

2024



**CENTERS PLAN
FOR HEALTHY
LIVING**



Formulario para 2024 (Lista de medicamentos cubiertos)

Centers Plan for Dual Coverage Care (HMO D-SNP)
Centers Plan for Nursing Home Care (HMO I-SNP)
Centers Plan for Medicaid Advantage Plus (HMO D-SNP)

N.º de identificación del envío del formulario aprobado por HPMS (Health Plan Management System, HPMS): 24096, número de versión 10

Este formulario fue actualizado en Abril de 2024.

Para obtener información actualizada o si tiene consultas, comuníquese con Centers Plan for Healthy Living al 1-888-807-5717 o, para usuarios de TTY, al 711, los siete días de la semana, 24 horas al día, o visite www.centersplan.com.

H6988_CY24_SNP_Formulary_C

Aviso de Servicios de Asistencia Lingüística

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| 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 1-877-940-9330 (TTY: 711). Someone who speaks English can help you. This is a free service. |
| Albanian | Ne kemi në dispozicion shërbime përkthimi për t'ju përgjigjur çdo pyetjeje që mund të keni lidhur me shëndetin tuaj apo me planin tuaj të mjekimit. Për të siguruar një përkthyes/e, na telefononi në 1-877-940-9330 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë. |
| Arabic | لدينا خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة قد تراودك بشأن خطتنا للصحة أو الأدوية. للحصول على مترجم فوري، اتصل بنا فحسب على الرقم 1-877-940-9330 (لمستخدمي الهاتف النصي: 711). يمكن لشخص يتحدث العربية مساعدتك. هذه خدمة مجانية. |
| Bengali | আমাদের স্বাস্থ্য বা ওষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। দোভাষী পেতে হলে, আমাদের কেবল 1-877-940-9330 (TTY: 711) -এ কল করে যোগাযোগ করুন। বাংলাভাষী কেউ আপনাকে সাহায্য করতে পারেন। এটি বিনামূল্যে প্রাপ্ত পরিষেবা। |
| Chinese | 我們可提供免費口譯服務，回答您在健康或藥物計劃方面的任何問題。如需翻譯服務，只需致電我們的電話：1-877-940-9330 (TTY: 711)。漢語說英語的工作人員可為您提供幫助。這是一項免費服務。 |
| French | Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance-maladie ou d'assurance-médicaments. Pour obtenir un interprète, il suffit de nous appeler au 1-877-940-9330 (TTY: 711). Une personne qui parle français peut vous aider. Il s'agit d'un service gratuit. |
| French Creole | Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen konsènan plan sante ak medikaman nou an. Pou w jwenn yon entèprèt, annik rele nou nan 1-877-940-9330 (TTY: 711). Yon moun ki pale Kreyòl Ayisyen ka ede w. Sèvis sa a gratis. |
| German | Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Für einen Dolmetscher, rufen Sie uns einfach unter der Rufnummer 1-877-940-9330 (TTY: 711) an. Eine Person, die Deutsch spricht, kann Ihnen helfen. Dies ist ein kostenloser Dienst. |
| Greek | Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περιθαλψής μας. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-877-940-9330 (TTY: 711). Κάποιος που μιλάει Ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία. |
| Hindi | हमारे स्वास्थ्य या ड्रग योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया की सेवा प्राप्त करने के लिए, हमें 1-877-940-9330 (TTY: 711) पर कॉल करें। हिंदीअंग्रेज़ी जानने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह निशुल्क सेवा है। |
| Italian | Disponiamo di servizi di interpretariato gratuiti per eventuali domande sul nostro piano di assistenza sanitaria e farmaceutica. Per ricevere il supporto di un interprete, chiamare il numero 1-877-940-9330 (TTY: 711). Sarà disponibile qualcuno che parli italiano. Il servizio è gratuito. |
| Japanese | 弊社の健康および薬品に対するプランについて、お客様がお尋ねになりたいすべてのご質問にお答えするため弊社は無料通訳サービスを用意しております。通訳サービスを受けるには、弊社までお電話ください：1-877-940-9330 (TTY: 711)。日本語が話せる方がお手伝いします。こうしたサービスは無料です。 |
| Korean | 귀하의 건강 또는 약품 플랜에 대한 질문에 답변해드리는 무료 통역 서비스를 제공합니다. 통역사를 구하려면 1-877-940-9330(TTY: 711) 번으로 전화하십시오. 한국어를 할 줄 아는 사람이 도와줄 수 있습니다. 이 서비스는 무료입니다. |

