |
| RIDAURA ORAL CAPSULE 3 MG | 5 | NM; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; NM; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 5 | PA; NM; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> | 5 | PA BvD; NM; NDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | PA BvD; GC |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 5 | PA; NM; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 5 | PA; NM; NDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 2 | PA BvD; GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML | 5 | PA; NM; NDS |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML | 5 | PA; NM; NDS |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; NM; NDS |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NM; NDS |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | 5 | PA; NM; LA; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; NM; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; NM; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 5 | PA; NM; NDS |
| Vacunas | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 3 | \$0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | \$0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | \$0 copay |

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|-------------------------------------|
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 3 | \$0 copay; QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | \$0 copay; QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 3 | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | PA BvD; \$0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 3 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 3 | \$0 copay |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML | 3 | \$0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | \$0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 3 | \$0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 3 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 3 | \$0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 3 | \$0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | \$0 copay |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | \$0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | \$0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 3 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 3 | \$0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 3 | \$0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | \$0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML | 3 | |

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|--|------------------------------|------------------------------------|
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 3 | PA BvD; \$0 copay |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML | 3 | \$0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML) | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 3 | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | |

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|---|-----------------------|----------------------------------|
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 3 | \$0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 toxoids-td) ML | 3 | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 3 | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 3 | \$0 copay |
| TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 3 | |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 3 | QL (0.75 per 365 days) |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 3 | \$0 copay; QL (1.5 per 365 days) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | \$0 copay |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 3 | \$0 copay |
| TYPHIM VI (typhoid vi polysacch INTRAMUSCULAR SYRINGE vaccine) 25 MCG/0.5 ML | 3 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 3 | |

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|---|------------------------------|------------------------------------|
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 3 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 3 | \$0 copay |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 3 | \$0 copay; QL (2 per 365 days) |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3 | \$0 copay |
| Agentes Oftálmicos | | |
| Agentes Antiglaucoma | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | 2 | GC |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | GC |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | 2 | GC |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | 2 | GC |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | 2 | GC; QL (2.5 per 25 days) |
| <i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i> | 2 | GC |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 2 | GC |
| <i>brimonidine-timolol ophthalmic (Combigan) (eye) drops 0.2-0.5 %</i> | 2 | GC |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)</i> | 2 | GC |

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

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|---|------------------------------|------------------------------------|
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | 2 | GC |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin) | 2 | GC |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | 2 | GC |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | 2 | GC; QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | 2 | GC; QL (3.5 per 4 days) |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | 2 | GC |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | 2 | GC |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | 2 | GC |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | 2 | GC |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | 2 | GC |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox) | 2 | GC |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 4 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC) | 2 | GC |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | 2 | GC |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 2 | GC |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|--------------------------------------|------------------------------------|
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 2 | GC |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | 2 | GC |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | GC |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | GC |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | (neomycin-bacitracin-poly-hc) 2 | GC |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | (neomycin-bacitracin-polymyxin) 2 | GC |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | (Ocuflox) 2 | GC |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | 2 | GC |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> | (bacitracin-polymyxin b) 2 | GC |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i> | 1 | GC |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | 2 | GC |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | 2 | GC |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 2 | GC |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | 2 | GC |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | 2 | GC |

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|--|------------------------------|------------------------------------|
| <i>trifluridine ophthalmic (eye) drops</i> 1 % | 2 | GC |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 4 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 3 | |
| Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta | | |
| <i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 % | 3 | |
| <i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 % | 3 | |
| <i>bromfenac ophthalmic (eye) drops</i> 0.09 % | 2 | GC |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> 0.1 % | 2 | GC |
| <i>diclofenac sodium ophthalmic (eye) drops</i> 0.1 % | 2 | GC |
| <i>difluprednate ophthalmic (eye)</i> (Durezol) <i>drops</i> 0.05 % | 2 | GC |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 3 | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %) | 2 | GC; QL (50 per 25 days) |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops</i> 0.01 % | 2 | GC |
| <i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension</i> 0.1 % | 4 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops</i> 0.03 % | 2 | GC |
| <i>fluticasone propionate nasal</i> (24 Hour Allergy <i>spray,suspension</i> 50 mcg/actuation Relief) | 1 | GC; QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 3 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 3 | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 % | 2 | GC; QL (10 per 25 days) |

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|---|-----------------------|----------------------------|
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 3 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 3 | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax) | 2 | GC; QL (10 per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex) | 3 | ST; QL (10 per 25 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax) | 2 | GC; QL (15 per 19 days) |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone)) | 2 | GC; QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte) | 4 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | 2 | GC |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | 3 | QL (5.5 per 28 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine) | 2 | GC; QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 3 | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 3 | QL (60 per 30 days) |
| Agentes De Ojos, Oídos, Nariz Y Garganta, Varios | | |
| <i>alcaine ophthalmic (eye) drops 0.5 %</i> (proparacaine) | 2 | GC |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | 2 | GC |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine) | 2 | GC |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> | 2 | GC; QL (30 per 25 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy) | 2 | GC; QL (30 per 25 days) |

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|--|------------------------------|------------------------------------|
| <i>azelastine ophthalmic (eye) drops</i> 0.05 % | 2 | GC |
| <i>bepotastine besilate ophthalmic (eye) drops</i> 1.5 % (Bepreve) | 2 | ST; GC |
| <i>cromolyn ophthalmic (eye) drops</i> 4 % | 2 | GC |
| <i>cyclopentolate ophthalmic (eye) drops</i> 0.5 %, 1 %, 2 % (Cyclogyl) | 2 | GC |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | 5 | PA; NM; NDS; QL (20 per 28 days) |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 5 | PA; NM; NDS; QL (60 per 28 days) |
| <i>epinastine ophthalmic (eye) drops</i> 0.05 % | 2 | GC |
| <i>ipratropium bromide nasal spray, non-aerosol</i> 21 mcg (0.03 %) | 2 | GC; QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol</i> 42 mcg (0.06 %) | 2 | GC; QL (15 per 10 days) |
| <i>levofloxacin ophthalmic (eye) drops</i> 1.5 % | 2 | GC |
| <i>olopatadine nasal spray, non-aerosol</i> 0.6 % (Patanase) | 2 | GC; QL (30.5 per 30 days) |
| <i>olopatadine ophthalmic (eye) drops</i> 0.1 % (Eye Allergy Itch-Redness Rlf) | 2 | GC |
| <i>olopatadine ophthalmic (eye) drops</i> 0.2 % (Eye Allergy Itch Relief) | 2 | GC |
| <i>proparacaine ophthalmic (eye) drops</i> 0.5 % (Alcaine) | 2 | GC |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | 5 | PA; NM; NDS |
| Agentes Terapeúticos Misceláneos | | |
| Agentes Terapeúticos Misceláneos | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 5 | PA; NM; NDS |
| <i>betaine oral powder</i> 1 gram/scoop (Cystadane) | 5 | PA; NM; NDS |

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|--|------------------------------|------------------------------------|
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | GC |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA; NM; NDS |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> | 5 | NM; NDS |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem) | 2 | GC |
| ELMIRON ORAL CAPSULE 100 MG | 4 | QL (90 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 5 | PA; NM; NDS |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA; NM; LA; NDS |
| <i>fomepizole intravenous solution 1 gram/ml</i> | 5 | NM; NDS |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari) | 5 | PA; NM; NDS; QL (180 per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | 3 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 3 | |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | 2 | GC |
| <i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril) | 1 | GC |
| <i>hydroxyzine pamoate oral capsule 50 mg</i> | 1 | GC |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 2 | GC |

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|---|------------------------------|------------------------------------|
| <i>leucovorin calcium injection solution 10 mg/ml</i> | 2 | GC |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 2 | GC |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor) | 2 | GC |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor) | 2 | GC |
| <i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free)) | 2 | GC |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev) | 5 | NM; NDS |
| <i>mesna intravenous solution 100 mg/ml</i> (Mesnex) | 2 | GC |
| MESNEX ORAL TABLET 400 MG | 5 | NM; NDS |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv) | 2 | GC; QL (30 per 30 days) |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | 5 | PA; NM; NDS |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon) | 2 | GC |
| <i>pyridostigmine bromide oral tablet 30 mg</i> | 2 | GC |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon) | 2 | GC |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan) | 2 | GC |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) | 5 | PA; NM; NDS |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML | 5 | PA; NM; NDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 5 | PA; NM; NDS; QL (4 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; NM; NDS; QL (2 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------------|
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | 5 | PA; NM; NDS; QL (4 per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| TOTECT INTRAVENOUS RECON SOLN 500 MG | 5 | NM; NDS |
| TYBOST ORAL TABLET 150 MG | 4 | QL (30 per 30 days) |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | 5 | NM; NDS; QL (24 per 14 days) |
| VOWST ORAL CAPSULE | 5 | PA; NM; NDS; QL (12 per 30 days) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | 3 | |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | 3 | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | 5 | PA; NM; NDS |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | 5 | PA; NM; NDS |
| Agentes Vasodilatadores | | |
| Agentes Vasodilatadores | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension)) | 2 | PA; GC; QL (60 per 30 days) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | 5 | PA; NM; LA; NDS; QL (60 per 30 days) |