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| Polish | Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu zdrowotnego lub planu przyjmowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić pod numer 1-877-940-9330 (TTY: 711). Pomocy udzieli osoba mówiąca po Polskie. Usługa jest bezpłatna. |
| Portugese | Contamos com serviços gratuitos de interpretação para sanar suas dúvidas sobre o plano de saúde ou medicamentos. Para conseguir um intérprete, entre em contato conosco pelo 1-877-940-9330 (TTY: 711). Alguém que fala português irá ajudá-lo. Este serviço é gratuito. |
| Russian | Мы предоставляем бесплатные услуги переводчика, чтобы ответить на любые ваши вопросы о нашем плане медицинского обслуживания или программе лекарственных препаратов. Чтобы воспользоваться услугами переводчика, просто позвоните нам по телефону 1-877-940-9330 (TTY: 711). Вам может помочь русскоязычный человек. Это бесплатная услуга. |
| Spanish | Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para recibir la ayuda de un intérprete, llámenos al 1-877-940-9330 (TTY: 711). Alguien que hable español puede ayudarle. Éste es un servicio gratuito. |
| Tagalog | Mayroon kaming mga libreng serbisyo ng pag-interpret upang sagutin ang mga katanungan mo tungkol sa kalusugan o plano sa paggagamot. Para makakuha ng taga-interpret, tawagan kami sa 1-877-940-9330 (TTY: 711). Taong nagsasalita ng tagalog ang makakatulong sa iyo. Ito ay libreng serbisyo. |
| Urdu | ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ ترجمان حاصل کرنے کے لیے، ہمیں 1-877-940-9330 (TTY: 711) پر کال کریں۔ کوئی اردو بولنے والا آپ کی مدد کر سکتا ہے۔ یہ مفت خدمت ہے۔ |
| Vietnamese | Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi về chương trình bảo hiểm y tế hoặc thuốc của chúng tôi. Để yêu cầu người thông dịch, chỉ cần gọi cho chúng tôi theo số 1-877-940-9330 (TTY: 711). Ai đó nói tiếng Việt có thể giúp bạn. Đây là dịch vụ miễn phí. |
| Yiddish | מיר האבן אומזיסטע איבערזעצונג סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט האבן וועגן אייער געזונטהייט אדער דראג פלאן. צו באקומען אן איבערזעצער, רופט אונז ביי 1-877-940-9330 (TTY: 711). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס. |

Aviso de no Discriminación

La discriminación está prohibida por la ley

Centers Plan for Healthy Living, LLC cumple todas las leyes federales de derechos civiles aplicables y no discrimina en cuanto a raza, color, origen nacional, edad, discapacidad o sexo. Centers Plan for Healthy Living, LLC no excluye ni trata a las personas de manera diferente por su raza, color, origen nacional, edad, discapacidad o sexo.

Centers Plan for Healthy Living, LLC ofrece:

- Servicios y asistencia gratuitos a personas con discapacidades que les impidan comunicarse con nosotros de forma efectiva, tales como:
 - Intérpretes calificados de lengua de señas
 - Información escrita en otros formatos (letras grandes, audio, formatos electrónicos accesibles, otros formatos)
- Servicios lingüísticos gratuitos a personas cuyo idioma principal no sea el inglés, como los siguientes:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si requiere estos servicios, contacte a Servicios al Miembro al 1-877-940-9330 (los usuarios de TTY deben llamar al 711).

Si considera que Centers Plan for Healthy Living, LLC no ha prestado estos servicios o lo(a) discriminó de alguna otra forma por su raza, color, país de origen, edad, discapacidad o sexo, puede presentar un reclamo ante nuestro Departamento de Reclamos y Apelaciones:

| | |
|-------------------------|--|
| Por correo: | Centers Plan for Healthy Living, LLC Attn: G&A Department 75 Vanderbilt Avenue, 7th Floor Staten Island, NY 10304- 2604 |
| Por teléfono: | 1-877-940-9330 (los usuarios de TTY deben llamar al 711) |
| Por fax: | 1-347-505-7089 |
| Por correo electrónico: | GandA@centersplan.com |

Puede presentar un reclamo en persona, por correo postal, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el Departamento de Servicios al Miembro/Participante está disponible para ayudarlo los siete días de la semana, de 8 am a 8 pm.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de Estados Unidos por vía electrónica a través del portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, por correspondencia o por teléfono al:

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 (TTY)

Los formularios para quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>

Centers Plan for Dual Coverage Care (HMO D-SNP)

Centers Plan for Nursing Home Care (HMO I-SNP)

Centers Plan for Medicaid Advantage Plus (HMO D-SNP)

Formulario para 2024

(Lista de medicamentos cubiertos)

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

N.º de identificación del envío del formulario aprobado por HPMS (Health Plan Management System, HPMS): 24096, número de versión 10

Este formulario fue actualizado el 1 de Abril de 2024. Para obtener la información más reciente o hacer preguntas, comuníquese con nosotros, Centers Plan for Dual Coverage Care (HMO D-SNP), Centers Plan for Nursing Home Care (HMO I-SNP), Centers Plan for Medicaid Advantage Plus (HMO D-SNP) a Servicios al Miembro al 1-888-807-5717 (los usuarios de TTY deben llamar al 711), los siete días de la semana, 24 horas al día, o visite www.centersplan.com/dsnp, www.centersplan.com/isnp, www.centersplan.com/map.

Nota dirigida a los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contenga los medicamentos que usted toma.

Cuando en esta lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro”, se refiere a Centers Plan for Healthy Living LLC. Cuando dice “plan” o “nuestro plan” se refiere a Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, que está actualizada al 1 de Abril de 2024. Para obtener un formulario actualizado, por favor póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada.

Por lo general, debe acudir a las farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coaseguro pueden cambiar el 1 de Enero del 2024 y algunas veces durante el año.

¿Qué es el Formulario de Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus (es decir, Centers Plan)?

Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan después de consultar a un equipo de proveedores de atención médica, el cual representa los tratamientos con medicamentos recetados considerados necesarios para llevar a cabo un programa de tratamiento de calidad. Por lo general, nuestro plan cubre los medicamentos listados en nuestro formulario, siempre y cuando el medicamento sea necesario en términos médicos, los medicamentos de venta con receta se despachen en una farmacia de la red de Centers Plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su *Evidencia de cobertura*.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurre el 1 de Enero, pero podemos agregar o quitar medicamentos de la Lista de medicamento en el transcurso del año, moverlos a niveles de costo compartido diferentes o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato 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 inferior y con las mismas o menos restricciones. Además, al añadir el nuevo medicamento genérico, podemos decidir conservar el medicamento de marca en nuestra Lista de medicamentos, pero moverlo de inmediato a un nivel de costo compartido diferente o añadir nuevas restricciones. Si actualmente toma ese medicamento de marca, podríamos no informarle con anticipación antes de hacer el cambio, pero más adelante le daremos información sobre los cambios específicos que hemos hecho.
 - Si hacemos el cambio, usted o la persona que expide su receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le entregaremos también incluirá información sobre cómo solicitar una excepción y puede encontrar información en la sección que aparece más adelante con el título "¿Cómo solicito una excepción al Formulario de Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus?".
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario no es seguro, o si el fabricante del medicamento lo retira del mercado, lo retiraremos de inmediato de nuestro formulario y les avisaremos a los miembros que lo usan.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos añadir un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que actualmente está en el formulario, o añadir nuevas restricciones al medicamento de marca, o moverlo a un nivel de costo compartido diferente, o ambos, o podemos hacer cambios en función de nuevas pautas clínicas. Si nosotros retiramos

medicamentos de nuestro formulario, o agregamos restricciones de autorización previa, límites de cantidades y/o terapias escalonadas de un medicamento, estamos obligados a notificarle a los miembros afectados sobre el cambio, al menos 30 días antes de que el cambio se haga efectivo o en el momento en que el miembro solicite un resurtido del medicamento de venta con receta, momento en el que el miembro recibirá un suministro de 30 días del medicamento.

- Si hacemos estos otros cambios, usted o la persona que expide su receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le entregaremos también incluirá información sobre cómo solicitar una excepción y también puede encontrar información en la sección que aparece más adelante con el título "¿Cómo solicito una excepción al Formulario de Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus?".