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|---|------------------------------|--------------------------------------|
| <i>epoprostenol intravenous recon soln</i> (Veletri) 0.5 mg, 1.5 mg | 5 | PA; NM; NDS |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension)</i> (Revatio) <i>intravenous solution 10 mg/12.5 ml</i> | 5 | PA; NM; NDS; QL (37.5 per 1 day) |
| <i>sildenafil (pulm.hypertension) oral</i> (Revatio) <i>tablet 20 mg</i> | 1 | PA; GC; QL (360 per 30 days) |
| <i>tadalafil (pulm. hypertension) oral</i> (Alyq) <i>tablet 20 mg</i> | 2 | PA; GC; QL (60 per 30 days) |
| <i>tadalafil oral tablet 2.5 mg</i> | 2 | PA; GC; QL (30 per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> (Cialis) | 2 | PA; GC; QL (30 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | 5 | PA; NM; NDS; QL (112 per 28 days) |
| <i>treprostinil sodium injection solution</i> (Remodulin) <i>1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5</i> <i>mg/ml</i> | 5 | PA; NM; NDS |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 5 | PA; NM; NDS |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 5 | PA; NM; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 5 | PA; NM; NDS |
| Analgésicos | | |
| Agentes Antiinflamatorios No Esteroides | | |
| <i>celecoxib oral capsule 100 mg, 200</i> (Celebrex) <i>mg, 400 mg, 50 mg</i> | 2 | GC; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i> | 2 | GC; QL (150 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>diclofenac sodium topical drops 1.5 %</i> | 2 | GC; QL (300 per 30 days) |
| <i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac)) | 2 | GC; QL (1000 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | 2 | PA; GC; QL (100 per 28 days) |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid) | 5 | PA; NM; NDS; QL (224 per 28 days) |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50) | 2 | GC |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75) | 2 | GC |
| <i>diflunisal oral tablet 500 mg</i> | 2 | GC |
| <i>ec-naproxen dr 500 mg tablet</i> (naproxen) | 2 | GC |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 2 | GC |
| <i>etodolac oral tablet 400 mg</i> (Lodine) | 2 | GC |
| <i>etodolac oral tablet 500 mg</i> | 2 | GC |
| <i>fenoprofen oral tablet 600 mg</i> (Nalfon) | 2 | GC |
| <i>flurbiprofen oral tablet 100 mg</i> | 2 | GC |
| <i>ibu oral tablet 400 mg</i> (ibuprofen) | 1 | GC; QL (240 per 30 days) |
| <i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen) | 1 | GC |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>ibuprofen oral tablet 400 mg</i> (IBU) | 1 | GC; QL (240 per 30 days) |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU) | 1 | GC |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis) | 2 | PA; GC; QL (90 per 30 days) |
| <i>indomethacin oral capsule 25 mg</i> | 1 | GC; QL (240 per 30 days) |
| <i>indomethacin oral capsule 50 mg</i> | 1 | GC; QL (120 per 30 days) |
| <i>indomethacin oral capsule, extended release 75 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | 2 | GC |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 2 | GC |
| <i>ketorolac injection solution 15 mg/ml</i> | 2 | GC; QL (40 per 30 days) |
| <i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i> | 2 | GC; QL (20 per 30 days) |
| <i>ketorolac injection syringe 15 mg/ml</i> | 2 | GC; QL (40 per 30 days) |
| <i>ketorolac injection syringe 30 mg/ml</i> | 2 | GC; QL (20 per 30 days) |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i> | 2 | GC; QL (20 per 30 days) |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i> | 2 | GC; QL (20 per 30 days) |
| <i>ketorolac oral tablet 10 mg</i> | 2 | GC; QL (20 per 30 days) |
| <i>mefenamic acid oral capsule 250 mg</i> | 2 | GC |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | GC |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 2 | GC |
| <i>naproxen oral tablet 250 mg, 375 mg</i> | 1 | GC |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn) | 1 | GC |

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|---|------------------------------|------------------------------------|
| <i>naproxen oral tablet, delayed release (drlec) 375 mg</i> (EC-Naprosyn) | 2 | GC |
| <i>naproxen oral tablet, delayed release (drlec) 500 mg</i> (EC-Naproxen) | 2 | GC |
| <i>piroxicam oral capsule 10 mg</i> | 2 | GC |
| <i>piroxicam oral capsule 20 mg</i> (Feldene) | 2 | GC |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 2 | GC |
| <i>tolmetin oral capsule 400 mg</i> | 2 | GC |
| <i>tolmetin oral tablet 600 mg</i> (Tolectin 600) | 2 | GC |
| Analgésicos, Varios | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 2 | GC; QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 2 | GC; QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i> (codeine-butalbital-asa-caff) | 2 | GC; QL (180 per 30 days) |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i> | 2 | GC |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i> | 2 | GC |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans) | 2 | GC; QL (4 per 28 days) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine) | 2 | GC; QL (180 per 30 days) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon) | 2 | GC; QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic) | 2 | GC; QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic) | 2 | GC; QL (180 per 30 days) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | 2 | GC; QL (180 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|-----------------------------------|
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i> | 2 | GC; QL (5 per 28 days) |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine) | 2 | GC; QL (180 per 30 days) |
| <i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen) | 2 | GC; QL (180 per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen) | 2 | GC; QL (360 per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen) | 2 | GC; QL (240 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; NM; NDS; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | 2 | PA; GC; QL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 2 | GC; QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | 2 | GC; QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i> | 2 | GC; QL (240 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | 2 | GC; QL (150 per 30 days) |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | 2 | GC |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid) | 2 | GC; QL (1200 per 30 days) |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid) | 2 | GC; QL (180 per 30 days) |

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|--|------------------------------|--------------------------------|
| <i>methadone injection solution 10 mg/ml</i> | 2 | GC; QL (120 per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | 2 | GC; QL (600 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | 2 | GC; QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>methadose oral tablet, soluble 40 mg</i> (methadone) | 2 | GC; QL (30 per 30 days) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | 2 | PA; GC; QL (180 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | 2 | GC; QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | 2 | GC; QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | 4 | QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | 4 | QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin) | 2 | GC; QL (60 per 30 days) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin) | 2 | GC; QL (90 per 30 days) |
| <i>oxycodone oral capsule 5 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>oxycodone oral concentrate 20 mg/ml</i> | 2 | PA; GC; QL (120 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | 2 | GC; QL (1300 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 5 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone) | 2 | GC; QL (120 per 30 days) |
| <i>oxycodone oral tablet 20 mg</i> | 2 | GC; QL (120 per 30 days) |

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|--|------------------------------|--------------------------------|
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (OxyContin) | 3 | QL (60 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet) | 2 | GC; QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 2 | GC; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet) | 2 | GC; QL (240 per 30 days) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone) | 3 | QL (60 per 30 days) |
| <i>oxymorphone oral tablet 10 mg</i> | 2 | GC; QL (120 per 30 days) |
| <i>oxymorphone oral tablet 5 mg</i> | 2 | GC; QL (180 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | GC; QL (60 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 40 mg</i> | 5 | NM; NDS; QL (60 per 30 days) |
| <i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen) | 2 | GC; QL (180 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> | 1 | GC; QL (240 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 2 | GC; QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | 3 | QL (60 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | 3 | QL (120 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | 5 | NM; NDS; QL (240 per 30 days) |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|--|---------------------------------|-----------------------|-----------------------------|
| <i>zebutal oral capsule 50-325-40 mg</i> | (butalbital-acetaminophen-caff) | 2 | GC; QL (180 per 30 days) |
| Anestésicos | | | |
| Anestesia Local | | | |
| <i>glydo mucous membrane jelly in applicator 2 %</i> | (lidocaine hcl) | 2 | GC; QL (30 per 30 days) |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> | (Xylocaine-MPF) | 1 | GC |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i> | | 1 | GC |
| <i>lidocaine hcl 2% 40 mg/2 ml ampule outer,plf,sdv 20 mg/ml (2 %)</i> | (Xylocaine-MPF) | 2 | GC |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> | (Xylocaine) | 2 | GC |
| <i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i> | (Xylocaine) | 1 | GC |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> | (Glydo) | 2 | GC; QL (30 per 30 days) |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | | 2 | PA; GC |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | (Tridacaine II) | 2 | PA; GC; QL (90 per 30 days) |
| <i>lidocaine topical ointment 5 %</i> | | 2 | PA; GC; QL (90 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> | (lidocaine hcl) | 2 | GC |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | | 2 | PA; GC; QL (30 per 30 days) |
| <i>tridacaine ii topical adhesive patch,medicated 5 %</i> | (lidocaine) | 2 | PA; GC; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | | 3 | PA; QL (90 per 30 days) |
| Antagonistas De Metales Pesados | | | |
| Antagonistas De Metales Pesados | | | |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> | (Jadenu Sprinkle) | 5 | PA; NM; NDS |

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|--|------------------------------|--------------------------------------|
| <i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu) | 5 | PA; NM; NDS |
| <i>deferasirox oral tablet 90 mg</i> (Jadenu) | 2 | PA; GC |
| <i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade) | 2 | PA; GC |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade) | 5 | PA; NM; NDS |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox) | 5 | PA; NM; NDS |
| <i>deferoxamine injection recon soln 2 gram</i> | 5 | PA; NM; NDS |
| <i>deferoxamine injection recon soln 500 mg</i> (Desferal) | 5 | PA; NM; NDS |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 5 | PA; NM; NDS |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 5 | PA; NM; NDS |
| FERRIPROX ORAL TABLET 1,000 MG (deferiprone) | 5 | PA; NM; NDS |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs) | 5 | PA; NM; NDS |
| <i>trientine oral capsule 250 mg</i> (Syprine) | 5 | PA; NM; NDS; QL (240 per 30 days) |
| Anti Infecciosos (Membrana Cutánea Y Mucosa) | | |
| Anti Infecciosos (Membrana Cutánea Y Mucosa) | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin) | 2 | GC |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole) | 2 | GC |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 2 | GC |
| <i>terconazole vaginal suppository 80 mg</i> | 2 | GC |