Cambios que no lo afectarán si está tomando actualmente el medicamento. Por lo general, si usted está tomando un medicamento incluido en nuestro formulario para 2024 y que estaba bajo cobertura al comienzo del año, no suspenderemos ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin restricciones nuevas para aquellos miembros que lo estén tomando por el resto del año de la cobertura. No recibirá un aviso directo este año sobre los cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían y es importante que consulte la Lista de medicamentos en el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está actualizado al 01 de Abril de 2024. Para obtener información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Los formularios revisados se publican en nuestro sitio web todos los meses. Si usted se ve afectado por un cambio del formulario, será notificado por correo. Le enviaremos un Aviso sobre cambios en el Formulario (FCN, por sus siglas en inglés).

¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Enfermedad

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

Listado en orden alfabético

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

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico es aquel que contiene los mismos principios activos que el medicamento de marca y tiene la aprobación de la FDA. Por lo general, los medicamentos genéricos son más baratos que los de marca.

¿Existe alguna restricción en mi cobertura?

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

- **Autorización previa:** Nuestro plan le exige a usted o a su médico obtener autorización previa para ciertos medicamentos. Esto significa que deberá obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, tal vez no cubramos el medicamento.
- **Límites de cantidad:** Nuestro plan limita la cantidad que cubriremos de determinados medicamentos. Por ejemplo, nuestro plan proporciona 9 tabletas por receta de sumatriptán 100 mg en un mes. Esto podría ser adicional a un suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B sirven para el tratamiento de su enfermedad, podríamos no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no le sirve, entonces nuestro plan cubrirá el medicamento B.

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

Puede pedirnos que hagamos una excepción en cuanto a estas restricciones o estos límites o solicitar una lista de otros medicamentos similares que puedan servir para tratar su enfermedad. Vea la sección “¿Cómo solicitar una excepción al formulario de Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus?” en la página v para obtener información sobre cómo solicitar una excepción.

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

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

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

- Puede pedirle a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitarnos que hagamos una excepción y cubramos su medicamento. Consulte más abajo para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus?

Puede solicitarnos que hagamos una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que nos puede solicitar.

- Puede pedirnos que cubramos un medicamento aun cuando este no se encuentre en nuestro formulario. De aprobarse, este medicamento será cubierto a un nivel predeterminado de costo compartido y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que no apliquemos restricciones de cobertura o límites a su medicamento. Por ejemplo, nuestro plan limita la cantidad que cubriremos de determinados medicamentos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.

Generalmente, solo aprobaremos su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan, o las restricciones de uso adicionales, no sean igual de efectivos para tratar su afección o le causen efectos médicos adversos.

Debe comunicarse con nosotros para solicitar una decisión inicial de cobertura para una excepción a las restricciones de uso o al formulario. **Cuando solicite una excepción al formulario o a las restricciones de uso, debe enviar una declaración por parte de su médico que respalde su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de un plazo de 72 horas de haber recibido la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud puede verse gravemente afectada si tiene que esperar hasta 72 horas por una decisión. Si se le concede esta solicitud acelerada, debemos notificarle sobre la decisión no más de 24 horas después de haber recibido la declaración de respaldo de su médico u otra persona que haya emitido la receta.

¿Qué debo hacer antes de poder hablar con mi médico para cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o regular de nuestro plan, podría estar tomando medicamentos que no estén dentro de nuestro formulario. O podría estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, podría necesitar una autorización previa de nuestra parte antes de que pueda surtir sus recetas. Es recomendable que hable con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el

medicamento que usted toma. Mientras habla con su médico para determinar qué debe hacer, podríamos cubrir su medicamento en casos determinados durante los primeros 90 días en los que usted es miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta es por menos días, permitiremos varios surtidos para proporcionarle hasta un máximo de 30 días de suministro del medicamento. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted ha sido miembro del plan por menos de 90 días.

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

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

- Si usted se muda de un centro de atención a largo plazo a un hospital u otras instalaciones.
- Si usted se retira de un centro de atención a largo plazo para regresar a su hogar.
- Si usted es dado de alta de un centro de enfermería especializada.

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

Para obtener más información

Para obtener más información sobre la cobertura de medicamentos recetados de Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus, consulte su *Evidencia de cobertura* y otros materiales sobre el plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos de venta con receta de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario de Centers Plan for Dual Coverage Care, Centers Plan for Nursing Home Care, Centers Plan for Medicaid Advantage Plus

El formulario que está a continuación proporciona información sobre los medicamentos cubiertos por nuestro plan. Si le resulta difícil encontrar su medicamento en el listado, pase al índice que comienza en la página I-1.

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

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

Tenga en cuenta que: Esta Lista de medicamentos incluye medicamentos cubiertos por la Parte D de Medicare. Si usted tiene Medicaid del Estado de New York (Medicaid), algunos medicamentos recetados pueden estar cubiertos para usted por el Programa de Farmacias de Medicaid. Llame al programa de farmacias de Medicaid al **1-518-486-3209**, o visite el siguiente sitio web para obtener más información sobre su cobertura de medicamentos de Medicaid y para ver la Lista de medicamentos preferidos de Medicaid más actualizada: https://omh.ny.gov/omhweb/guidance/medicaid_pharmacy_benefit/changes.html.

En este documento puede encontrar las siguientes abreviaciones:

ABREVIACIONES DE LAS NOTAS DE COBERTURA

| RESTRICCIONES DE GESTIÓN DE USO | | |
|--|---|---|
| ABREVIACIÓN | DESCRIPCIÓN | EXPLICACIÓN |
| NDS | SIN suministro de días extendidos | Este medicamento se limita a un suministro de un mes o menos. Usted no puede surtir una receta por un suministro superior a un mes. |
| PA | Restricción de autorización previa | Usted (o su médico) debe obtener una autorización previa nuestra antes de surtir sus recetas de este medicamento. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento. |
| PA BvD | Restricción de autorización previa para la Determinación de la Parte B vs. la Parte D | Es posible que este medicamento esté cubierto por su cobertura médica de la Parte B o la cobertura de medicamentos recetados de la Parte D. Usted (o su médico) debe obtener una autorización previa de nuestro plan para determinar si este medicamento está cubierto por la Parte D de Medicare antes de surtir sus recetas de este medicamento. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento. |
| PA-HRM | Autorización previa: Medicamento de alto riesgo | Este medicamento está calificado por Centers for Medicaid and Medicare Services (CMS) como potencialmente perjudicial y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare mayores de 65 años. Usted (o su médico) debe obtener una autorización previa por parte de nuestro plan antes de surtir sus recetas de este medicamento si tiene 65 años o más. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento. |
| PA NSO | Autorización previa: Solo nuevos inicios | Si es un miembro nuevo o si no ha tomado este medicamento antes, usted (o su médico) debe obtener una autorización previa nuestra antes de surtir sus recetas de este medicamento. Sin una aprobación previa, es posible que nuestro plan no cubra este medicamento. |
| QL | Restricción de límites de cantidad | Nuestro plan limita la cantidad de este medicamento que está cubierto por receta, o dentro de un plazo específico. |
| ST | Restricción de terapia escalonada | Antes de que nuestro plan le proporcione cobertura para este medicamento, debe probar antes otro(s) medicamento(s) para tratar su enfermedad. Este medicamento solo será cubierto si el otro medicamento no le funciona. |

Las siguientes abreviaturas de la nota de cobertura adicional se pueden encontrar dentro de este documento.

| OTROS REQUISITOS ESPECIALES PARA LA COBERTURA | | |
|---|--|--|
| ABREVIACIÓN | DESCRIPCIÓN | EXPLICACIÓN |
| LA | Medicamentos de acceso limitado | Este medicamento recetado solo está disponible en ciertas farmacias. Para obtener más información, consulte el Directorio de farmacias o llame al Servicio de asistencia farmacéutica al 1-888-807-5717, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. Los usuarios de TTY deben llamar al 711. |
| NM | Medicamento no disponible para pedidos por correo. | Podría recibir un suministro de más de un mes de la mayoría de los medicamentos en su formulario mediante pedido por correo con un costo compartido reducido. Los medicamentos <u>no</u> disponibles para pedidos por correo están señalados con las siglas "NM" en la columna de requisitos/límites de su formulario. |
| NDS | Sin suministro de días extendidos. | Este medicamento no está disponible en un suministro de días extendidos |
| ABREVIACIONES DE CONCENTRACIÓN Y FORMA DE DOSIFICACIÓN | | |
| Abreviación | Descripción | |
| conc | Concentración | |
| soln | Solución | |