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|---|-----------------------|----------------------------------|
| Antibacterianos | | |
| Aminoglicósidos | | |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i> | 2 | GC |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | 2 | GC |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | 2 | GC |
| <i>neomycin oral tablet 500 mg</i> | 2 | GC |
| <i>streptomycin intramuscular recon soln 1 gram</i> | 5 | NM; NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 5 | NM; NDS; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 5 | PA BvD; NM; NDS |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis) | 5 | PA BvD; NM; NDS |
| <i>tobramycin sulfate injection solution 40 mg/ml</i> | 2 | GC |
| Antibacteriales, Misceláneos | | |
| <i>bacitracin intramuscular recon soln 50,000 unit</i> | 2 | GC |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> | 2 | GC |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl) | 1 | GC |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i> | 2 | GC |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl) | 2 | GC |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin) | 2 | GC |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | 5 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|----------------------------------|
| <i>daptomycin intravenous recon soln 500 mg</i> | 5 | NM; NDS |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox) | 2 | GC |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox) | 5 | NM; NDS |
| <i>linezolid oral tablet 600 mg</i> (Zyvox) | 2 | GC |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex) | 2 | GC |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.) | 2 | GC |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1 | GC |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin) | 2 | GC; QL (120 per 30 days) |
| <i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i> (Macrobid) | 2 | GC; QL (60 per 30 days) |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i> | 2 | GC |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | GC |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i> | 2 | GC |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin) | 2 | GC; QL (56 per 14 days) |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin) | 2 | GC; QL (112 per 14 days) |
| <i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq) | 4 | |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| Antibióticos B-Lactam Misceláneos | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 5 | PA; NM; LA; NDS |
| <i>ertapenem injection recon soln 1 gram</i> | 2 | GC |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i> | 2 | GC |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV) | 2 | GC |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> | 2 | GC |
| Cefalosporinas | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | 2 | GC |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 2 | GC |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i> | 2 | GC |
| <i>cefadroxil oral capsule 500 mg</i> | 2 | GC |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 2 | GC |
| <i>cefadroxil oral tablet 1 gram</i> | 2 | GC |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i> | 2 | GC |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | 2 | GC |
| <i>cefazolin intravenous recon soln 3 gram</i> | 4 | |
| <i>cefdinir oral capsule 300 mg</i> | 2 | GC |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | GC |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | 2 | GC |
| <i>cefixime oral capsule 400 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | 2 | GC |
| <i>cefotaxime injection recon soln 1 gram</i> | 2 | GC |
| <i>cefloxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> | 2 | GC |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | 2 | GC |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | 2 | GC |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | GC |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 2 | GC |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef) | 2 | GC |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 2 | GC |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 2 | GC |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | 2 | GC |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> | 2 | GC |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | GC |
| <i>cephalexin oral capsule 750 mg</i> | 2 | GC |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | GC |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | 2 | GC |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 5 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------------|
| Macrólidos | | |
| <i>azithromycin intravenous recon soln</i> (Zithromax) 500 mg | 2 | GC |
| <i>azithromycin oral suspension for reconstitution</i> 100 mg/5 ml, 200 mg/5 ml (Zithromax) | 2 | GC |
| <i>azithromycin oral tablet</i> 250 mg (6 pack), 500 mg (3 pack) | 1 | GC |
| <i>azithromycin oral tablet</i> 250 mg, 500 mg (Zithromax) | 1 | GC |
| <i>azithromycin oral tablet</i> 600 mg | 2 | GC |
| <i>clarithromycin oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml | 2 | GC |
| <i>clarithromycin oral tablet</i> 250 mg, 500 mg | 2 | GC |
| <i>clarithromycin oral tablet extended release</i> 24 hr 500 mg | 2 | GC |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 5 | NM; NDS; QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG | 5 | NM; NDS; QL (20 per 10 days) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> 200 mg/5 ml (E.E.S. Granules) | 2 | GC |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> 400 mg/5 ml (EryPed 400) | 2 | GC |
| <i>erythromycin oral tablet</i> 250 mg, 500 mg | 2 | GC |
| Penicilinas | | |
| <i>amoxicillin oral capsule</i> 250 mg, 500 mg | 1 | GC |
| <i>amoxicillin oral suspension for reconstitution</i> 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml | 1 | GC |
| <i>amoxicillin oral tablet</i> 500 mg, 875 mg | 1 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 2 | GC |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | 2 | GC |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin) | 2 | GC |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 2 | GC |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i> | 2 | GC |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin) | 1 | GC |
| <i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i> | 1 | GC |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR) | 2 | GC |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 2 | GC |
| <i>ampicillin oral capsule 500 mg</i> | 2 | GC |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> | 2 | GC |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn) | 2 | GC |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 4 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | 4 | |
| LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT | 4 | |
| <i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i> | 2 | GC |
| <i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i> | 2 | GC |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> | 2 | GC |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | 2 | GC |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | GC |
| <i>pfizerpen-g injection recon soln 20 (penicillin g potassium) million unit</i> | 2 | GC |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 2 | GC |
| Quinolonas | | |
| <i>ciprofloxacin hcl oral tablet 100 mg</i> | 2 | GC |
| <i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i> | 1 | GC |
| <i>ciprofloxacin hcl oral tablet 750 mg</i> | 1 | GC |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 2 | GC |
| <i>ciprofloxacin oral (Cipro) suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> | 2 | GC |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | 2 | GC |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | 2 | GC |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | GC |
| <i>moxifloxacin 400 mg/250 ml bag</i> | 2 | GC |
| <i>moxifloxacin oral tablet 400 mg</i> | 2 | GC |
| <i>moxifloxacin-sod. chloride (iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic)) | 2 | GC |
| Sulfonamidas | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 2 | GC |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> | 2 | GC |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim) | 2 | GC |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim) | 1 | GC |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS) | 1 | GC |
| Tetraciclinas | | |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | 2 | GC |
| <i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate) | 2 | GC |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100) | 2 | GC |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox) | 2 | GC |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 2 | GC |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg</i> (Doryx) | 2 | GC |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL) | 2 | GC |
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox) | 2 | GC |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 2 | GC |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy) | 2 | GC |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i> | 2 | GC |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | 2 | GC |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | 2 | GC |
| <i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate) | 2 | GC |
| <i>mondoxyne nl oral capsule 75 mg</i> (doxycycline monohydrate) | 2 | GC; QL (60 per 30 days) |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | 2 | GC |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil) | 5 | NM; NDS |
| Anticonceptivos | | |
| Anticonceptivos | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 2 | GC |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|--|-------------------------------------|------------------------------|--------------------------------|
| <i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estradiol) | 2 | GC; QL (91 per 84 days) |
| <i>apri oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | GC |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> | | 2 | GC |
| <i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estradiol) | 2 | GC; QL (91 per 84 days) |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | GC |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | GC |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | GC |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>ayuna oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | GC |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i> | | 2 | GC |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | GC |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | | 2 | GC |
| <i>camila oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites | |
|---|----------------------------------|--------------------------------|-------------------------|
| <i>caziant (28) oral tablet 0.11.125/1.15-25 mg-mcg</i> | 2 | GC | |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 2 | GC |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | GC |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 2 | GC |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | | 2 | GC |
| <i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | 2 | GC; QL (91 per 84 days) |
| <i>deblitane oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28)) | 2 | GC |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | (Enskyce) | 2 | GC |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> | (Jasmiel (28)) | 2 | GC |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> | (Syeda) | 2 | GC |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 2 | GC |
| ELLA ORAL TABLET 30 MG | | 4 | QL (6 per 365 days) |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 2 | GC; QL (1 per 28 days) |
| <i>emzahh oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 2 | GC; QL (1 per 28 days) |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (levonorg-eth estrad triphasic) | 2 | GC |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 1 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|----------------------------------|------------------------------|--------------------------------|
| <i>errin oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> | (Kelnor 1/35 (28)) | 2 | GC |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> | (Kelnor 1/50 (28)) | 2 | GC |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | (EluRyng) | 2 | GC; QL (1 per 28 days) |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>hailey oral tablet 1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | GC |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 2 | GC; QL (1 per 28 days) |
| <i>heather oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (levonorgestrel-ethinyl estrad) | 2 | GC; QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 1 | GC |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | 2 | GC; QL (91 per 84 days) |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 2 | GC |
| <i>jencycla oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>juleber oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | GC |

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

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|----------------------------------|------------------------------|--------------------------------|
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | GC |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | GC |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | GC |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>kalliga oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | GC |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | GC |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 2 | GC |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 2 | GC |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (LoJaimiess) | 2 | GC; QL (91 per 84 days) |
| <i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia) | 2 | GC; QL (91 per 84 days) |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | GC |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | GC |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | GC |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|----------------------------------|------------------------------|--------------------------------|
| <i>levonest (28) oral tablet 50-30 (6)/175-40 (5)/125-30(10)</i> | (levonorg-eth estrad triphasic) | 2 | GC |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> | (Balcoltra) | 2 | GC |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> | (Afirmelle) | 2 | GC |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> | (Altavera (28)) | 2 | GC |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia) | 2 | GC; QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/175-40 (5)/125-30(10)</i> | (Enpresse) | 2 | GC |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (l norgest/e.estradiol-e.estrad) | 2 | GC; QL (91 per 84 days) |
| <i>loryna (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 2 | GC |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 2 | GC |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 2 | GC |
| <i>luteru (28) oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>lyleq oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>lyza oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>merzee oral capsule 1 mg-20 mcg (24)/175 mg (4)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 1 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | GC |
| <i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol) | 2 | GC |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane) | 2 | GC; QL (3 per 28 days) |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila) | 1 | GC |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21)) | 2 | GC |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21)) | 2 | GC |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Merzee) | 2 | GC |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28)) | 1 | GC |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28)) | 2 | GC |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tri-Legest Fe) | 2 | GC |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 2 | GC |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla) | 2 | GC |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Mili) | 2 | GC |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | GC |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | 2 | GC |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 2 | GC |

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|---|----------------------------------|--------------------------------|-------------------------|
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | GC | |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 2 | GC |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | GC | |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | 2 | GC | |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | GC |
| <i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | GC | |
| <i>pirmella oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 2 | GC |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | GC |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (levonorgestrel-ethinyl estrad) | 2 | GC; QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | GC |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | 2 | GC; QL (91 per 84 days) |
| SLYND ORAL TABLET 4 MG (28) | 4 | | |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>syeda oral tablet 3-0.03 mg</i> | (drospirenone-ethinyl estradiol) | 2 | GC |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|--|----------------------------------|------------------------------|--------------------------------|
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | GC |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 1 | GC |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | (norethindrone-e.estradiol-iron) | 2 | GC |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | GC |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | GC |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | GC |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (levonorg-eth estrad triphasic) | 2 | GC |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | GC |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>tulana oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | GC |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 2 | GC |
| <i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i> | | 4 | |
| <i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i> | | 2 | GC |
| <i>vestura (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|----------------------------------|------------------------------|----------------------------------|
| <i>vienna oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | GC |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | GC |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | GC |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i> | | 2 | GC |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | GC |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i> | | 2 | GC |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | 2 | GC; QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | 2 | GC; QL (3 per 28 days) |
| <i>zarah oral tablet 3-0.03 mg</i> | (drospirenone-ethinyl estradiol) | 2 | GC |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 2 | GC |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i> | (drospirenone-ethinyl estradiol) | 2 | GC |
| Anticonvulsivos | | | |
| Anticonvulsivos | | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | | 3 | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | | 3 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | | 3 | QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | (Carbatrol) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|---------------------------------------|
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol) | 2 | GC |
| <i>carbamazepine oral tablet 200 mg</i> (Epilex) | 2 | GC |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | 2 | GC |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 2 | GC |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi) | 2 | GC; QL (480 per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi) | 2 | GC; QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 5 | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | 5 | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | 4 | |
| DILANTIN ORAL CAPSULE 30 MG | 4 | |
| <i>divalproex oral capsule, delayed release sprinkle 125 mg</i> (Depakote Sprinkles) | 2 | GC |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER) | 2 | GC |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote) | 2 | GC |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA NSO; NM; NDS |
| <i>epilex oral tablet 200 mg</i> (carbamazepine) | 2 | GC |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 4 | ST; QL (480 per 30 days) |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | 2 | GC |

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|---|------------------------------|-----------------------------------|
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin) | 2 | GC |
| <i>felbamate oral suspension 600 mg/5 ml</i> | 2 | GC |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol) | 2 | GC |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA NSO; NM; NDS |
| <i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx) | 2 | GC |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 5 | ST; NM; NDS; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 4 | ST; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin) | 1 | GC; QL (360 per 30 days) |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin) | 1 | GC; QL (270 per 30 days) |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin) | 2 | GC; QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin) | 2 | GC; QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin) | 2 | GC; QL (120 per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat) | 2 | GC; QL (200 per 5 days) |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat) | 2 | GC; QL (1200 per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat) | 2 | GC; QL (60 per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | GC |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue)) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---------------------------------|----------------------------|
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (14)-50 mg (14)-100 mg (7)</i> | (Lamictal ODT Starter (Orange)) | 2 GC |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> | (Lamictal ODT Starter (Green)) | 2 GC |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | (Lamictal XR) | 2 GC |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | (Lamictal) | 2 GC |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> | (Lamictal ODT) | 2 GC |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> | (Keppra) | 2 GC |
| <i>levetiracetam oral solution 100 mg/ml</i> | (Keppra) | 2 GC |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | (Keppra) | 2 GC |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | (Keppra XR) | 2 GC |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | | 4 QL (10 per 30 days) |
| <i>methsuximide oral capsule 300 mg</i> | (Celontin) | 2 GC |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | | 4 QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | (Trileptal) | 2 GC |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | (Trileptal) | 2 GC |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | | 2 GC |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | | 2 GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------------|
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125) | 2 | GC |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs) | 2 | GC |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended) | 2 | GC |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek) | 2 | GC |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | 2 | GC |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i> | 2 | GC |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica) | 2 | GC; QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica) | 2 | GC; QL (60 per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica) | 2 | GC; QL (900 per 30 days) |
| <i>primidone oral tablet 125 mg</i> | 2 | GC |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline) | 2 | GC |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel) | 5 | NM; NDS |
| <i>rufinamide oral tablet 200 mg</i> (Banzel) | 2 | GC |
| <i>rufinamide oral tablet 400 mg</i> (Banzel) | 5 | NM; NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | 5 | PA BvD; NM; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG | 4 | ST; QL (60 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG | 4 | ST; QL (120 per 30 days) |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine) | 1 | GC |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 4 | PA NSO; QL (60 per 30 days) |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax) | 2 | GC |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | 1 | GC |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | 2 | GC |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2 | GC |
| <i>valproic acid oral capsule 250 mg</i> | 2 | GC |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML) | 4 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2) | 5 | NM; NDS |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet 500 mg</i> (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 4 | ST; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | ST; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---|
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4 | ST |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 4 | |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 2 | GC |
| <i>zonisamide oral capsule 50 mg</i> | 2 | GC |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA NSO; NM; NDS; QL (1080 per 30 days) |
| Antidepresivos | | |
| Antidepresivos | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | GC |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | 2 | GC |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | GC |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 5 | ST; NM; NDS |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 2 | GC |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | 2 | GC |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 2 | GC |
| <i>citalopram oral solution 10 mg/5 ml</i> | 2 | GC; QL (600 per 30 days) |
| <i>citalopram oral tablet 10 mg</i> (Celexa) | 1 | GC; QL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa) | 1 | GC; QL (30 per 30 days) |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | 2 | GC |

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|---|------------------------------|------------------------------------|
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin) | 2 | GC |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | GC |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 2 | GC; QL (30 per 30 days) |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | GC |
| <i>doxepin oral concentrate 10 mg/ml</i> | 1 | GC |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 4 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 4 | ST; QL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 2 | GC; QL (60 per 30 days) |
| <i>duloxetine oral capsule, delayed release(drlec) 40 mg</i> | 2 | GC; QL (30 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 2 | GC |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro) | 1 | GC |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4 | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac) | 1 | GC |

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|---|------------------------------|------------------------------------|
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | 2 | GC |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | GC |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | GC |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | 2 | GC |
| MARPLAN ORAL TABLET 10 MG | 4 | |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron) | 2 | GC |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i> | 2 | GC |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 2 | GC |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | GC |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | GC |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 2 | GC |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil) | 2 | GC |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil) | 1 | GC |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 2 | GC |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2 | GC |
| <i>phenelzine oral tablet 15 mg</i> (Nardil) | 2 | GC |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 2 | GC |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft) | 2 | GC |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | 1 | GC |

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|--|-----------------------|---|
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG | 4 | PA NSO |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 5 | PA NSO; NM; NDS |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate) | 2 | GC |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 1 | GC |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | GC |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i> | 4 | QL (60 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR) | 1 | GC; QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 2 | GC; QL (90 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | GC |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i> | 2 | GC; QL (30 per 30 days) |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i> | 2 | GC; QL (90 per 30 days) |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | 2 | GC; QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA NSO; NM; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA NSO; NM; NDS; QL (14 per 14 days) |
| Antifúngicos | | |
| Antifúngicos | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | PA BvD |
| <i>amphotericin b injection recon soln 50 mg</i> | 2 | PA BvD; GC |

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|---|------------------------------|------------------------------------|
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome) | 5 | PA BvD; NM; NDS |
| <i>casposfungin intravenous recon soln 50 mg</i> (Cancidas) | 2 | GC |
| <i>casposfungin intravenous recon soln 70 mg</i> (Cancidas) | 5 | NM; NDS |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | 2 | GC; QL (180 per 30 days) |
| <i>ciclopirox topical gel 0.77 %</i> | 2 | GC; QL (300 per 30 days) |
| <i>ciclopirox topical shampoo 1 %</i> | 2 | GC |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | 2 | GC; QL (19.8 per 30 days) |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine)) | 2 | GC; QL (180 per 30 days) |
| <i>clotrimazole mucous membrane troche 10 mg</i> | 2 | GC |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole)) | 2 | GC |
| <i>clotrimazole topical solution 1 %</i> | 2 | GC |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | 2 | GC; QL (90 per 30 days) |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | 2 | GC; QL (90 per 30 days) |
| <i>econazole topical cream 1 %</i> | 2 | GC; QL (170 per 30 days) |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 2 | GC |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i> | 2 | GC |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan) | 2 | GC |
| <i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan) | 2 | GC |
| <i>fluconazole oral tablet 150 mg, 50 mg</i> | 2 | GC |