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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) | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound) | 1 | PA BvD; NM; NDS |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil) | 1 | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23) | 1 | PA NSO; NM; NDS |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 1 | |
| AUGTYRO ORAL CAPSULE 40 MG | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | 1 | NM; NDS |
| BALVERSA ORAL TABLET 3 MG | 1 | PA NSO; NM; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 1 | PA NSO; NM; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 1 | PA NSO; NM; NDS; QL (28 per 28 days) |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda) | 1 | PA NSO; NM; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka) | 1 | 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 |
|--|------------------------------|---------------------------------------|
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine) | 1 | PA NSO; NM; NDS |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 1 | PA NSO; NM; NDS |
| <i>bexarotene topical gel 1 %</i> (Targretin) | 1 | PA NSO; NM; NDS |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 1 | |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | 1 | |
| <i>bortezomib injection recon soln 1 mg</i> | 1 | PA NSO |
| <i>bortezomib injection recon soln 2.5 mg</i> | 1 | PA NSO; NM; NDS |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade) | 1 | PA NSO; NM; NDS |
| BOSULIF ORAL CAPSULE 100 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 1 | PA NSO; NM; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 1 | PA NSO; NM; NDS; QL (112 per 28 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 1 | PA NSO; NM; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 1 | PA NSO; NM; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 1 | PA BvD; NM; NDS |
| <i>cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml</i> | 1 | PA BvD; NM; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | 1 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 1 | PA BvD; ST |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NM; NDS |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 1 | PA NSO; NM; NDS; QL (120 per 28 days) |
| DAURISMO ORAL TABLET 100 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>decitabine intravenous recon soln 50 mg</i> (Dacogen) | 1 | NM; NDS |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 1 | PA BvD |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx) | 1 | PA BvD; NM; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 1 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 1 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 1 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 1 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML | 1 | 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 |
|---|------------------------------|---------------------------------------|
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 1 | PA NSO; NM; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 1 | NM; NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 1 | PA NSO; NM; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 1 | PA NSO; NM; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 1 | PA NSO; NM; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva) | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva) | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 1 | |
| <i>etoposide intravenous solution 20 mg/ml</i> | 1 | |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor) | 1 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor) | 1 | 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) | 1 | PA NSO; NM; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 1 | |
| EXKIVITY ORAL CAPSULE 40 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | 1 | PA NSO; NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 1 | PA BvD; NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 1 | 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 |
|--|------------------------------|---------------------------------------|
| <i>floxuridine injection recon soln 0.5 gram</i> | 1 | PA BvD |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | 1 | PA BvD |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 1 | PA NSO; NM; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 1 | PA NSO; NM; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 1 | PA NSO; NM; NDS; QL (21 per 28 days) |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex) | 1 | NM; NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 1 | PA NSO; NM; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa) | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine) | 1 | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 1 | PA NSO; NM; NDS; QL (5 per 21 days) |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NM; NDS |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 1 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 1 | PA NSO; NM; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 1 | PA NSO; NM; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex) | 1 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 1 | |
| <i>imatinib oral tablet 100 mg</i> (Gleevec) | 1 | PA NSO; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> (Gleevec) | 1 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 1 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 1 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL TABLET 560 MG | 1 | NM; NDS; QL (28 per 28 days) |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO; NM; NDS |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | 1 | PA NSO; QL (4 per 365 days) |
| INLYTA ORAL TABLET 1 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 1 | PA NSO; NM; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NM; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NM; NDS; QL (8 per 21 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 |
|---|------------------------------|---------------------------------------|
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 1 | 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 | 1 | 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 | 1 | 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 | 1 | PA NSO; NM; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA NSO; NM; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 1 | PA NSO; NM; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 1 | PA NSO; NM; NDS; QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 1 | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb) | 1 | PA NSO; NM; NDS |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 1 | PA NSO; NM; NDS; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 1 | PA NSO; NM; NDS |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 1 | |
| LEUKERAN ORAL TABLET 2 MG | 1 | NM; NDS |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | 1 | PA NSO |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 1 | PA NSO |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| LONSURF ORAL TABLET 15-6.14 MG | 1 | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 1 | PA NSO; NM; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | 1 | PA NSO; NM; NDS |
| LORBRENA ORAL TABLET 100 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 1 | PA NSO; NM; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 1 | PA NSO; NM; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 1 | PA NSO; NM; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 1 | PA NSO; NM; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 1 | NM; NDS |
| LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB) | 1 | PA NSO; NM; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NM; NDS |
| MATULANE ORAL CAPSULE 50 MG | 1 | NM; NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 1 | PA NSO; NM; NDS; QL (1260 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| MEKINIST ORAL TABLET 0.5 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | 1 | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 1 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 1 | PA BvD; ST |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | 1 | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NM; NDS |
| NERLYNX ORAL TABLET 40 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 1 | NM; NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 1 | PA NSO; NM; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 1 | PA NSO; NM; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NM; NDS |
| OGSIVEO ORAL TABLET 50 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NM; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 1 | PA NSO; NM; NDS; QL (14 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 1 | PA NSO; NM; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 1 | PA NSO; NM; NDS |
| ORSERDU ORAL TABLET 345 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane) | 1 | PA BvD; NM; NDS |
| <i>pazopanib oral tablet 200 mg</i> (Votrient) | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i> | 1 | NM; NDS |
| <i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta) | 1 | NM; NDS |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | 1 | NM; NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | 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) | 1 | PA NSO; NM; NDS; QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 1 | PA NSO; NM; NDS; QL (21 per 28 days) |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 1 | NM; NDS |
| QINLOCK ORAL TABLET 50 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|--|
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 1 | PA NSO; NM; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 1 | PA NSO; NM; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NM; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NM; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 1 | PA NSO; NM; NDS; QL (224 per 28 days) |
| SCEMBLIX ORAL TABLET 20 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 1 | PA NSO; NM; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 1 | NM; NDS |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar) | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 1 | 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) | 1 | PA NSO; NM; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 1 | PA NSO; NM; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 1 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 1 | PA NSO; NM; NDS; QL (112 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 1 | PA NSO; NM; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 1 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 1 | PA NSO; NM; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 1 | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 1 | PA NSO; NM; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 1 | PA NSO; NM; NDS |
| TEPMETKO ORAL TABLET 225 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TIBSOVO ORAL TABLET 250 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 1 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | 1 | PA NSO; NM; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution 20 mg/ml</i> (etoposide) | 1 | |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | 1 | NM; NDS |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NM; NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 1 | PA NSO |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | 1 | NM; NDS |