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|--|------------------------------|--------------------------------|
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon) | 5 | NM; NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | 2 | GC |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 2 | GC |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 2 | GC |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | 2 | GC |
| <i>itraconazole oral solution 10 mg/ml</i> (Sporanox) | 5 | PA; NM; NDS |
| <i>ketoconazole oral tablet 200 mg</i> | 2 | GC |
| <i>ketoconazole topical cream 2 %</i> | 2 | GC; QL (180 per 30 days) |
| <i>ketoconazole topical foam 2 %</i> (Extina) | 2 | ST; GC; QL (100 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i> | 2 | GC; QL (360 per 30 days) |
| <i>miconazole-3 vaginal suppository 200 mg</i> | 2 | GC |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole) | 5 | NM; NDS |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG | 5 | PA; NM; NDS |
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin) | 2 | GC; QL (60 per 30 days) |
| <i>nystatin oral suspension 100,000 unit/ml</i> | 2 | GC; QL (900 per 30 days) |
| <i>nystatin oral tablet 500,000 unit</i> | 2 | GC |
| <i>nystatin topical cream 100,000 unit/gram</i> | 2 | GC; QL (60 per 30 days) |
| <i>nystatin topical ointment 100,000 unit/gram</i> | 2 | GC; QL (60 per 30 days) |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc) | 2 | GC; QL (60 per 30 days) |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 2 | GC |
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin) | 2 | GC; QL (60 per 30 days) |
| <i>posaconazole intravenous solution 300 mg/16.7 ml</i> (Noxafil) | 5 | NM; NDS |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil) | 5 | PA; NM; NDS |
| <i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil) | 5 | PA; NM; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | GC |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV) | 5 | PA BvD; NM; NDS |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 5 | PA; NM; NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend) | 2 | GC |
| Antihistamínicos | | |
| Antihistamínicos | | |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | 2 | GC |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 2 | GC |
| <i>clemastine oral tablet 2.68 mg</i> | 2 | GC |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | 2 | GC |
| <i>cyproheptadine oral tablet 4 mg</i> | 2 | GC |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 2 | GC |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | 1 | GC |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen) | 2 | GC |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | 2 | GC |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 2 | GC |

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|--|------------------------------|--------------------------------|
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | GC |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal) | 2 | GC |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief) | 1 | GC |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | 2 | GC |
| Antimicobacteriales | | |
| Antimicobacteriales | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 2 | GC |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | 2 | GC |
| <i>isoniazid oral solution 50 mg/5 ml</i> | 2 | GC |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | GC |
| PRETOMANID ORAL TABLET 200 MG | 4 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 2 | GC |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin) | 2 | GC |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin) | 2 | GC |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 2 | GC |
| SIRTIURO ORAL TABLET 100 MG, 20 MG | 5 | PA; NM; NDS |
| TRECTOR ORAL TABLET 250 MG | 4 | |
| Antivirales (Sitémico) | | |
| Antirretrovirales | | |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen) | 2 | GC |
| <i>abacavir oral tablet 300 mg</i> | 2 | GC |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | 2 | GC |

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|--|------------------------------|----------------------------------|
| APRETUDE (cabotegravir) INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 5 | NM; NDS; QL (24 per 365 days) |
| APTIVUS ORAL CAPSULE 250 MG | 5 | NM; NDS |
| <i>atazanavir oral capsule 150 mg</i> | 2 | GC |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz) | 2 | GC |
| BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG | 5 | NM; NDS; QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 5 | NM; NDS |
| <i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i> | 5 | NM; NDS; QL (24 per 365 days) |
| <i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude) | 5 | NM; NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300- 300 MG | 5 | NM; NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | 5 | NM; NDS |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista) | 5 | NM; NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | NM; NDS |
| DESCOVY ORAL TABLET 120- 15 MG, 200-25 MG | 5 | NM; NDS |
| <i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i> | 2 | GC |
| DOVATO ORAL TABLET 50- 300 MG | 5 | NM; NDS |

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|---|------------------------------|------------------------------------|
| EDURANT ORAL TABLET 25 MG | 5 | NM; NDS |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 2 | GC |
| <i>efavirenz oral tablet 600 mg</i> | 2 | GC |
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla) | 5 | NM; NDS |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo) | 5 | NM; NDS |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi) | 5 | NM; NDS |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva) | 2 | GC |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | 5 | NM; NDS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada) | 2 | GC |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | 4 | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence) | 5 | NM; NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | NM; NDS |
| <i>fosamprenavir oral tablet 700 mg</i> | 5 | NM; NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 5 | NM; NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | NM; NDS |
| INTELENCE ORAL TABLET 25 MG | 4 | |
| INVIRASE ORAL TABLET 500 MG | 5 | NM; NDS |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NM; NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 5 | NM; NDS |

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|---|------------------------------|--------------------------------|
| ISENTRESS ORAL TABLET 400 MG | 5 | NM; NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | NM; NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 4 | |
| JULUCA ORAL TABLET 50-25 MG | 5 | NM; NDS |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 2 | GC |
| <i>lamivudine oral tablet 100 mg</i> | 2 | GC |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir) | 2 | GC |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 2 | GC |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 4 | |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 2 | GC; QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | 2 | GC; QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | 2 | GC; QL (120 per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry) | 5 | NM; NDS |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | 2 | GC |
| <i>nevirapine oral tablet 200 mg</i> | 2 | GC |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 2 | GC |
| NORVIR ORAL POWDER IN PACKET 100 MG | 4 | |
| NORVIR ORAL SOLUTION 80 MG/ML | 4 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | NM; NDS |
| PIFELTRO ORAL TABLET 100 MG | 5 | NM; NDS |

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------------|
| TIVICAY ORAL TABLET 10 MG | 4 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NM; NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 5 | NM; NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 5 | NM; NDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | NM; NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 5 | NM; NDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | NM; NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 5 | NM; NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | NM; NDS |
| VOCABRIA ORAL TABLET 30 MG | 4 | |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 2 | GC |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | 2 | GC |
| <i>zidovudine oral tablet 300 mg</i> | 2 | GC |
| Antivirales Hcv | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | 5 | PA; NM; NDS; QL (28 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-----------------------------------|
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | 5 | PA; NM; NDS; QL (28 per 28 days) |
| MAVYRET ORAL TABLET 100-40 MG | 5 | PA; NM; NDS; QL (84 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| Antivirales, Varios | | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | 4 | PA |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir) | 2 | PA BvD; GC |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu) | 2 | GC; QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu) | 2 | GC; QL (48 per 180 days) |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu) | 2 | GC; QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 2 | GC; QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | 3 | \$0 copay; QL (30 per 5 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML | 5 | PA; NM; NDS; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML | 5 | PA; NM; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 4 | QL (60 per 180 days) |

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|---|------------------------------|------------------------------------|
| <i>rimantadine oral tablet 100 mg</i> (Flumadine) | 2 | GC |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | 5 | PA; NM; NDS |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | 4 | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 80 MG | 4 | QL (2 per 180 days) |
| Interferones | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | PA; NM; NDS |
| Nucleósidos Y Nucleótidos | | |
| <i>acyclovir oral capsule 200 mg</i> | 2 | GC |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax) | 2 | GC |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 2 | GC |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i> | 2 | PA BvD; GC |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 2 | PA BvD; GC |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | 2 | GC |
| <i>cidofovir intravenous solution 75 mg/ml</i> | 5 | NM; NDS |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | 2 | GC |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 2 | GC |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i> | 5 | PA BvD; NM; NDS |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i> | 5 | PA BvD; NM; NDS |
| <i>lagevrio (eua) oral capsule 200 mg</i> | 4 | QL (40 per 5 days) |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole) | 5 | PA BvD; NM; NDS |
| <i>ribavirin oral capsule 200 mg</i> | 2 | GC |
| <i>ribavirin oral tablet 200 mg</i> | 2 | GC |

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|---|-----------------------|----------------------------|
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex) | 2 | GC |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte) | 5 | NM; NDS |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte) | 2 | GC |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir) | 5 | PA BvD; NM; NDS |
| Dispositivos | | |
| Dispositivos | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| 1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | GC |
| 1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| 1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |

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|--|--|----------------------------|
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) 2 | GC |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) 2 | GC |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) 2 | GC |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) 2 | GC |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) 2 | GC |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) 2 | GC |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) 2 | GC |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) 2 | GC |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | 2 | GC |

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|--|-----------------------|----------------------------|
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | 2 | GC |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 2 | GC |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | 2 | GC |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 2 | GC |
| ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety) | 2 | GC |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | 2 | GC |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 2 | GC |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 2 | GC |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 2 | GC |
| BD ECLIPSE 30GX1/2" (insulin syringe-needle SYRINGE 1 ML 30 GAUGE X u-100) 1/2" | 2 | GC |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 " | 2 | GC |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | GC |
| BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|--|----------------------------|
| BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1" | 2 | GC |
| BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) 2 | GC |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2" | 2 | GC |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | 2 | GC |
| BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) 2 | GC |
| BD INSULIN SYRINGE 1 ML W/O NEEDLE | (insulin syringe needleless) 2 | GC |
| BD LUER-LOK SYRINGE 1 ML | (Easy Touch Luer Lock Insulin) 2 | GC |
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) 2 | GC |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | 2 | GC |
| BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 2 | GC |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | 2 | GC |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | 2 | GC |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | 2 | GC |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | 2 | GC |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | 2 | GC |
| BD UF MICRO PEN NEEDLE (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4" | 2 | GC |
| BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16" | 2 | GC |
| BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32" | 2 | GC |
| BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2" | 2 | GC |
| BD UF SHORT PEN NEEDLE (pen needle, diabetic) 8MMX31G 31 GAUGE X 5/16" | 2 | GC |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | 2 | GC |
| BD VEO INS SYRING 1 ML (insulin syringe-needle 6MMX31G 1 ML 31 GAUGE X u-100) 15/64" | 2 | GC |
| BD VEO INS SYRN 0.3 ML (insulin syringe-needle 6MMX31G 0.3 ML 31 GAUGE X u-100) 15/64" | 2 | GC |
| BD VEO INS SYRN 0.5 ML (insulin syringe-needle 6MMX31G 1/2 ML 31 GAUGE X u-100) 15/64" | 2 | GC |
| BORDERED GAUZE 2"X2" 2 X (gauze bandage) 2 " | 1 | GC |
| CAREFINE PEN NEEDLE (pen needle, diabetic) 12.7MM 29G 29 GAUGE X 1/2" | 2 | GC |
| CAREFINE PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32" | 2 | GC |
| CAREFINE PEN NEEDLE 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16" | 2 | GC |

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|---|------------------------------|------------------------------------|
| CAREFINE PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4" | 2 | GC |
| CAREFINE PEN NEEDLE 8MM (pen needle, diabetic) 30G 30 GAUGE X 5/16" | 2 | GC |
| CAREFINE PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4" | 2 | GC |
| CAREFINE PEN NEEDLES (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16" | 2 | GC |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 29G 12MM 29 GAUGE X 1/2" | 2 | GC |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 2 | GC |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 2 | GC |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 2 | GC |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16" | 2 | GC |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 2 | GC |
| CARETOUCH SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16" | 2 | GC |
| CARETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16" | 2 | GC |
| CARETOUCH SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16" | 2 | GC |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | 2 | GC |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16" | 2 | GC |
| CARETOUCH SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | GC |
| CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | GC |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" | 2 | GC |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 5MM 33G 33 GAUGE X 3/16" | 2 | GC |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4" | 2 | GC |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4" | 2 | GC |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 33G 33 GAUGE X 1/4" | 2 | GC |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 31G SHORT 31 GAUGE X 5/16" | 2 | GC |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 32G 32 GAUGE X 5/16" | 2 | GC |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | 2 | GC |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" | 2 | GC |
| COMFORT EZ PRO PEN NDL (pen needle, diabetic, 31G 4MM 31 GAUGE X 5/32" safety) | 2 | GC |
| COMFORT EZ PRO PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety) | 2 | GC |
| COMFORT EZ SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2" | 2 | GC |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2" | 2 | GC |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2" | 2 | GC |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2" | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | 2 | GC |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | 2 | GC |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| CURAD GAUZE PADS 2" X 2" 2 (gauze bandage) X 2 " | 1 | GC |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | 1 | GC |
| CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 " | 1 | GC |
| DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 " | 1 | GC |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | 1 | GC |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | 1 | GC |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | 2 | GC |
| DROPLET INS 0.3 ML (insulin syringe-needle u-100) 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | 2 | GC |
| DROPLET INS 0.3 ML (insulin syringe-needle u-100) 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" | 2 | GC |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | 2 | GC |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | 2 | GC |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | 2 | GC |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | 2 | GC |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| DROPLET INS SYR 0.3 ML (insulin syringe-needle 30GX8MM 0.3 ML 30 GAUGE X u-100) 5/16" | 2 | GC |
| DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64" | 2 | GC |
| DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX8MM 0.3 ML 31 GAUGE X u-100) 5/16" | 2 | GC |
| DROPLET INS SYR 1 ML (insulin syringe-needle 29GX12.5MM 1 ML 29 GAUGE u-100) X 1/2" | 2 | GC |
| DROPLET INS SYR 1 ML (insulin syringe-needle 30GX12.5MM 1 ML 30 GAUGE u-100) X 1/2" | 2 | GC |
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" | 2 | GC |
| DROPLET INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X u-100) 5/16 | 2 | GC |
| DROPLET INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64" | 2 | GC |
| DROPLET INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X u-100) 5/16 | 2 | GC |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2" | 2 | GC |
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 30GX5/16" 30 GAUGE X 5/16" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16" | 2 | GC |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 2 | GC |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | 2 | GC |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 2 | GC |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | 2 | GC |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | 2 | GC |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | 2 | GC |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | 2 | GC |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | 2 | GC |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | GC |
| DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety) | 2 | GC |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-------------------------------------|----------------------------|
| DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) 2 | GC |
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) 2 | GC |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | GC |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | 2 | GC |
| EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | 2 | GC |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) 2 | GC |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 2 | GC |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 2 | GC |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 2 | GC |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | 2 | GC |
| EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | GC |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | GC |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | 2 | GC |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | 2 | GC |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | 2 | GC |
| EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | GC |
| EASY TOUCH INSULIN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | GC |

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| EASY TOUCH SYR 0.5 ML 28G (insulin syringe-needle 12.7MM 1/2 ML 28 GAUGE X u-100) 1/2" | 2 | GC |
| EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle 12.7MM 0.5 ML 29 GAUGE X u-100) 1/2" | 2 | GC |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | 2 | GC |
| EASY TOUCH SYR 1 ML 28G (insulin syringe-needle 12.7MM 1 ML 28 GAUGE X u-100) 1/2" | 2 | GC |
| EASY TOUCH SYR 1 ML 29G (insulin syringe-needle 12.7MM 1 ML 29 GAUGE X u-100) 1/2" | 2 | GC |
| EASY TOUCH UNI-SLIP SYR 1 (insulin syringe ML needleless) | 2 | GC |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | 2 | GC |
| EMBRACE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2" | 2 | GC |
| EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 5MM 30 GAUGE X 3/16" | 2 | GC |
| EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 8MM 30 GAUGE X 5/16" | 2 | GC |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 2 | GC |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 2 | GC |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 2 | GC |
| EMBRACE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 2 | GC |
| EQL INSULIN 0.3 ML (Ultra Comfort Insulin SYRINGE SHORT NEEDLE 0.3 Syringe) ML 30 | 2 | GC |
| EQL INSULIN 0.5 ML (Ultra Comfort Insulin SYRINGE SHORT NEEDLE 1/2 Syringe) ML 30 GAUGE | 2 | GC |
| EQL INSULIN 1 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 1 ML 30 Syringe) GAUGE X 7/16" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16" (Advocate Syringes) | 2 | GC |
| FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16 (Advocate Syringes) | 2 | GC |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE (Ultra Comfort Insulin Syringe) | 2 | GC |
| FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | GC |
| FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | GC |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage) | 1 | GC |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" | 2 | GC |
| GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100) | 2 | GC |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100) | 2 | GC |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE | 2 | GC |