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|---|------------------------------|---|
| TRUQAP ORAL TABLET 160 MG, 200 MG | 1 | PA NSO; NM; NDS; QL (64 per 28 days) |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) | 1 | PA NSO; NM; NDS |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NM; NDS |
| TUKYSA ORAL TABLET 150 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 1 | PA NSO; NM; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 1 | PA NSO; NM; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NM; NDS |
| VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG | 1 | PA NSO; NM; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 1 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 1 | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 1 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 1 | PA NSO; NM; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | 1 | |
| VITRAKVI ORAL CAPSULE 100 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| VITRAKVI ORAL SOLUTION 20 MG/ML | 1 | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| WELIREG ORAL TABLET 40 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 1 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 1 | 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) | 1 | 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) | 1 | PA NSO; NM; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 1 | PA NSO; NM; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 1 | PA NSO; NM; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 1 | 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) | 1 | PA NSO; NM; NDS |

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|---|------------------------------|--|
| YONSA ORAL TABLET 125 MG | 1 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 1 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 1 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NM; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 1 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | 1 | NM; NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 1 | PA NSO; NM; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 1 | PA NSO; NM; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | 1 | 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 (dr/ec) 333 mg</i> | 1 | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | 1 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual (Suboxone) film 12-3 mg</i> | 1 | QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual (Suboxone) film 2-0.5 mg, 4-1 mg, 8-2 mg</i> | 1 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | 1 | QL (90 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 1 | |