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

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|--------------------------------|------------------------------|------------------------------------|
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | (insulin syringe-needle u-100) | 2 | GC |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 2 | GC |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2" | | 2 | GC |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|--------------------------------------|------------------------------|--------------------------------|
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 2 | GC |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | | 3 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | | 3 | |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (UltiCare Insulin Syr(half unit)) | 2 | GC |
| INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 2 | GC |
| INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 2 | GC |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 2 | GC |
| INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 2 | GC |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 2 | GC |
| INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" | (Easy Touch Insulin Syringe) | 2 | GC |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE | (insulin syringe-needle u-100) | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe) | 2 | GC |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100) | 2 | GC |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe) | 2 | GC |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | 2 | GC |
| INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok) | 2 | GC |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16" (Advocate Syringes) | 2 | GC |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe) | 2 | GC |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultillet Insulin Syringe) | 2 | GC |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 2 | GC |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe) | 2 | GC |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------------------|------------------------------|--------------------------------|
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| LISCO SPONGES 100/BAG 2 X 2 " | | 1 | GC |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) | 2 | GC |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 2 | GC |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 2 | GC |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE | | 2 | GC |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | GC |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | GC |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16" | 2 | GC |
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16" | 2 | GC |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2" | 2 | GC |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | 2 | GC |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|-------------------------------------|------------------------------|------------------------------------|
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | | 2 | GC |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | | 2 | GC |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 2 | GC |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" | | 2 | GC |
| MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (1st Tier Unifine Pentips) | 2 | GC |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (CareFine Pen Needle) | 2 | GC |
| MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (BD Ultra-Fine Micro Pen Needle) | 2 | GC |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (Comfort EZ Pen Needles) | 2 | GC |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (Advocate Pen Needle) | 2 | GC |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" | (Comfort EZ Pen Needles) | 2 | GC |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" | (Comfort EZ Pen Needles) | 2 | GC |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------------|----------------------------|
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) | (insulin syringes (disposable)) | 2 GC |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSULIN SYR U- 100 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 GC |
| MONOJECT INSULIN SYR U- 100 29 GAUGE X 1/2" | | 2 GC |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| MONOJECT SYRINGE 0.5 ML (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100) | 2 | GC |
| MONOJECT SYRINGE 1 ML 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100) | 2 | GC |
| NOVOFINE 30 NEEDLE | 2 | GC |
| NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4" | 2 | GC |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | 2 | GC |
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5" | 2 | GC |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16" | 2 | GC |
| PEN NEEDLE 30G 5MM (Embrace Pen Needle) OUTER 30 GAUGE X 3/16" | 2 | GC |
| PEN NEEDLE 30G 8MM (CareFine Pen Needle) INNER 30 GAUGE X 5/16" | 2 | GC |
| PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16" | 2 | GC |
| PEN NEEDLE, DIABETIC (1st Tier Unifine NEEDLE 29 GAUGE X 1/2" Pentips Plus) | 2 | GC |
| PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2" | 2 | GC |
| PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32" | 2 | GC |
| PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4" | 2 | GC |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------------------|------------------------------|------------------------------------|
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | GC |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 2 | GC |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 2 | GC |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 2 | GC |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 2 | GC |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | GC |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | GC |
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety) | 2 | GC |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | GC |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle) | 2 | GC |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | 2 | GC |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | 2 | GC |
| RELION INS SYR 0.3 ML (BD Veo Insulin 31GX6MM 0.3 ML 31 GAUGE X Syringe UF) 15/64" | 2 | GC |
| RELION INS SYR 0.5 ML (BD Veo Insulin 31GX6MM 1/2 ML 31 GAUGE X Syringe UF) 15/64" | 2 | GC |
| RELION INS SYR 1 ML (BD Veo Insulin 31GX15/64" 1 ML 31 GAUGE X Syringe UF) 15/64" | 2 | GC |
| RELI-ON INSULIN 0.5 ML SYR (Utileit Insulin Syringe) 1/2 ML 29 | 2 | GC |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16" | 2 | GC |
| RELION MINI PEN 31G X 1/4" (pen needle, diabetic) NDL 31 GAUGE X 1/4" | 2 | GC |
| RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4" | 2 | GC |
| RELION PEN NEEDLES (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32" | 2 | GC |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | 2 | GC |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | 2 | GC |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | 2 | GC |
| SAFETY PEN NEEDLE 31G (Comfort EZ PRO 4MM 31 GAUGE X 5/32" Safety Pen Ndl) | 2 | GC |
| SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety) | 2 | GC |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | GC |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | 2 | GC |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | 2 | GC |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | 2 | GC |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | 2 | GC |
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | GC |
| STERILE PADS 2" X 2" 2 X 2 " (gauze bandage) | 1 | GC |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | GC |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| NEEDLES, INSULIN DISP., (insulin syringe-needle SAFETY u-100) | 2 | GC |
| SURE COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 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" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-------------------------------------|----------------------------|
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) 2 | GC |
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) 2 | GC |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) 2 | GC |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) 2 | GC |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) 2 | GC |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) 2 | GC |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) 2 | GC |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) 2 | GC |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) 2 | GC |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) 2 | GC |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) 2 | GC |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) 2 | GC |

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

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------------------|------------------------------|--------------------------------|
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | GC |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | GC |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | | 2 | GC |
| TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2" | | 2 | GC |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | | 2 | GC |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 2 | GC |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 2 | GC |
| TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2" | | 2 | GC |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | | 2 | GC |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | | 2 | GC |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | | 2 | GC |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 2 | GC |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | GC |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 2 | GC |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" (Thinpro Insulin Syringe) | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-------------------------------------|----------------------------|
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) 2 | GC |
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) 2 | GC |
| TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) 2 | GC |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8" | 2 | GC |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) 2 | GC |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8" | 2 | GC |
| THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" | (insulin syringe-needle u-100) 2 | GC |
| THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8" | 2 | GC |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) 2 | GC |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) 2 | GC |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | 2 | GC |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety) | 2 | GC |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | GC |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | GC |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | GC |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | 2 | GC |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | 2 | GC |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | 2 | GC |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | 2 | GC |
| TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | GC |
| TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|--|----------------------------|
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | GC |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) 2 | GC |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) 2 | GC |
| ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" | (Advocate Syringes) 2 | GC |
| ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" (Advocate Syringes) | 2 | GC |
| ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100) | 2 | GC |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | GC |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | GC |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | GC |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | GC |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | GC |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | 2 | GC |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | 2 | GC |
| ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 2 | GC |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | GC |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| ULTICARE SYR 0.5 ML (insulin syringe-needle u-100) 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | 2 | GC |
| ULTICARE SYR 1 ML (insulin syringe-needle u-100) 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | GC |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | 2 | GC |
| ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | 2 | GC |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | 2 | GC |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | 2 | GC |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2" | 2 | GC |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | 2 | GC |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | 2 | GC |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | 2 | GC |
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | 2 | GC |
| ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | 2 | GC |
| ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | 2 | GC |
| ULTILET INSULIN SYRINGE (insulin syringe-needle u-100) 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" | 2 | GC |
| ULTILET INSULIN SYRINGE (insulin syringe-needle u-100) 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" | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| 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 | 2 | GC |
| ULTILET PEN NEEDLE 29 GAUGE | 2 | GC |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | 2 | GC |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | 2 | GC |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" | 2 | GC |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE | 2 | GC |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | 2 | GC |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" | 2 | GC |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2" | 2 | GC |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16" | 2 | GC |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | GC |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | 2 | GC |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | 2 | GC |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| ULTRA FLO PEN NEEDLE 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32" | 2 | GC |
| ULTRA FLO PEN NEEDLES (pen needle, diabetic) 12MM 29G 29 GAUGE X 1/2" | 2 | GC |
| ULTRA FLO SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | 2 | GC |
| ULTRA FLO SYR 0.3 ML 30G (insulin syringe-needle 5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | GC |
| ULTRA FLO SYR 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | GC |
| ULTRA FLO SYR 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | GC |
| ULTRA THIN PEN NDL 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 2 | GC |
| ULTRACARE INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | GC |
| ULTRACARE INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | GC |
| ULTRACARE INS 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | GC |
| ULTRACARE INS 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | GC |
| ULTRACARE INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | GC |
| ULTRACARE INS 1 ML 30G X (insulin syringe-needle 5/16" 1 ML 30 GAUGE X 5/16" | 2 | GC |
| ULTRACARE INS 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | GC |
| ULTRACARE INS 1 ML 31G X (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16" | 2 | GC |
| ULTRACARE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 2 | GC |

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

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------------------|------------------------------|------------------------------------|
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 2 | GC |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 2 | GC |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | GC |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | GC |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | GC |
| UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | GC |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | 2 | GC |
| UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4" | 2 | GC |
| UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | 2 | GC |
| UNIFINE PENTIPS 33GX5/32" (pen needle, diabetic) 33 GAUGE X 5/32" | 2 | GC |
| UNIFINE PENTIPS 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4" | 2 | GC |
| UNIFINE PENTIPS MAX (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16" | 2 | GC |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | 2 | GC |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2" | 2 | GC |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16" | 2 | GC |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | 2 | GC |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16" | 2 | GC |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16" | 2 | GC |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 2 | GC |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32" | 2 | GC |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | 2 | GC |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16" | 2 | GC |
| UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16" | 2 | GC |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 2 | GC |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 2 | GC |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 2 | GC |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16" | 2 | GC |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 6MM 31 GAUGE X 1/4" | 2 | GC |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16" | 2 | GC |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32" | 2 | GC |
| VANISHPOINT 0.5 ML (insulin syringe-needle 30GX1/2" SY OUTER 0.5 ML 30 u-100) GAUGE X 1/2" | 2 | GC |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16" | 2 | GC |
| VANISHPOINT U-100 29X1/2 (insulin syringe-needle SYR 1 ML 29 GAUGE X 1/2" u-100) | 2 | GC |
| VERIFINE INS SYR 1 ML 29G (insulin syringe-needle 1/2" 1 ML 29 GAUGE X 1/2" u-100) | 2 | GC |
| VERIFINE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2" | 2 | GC |
| VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 2 | GC |
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 2 | GC |
| VERIFINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4" | 2 | GC |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 2 | GC |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16" | 2 | GC |
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 2 | GC |
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 2 | GC |
| VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 2 | GC |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | 2 | GC |
| VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100) | 2 | GC |
| VERIFINE SYRING 1 ML 31G (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16 u-100) | 2 | GC |
| VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100) | 2 | GC |
| VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100) | 2 | GC |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | 1 | GC |
| V-GO 20 DEVICE | 3 | QL (30 per 30 days) |
| V-GO 30 DEVICE | 3 | QL (30 per 30 days) |
| V-GO 40 DEVICE | 3 | QL (30 per 30 days) |
| Preparaciones De Reemplazo | | |
| Preparaciones De Reemplazo | | |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i> | 2 | GC |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 2 | GC |
| <i>electrolyte-148 intravenous parenteral solution</i> | 2 | GC |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE | 4 | |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride) | 2 | GC |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride) | 2 | GC |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride) | 2 | GC |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | 2 | GC |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | 2 | GC |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 2 | GC |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i> | 4 | |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i> | 2 | GC |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION | 4 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>potassium chloride intravenous solution 2 meq/ml</i> | 1 | PA BvD; GC |
| <i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i> | 2 | PA BvD; GC |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | 2 | GC |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | 2 | GC |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10) | 2 | GC |
| <i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab) | 2 | GC |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8) | 2 | GC |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10) | 2 | GC |
| <i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15) | 2 | GC |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20) | 2 | GC |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> | 2 | GC |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 2 | GC |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | 2 | GC |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5) | 2 | GC |
| <i>potassium cl 10 meq/5 ml conc sdv,plf,outer 2 meq/ml</i> | 2 | PA BvD; GC |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | 2 | GC |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 2 | GC |
| <i>sodium chloride 0.9% solution mini-bag, single use</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------------|
| Productos Sanguíneos/Modificadores/Expansores De Volumen | | |
| Agentes Hematológicos, Varios | | |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA; NM; NDS |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | 2 | GC |
| <i>anagrelide oral capsule 1 mg</i> | 2 | GC |
| CABLIVI INJECTION KIT 11 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 4 | |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | 5 | PA; NM; NDS |
| <i>protamine intravenous solution 10 mg/ml</i> | 2 | GC |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron) | 2 | GC |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | GC |
| Anticoagulantes | | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa) | 2 | GC; QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 3 | |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox) | 2 | GC; QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox) | 2 | GC; QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox) | 2 | GC; QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox) | 2 | GC; QL (18 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox) | 2 | GC; QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox) | 2 | GC; QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra) | 5 | NM; NDS; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra) | 2 | GC; QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra) | 5 | NM; NDS; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra) | 5 | NM; NDS; QL (18 per 30 days) |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | 2 | GC |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 2 | GC |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 2 | GC |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i> | 2 | GC |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin) | 1 | GC |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | GC |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | 3 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 3 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------------|
| Inhibidores De Agregación De Plaquetas | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 2 | GC; QL (60 per 30 days) |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 2 | GC |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | 1 | GC |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 2 | GC |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 2 | GC |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient) | 2 | GC; QL (30 per 30 days) |
| Modificadores De Formación De Sangre | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 5 | PA; NM; NDS |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NM; NDS |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 5 | PA; NM; NDS; QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 5 | PA; NM; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG | 5 | NM; NDS |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor) | 5 | NM; NDS |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | PA; NM; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NM; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG | 5 | PA; NM; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil) | 5 | NM; NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 5 | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 3 | PA; QL (4 per 28 days) |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML | 5 | PA; NM; NDS |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML | 5 | PA; NM; NDS |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | PA; NM; NDS |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| Reemplazo/Modificadores De Enzima | | |
| Reemplazo/Modificadores De Enzima | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 5 | NM; NDS |
| CERDELGA ORAL CAPSULE 84 MG | 5 | PA; NM; NDS |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 5 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|-------------------------------------|
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 3 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 5 | NM; NDS |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML | 5 | PA; NM; NDS |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | 5 | NM; NDS |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | 5 | PA; NM; NDS |
| GALAFOLD ORAL CAPSULE 123 MG | 5 | PA; NM; NDS; QL (14 per 28 days) |
| <i>javygtor oral tablet,soluble 100 mg</i> (sapropterin) | 5 | PA; NM; NDS |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | 5 | PA; NM; NDS |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | 5 | PA BvD; NM; NDS |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | 5 | PA; NM; NDS |
| <i>miglustat oral capsule 100 mg</i> (Yargesa) | 5 | PA; NM; NDS; QL (90 per 30 days) |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 5 | NM; NDS |
| <i>nitisinone oral capsule 10 mg, 2 mg,</i> (Orfadin) <i>20 mg, 5 mg</i> | 5 | PA; NM; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA; NM; NDS |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 5 | PA; NM; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | PA BvD; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|----------------------------------|
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 5 | PA; NM; NDS |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor) | 5 | PA; NM; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 5 | PA; NM; LA; NDS |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | 5 | PA; NM; NDS |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | 5 | NM; NDS |
| <i>yargesa oral capsule 100 mg</i> (miglustat) | 5 | PA; NM; NDS; QL (90 per 30 days) |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | 3 | |
| Relajantes Musculares Esqueléticos | | |
| Relajantes Musculares Esqueléticos | | |
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | GC |
| <i>chlorzoxazone oral tablet 250 mg</i> | 5 | NM; NDS; QL (120 per 30 days) |
| <i>chlorzoxazone oral tablet 500 mg</i> | 2 | GC |
| <i>chlorzoxazone oral tablet 750 mg</i> (Lorzone) | 2 | GC; QL (120 per 30 days) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | 1 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>dantrolene oral capsule 100 mg, 50 mg</i> | 2 | GC |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium) | 2 | GC |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 2 | GC |
| <i>revonto intravenous recon soln 20 mg</i> (dantrolene) | 2 | GC |
| <i>tizanidine oral tablet 2 mg</i> | 2 | GC |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex) | 2 | GC |
| Vitaminas Y Minerales | | |
| Vitaminas Y Minerales | | |
| <i>bal-care dha combo pack 27-1-430 mg</i> | 2 | GC |
| <i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i> | 2 | GC |
| <i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i> | 2 | GC |
| <i>completenate tablet chew 29 mg iron- 1 mg</i> | 2 | GC |
| <i>folivane-ob capsule 85-1 mg</i> | 2 | GC |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i> | 2 | GC |
| <i>marnatal-f capsule 60 mg iron-1 mg</i> | 2 | GC |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 2 | GC |
| <i>mynatal advance oral tablet 90-1-50 mg</i> | 2 | GC |
| <i>mynatal capsule 65 mg iron- 1 mg</i> | 2 | GC |
| <i>mynatal oral tablet 90-1-50 mg</i> | 2 | GC |
| <i>mynatal plus captab 65 mg iron- 1 mg</i> | 2 | GC |
| <i>mynatal-z captab 65 mg iron- 1 mg</i> | 2 | GC |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i> | 2 | GC |
| <i>newgen tablet 32-1,000 mg-mcg</i> | 2 | GC |
| <i>niva-plus tablet 27 mg iron- 1 mg</i> | 2 | GC |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i> | 2 | GC |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i> | 2 | GC |
| <i>o-cal prenatal tablet 15 mg iron-1,000 mcg</i> | 2 | GC |
| <i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i> | 2 | GC |
| <i>pnv prenatal plus multivit tab (pnv,calcium 72-iron-gluten-free (rx) 27 mg iron- 1 mg folic acid)</i> | 2 | GC |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i> | 2 | GC |
| <i>pnv-omega softgel 28-1-300 mg</i> | 2 | GC |
| <i>pr natal 400 combo pack 29-1-400 mg</i> | 2 | GC |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i> | 2 | GC |
| <i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i> | 2 | GC |
| <i>pr natal 430 ec combo pack 29-1-430 mg</i> | 2 | GC |
| <i>preal true combo pack 30 mg iron-1.4 mg-300 mg</i> | 2 | GC |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i> | 2 | GC |
| <i>prenaissance plus oral capsule 28-1-50-250 mg</i> | 2 | GC |
| <i>prenatabs fa tablet 29-1 mg</i> | 2 | GC |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i> | 2 | GC |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i> | 2 | GC |
| <i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i> | 2 | GC |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg (pnv,calcium 72-iron,carb-folic)</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 2 | GC |
| <i>prenatal-u capsule 106.5-1 mg</i> | 2 | GC |
| <i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 2 | GC |
| <i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i> | 2 | GC |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i> | 2 | GC |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | 2 | GC |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | 2 | GC |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i> | 2 | GC |
| <i>taron-c dha capsule 35-1-200 mg</i> | 2 | GC |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i> | 2 | GC |
| <i>triveen-duo dha combo pack 29-1-400 mg</i> | 2 | GC |
| <i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i> | 2 | GC |
| <i>virt-c dha softgel (rx) 35-1-200 mg</i> | 2 | GC |
| <i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i> | 2 | GC |
| <i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i> | 2 | GC |
| <i>virt-pn plus softgel (rx) 28-1-300 mg</i> | 2 | GC |
| <i>vitafol gummies 3.33 mg iron- 0.33 mg</i> | 2 | GC |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i> | 2 | GC |
| <i>vitafol-ob+dha combo pack 65-1-250 mg</i> | 2 | GC |
| <i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i> | 2 | GC |
| <i>vp-pnv-dha softgel (rx) 28 mg iron-1 mg-200 mg</i> | 2 | GC |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i> | 2 | GC |
| <i>zatean-pn plus softgel 28-1-300 mg</i> | 2 | GC |
| <i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i> | 2 | GC |

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

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GOLD KIDNEY HEALTH PLAN

P.O. Box 14050, Scottsdale, AZ 85267



www.goldkidney.com

Este formulario fue actualizado el 24 de septiembre de 2024. Para obtener información más reciente, o si tiene otras preguntas, llame a Servicios para miembros de Gold Kidney Health Plan al **1 (844) 294-6535**. **(Los usuarios de TTY deben llamar al 711.)** Nuestro horario de atención es de 8 a.m. a 8 p.m., hora local, los 7 días a la semana desde el 1 de octubre hasta el 31 de marzo, y de 8 a.m. a 8 p.m., hora local, de lunes a viernes, desde el 1 de abril hasta el 30 de septiembre, o visite www.goldkidney.com.

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