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|--|------------------------------|------------------------------------|
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 1 | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | 1 | QL (4 per 30 days) |
| <i>naloxone injection solution 0.4 mg/ml</i> | 1 | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | 1 | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan) | 1 | QL (4 per 30 days) |
| <i>naltrexone oral tablet 50 mg</i> | 1 | |
| NICOTROL INHALATION CARTRIDGE 10 MG | 1 | QL (2688 per 365 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 1 | QL (240 per 180 days) |
| <i>varenicline oral tablet 0.5 mg</i> | 1 | QL (336 per 365 days) |
| <i>varenicline oral tablet 1 mg</i> (Chantix) | 1 | QL (336 per 365 days) |
| <i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box) | 1 | |
| Agentes Antiansiedad | | |
| Benzodiacepinas | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax) | 1 | NM; NDS; QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> (Xanax) | 1 | NM; NDS; QL (150 per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 1 | NM; NDS; QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin) | 1 | QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin) | 1 | QL (300 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 1 | QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | 1 | QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 1 | QL (180 per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | 1 | QL (10 per 28 days) |
| <i>diazepam injection syringe 5 mg/ml</i> | 1 | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam) | 1 | QL (1200 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>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 1 | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | 1 | QL (120 per 30 days) |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan) | 1 | QL (2 per 30 days) |
| <i>lorazepam injection syringe 2 mg/ml</i> | 1 | QL (2 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan) | 1 | NM; NDS; QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> (Ativan) | 1 | NM; NDS; QL (150 per 30 days) |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | 1 | NM; NDS; QL (120 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril) | 1 | NM; NDS; QL (30 per 30 days) |
| Agentes Antidemencia | | |
| Agentes Antidemencia | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept) | 1 | QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i> | 1 | |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | 1 | QL (30 per 30 days) |
| <i>galantamine oral solution 4 mg/ml</i> | 1 | QL (200 per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | 1 | QL (60 per 30 days) |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | 1 | ST; QL (30 per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | 1 | QL (300 per 30 days) |
| <i>memantine oral tablet 10 mg</i> | 1 | QL (60 per 30 days) |
| <i>memantine oral tablet 5 mg</i> (Namenda) | 1 | QL (60 per 30 days) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 1 | QL (60 per 30 days) |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | 1 | QL (30 per 30 days) |
| Agentes Antidiabetico | | |
| Agentes Antidiabeticos, Varios | | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | 1 | QL (90 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol) | 1 | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 1 | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 1 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 1 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 1 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 1 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 1 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 1 | QL (30 per 30 days) |
| KORLYM ORAL TABLET 300 MG (mifepristone) | 1 | PA; NM; NDS; QL (112 per 28 days) |
| <i>metformin oral tablet 1,000 mg</i> | 1 | QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | 1 | QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | 1 | QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | 1 | QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | 1 | QL (60 per 30 days) |
| <i>mifepristone oral tablet 300 mg</i> (Korlym) | 1 | PA; NM; NDS; QL (112 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| 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 | 1 | PA NSO; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 1 | QL (90 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 1 | PA NSO; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 1 | PA NSO; QL (1.5 per 28 days) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | 1 | QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i> | 1 | QL (90 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET) | 1 | QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 1 | QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | 1 | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 1 | PA NSO; QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 1 | PA; NM; NDS; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 1 | 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 | 1 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 1 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 1 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 1 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------------|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 1 | 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 | 1 | 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 | 1 | PA NSO; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - (dapaglifloz propaned- ER, BIPHASIC 24HR 10-1,000 MG metformin) | 1 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG | 1 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG | 1 | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - (dapaglifloz propaned- ER, BIPHASIC 24HR 5-1,000 MG metformin) | 1 | QL (60 per 30 days) |
| Insulinas | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 1 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 1 | QL (24 per 28 days) |
| <i>insulin asp prt-insulin aspart</i> (Novolog Mix 70- <i>subcutaneous insulin pen 100 unit/ml</i> 30FlexPen U-100) (70-30) | 1 | QL (30 per 28 days) |

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|---|-----------------------------------|----------------------------|
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> | (Novolog Mix 70-30 U-100 Insulin) | 1 QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> | (Novolog PenFill U-100 Insulin) | 1 QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> | (Novolog FlexPen U-100 Insulin) | 1 QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> | (Novolog U-100 Insulin aspart) | 1 QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 1 | QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 1 | QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine-yfgn) | 1 QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine-yfgn) | 1 QL (30 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 1 | QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) | 1 QL (18 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| TOUJEO SOLOSTAR U-300 (insulin glargine u-300 conc) INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 1 | QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 1 | QL (15 per 28 days) |
| Sulfonilureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | 1 | QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 1 | QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg, 5 mg</i> | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL) | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL) | 1 | QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 1 | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1 | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| Agentes Antigota | | |
| Agentes Antigota, Otros | | |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim) | 1 | |
| <i>allopurinol oral tablet 300 mg</i> | 1 | |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys) | 1 | PA; QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 1 | ST; QL (30 per 30 days) |
| MITIGARE ORAL CAPSULE 0.6 MG (colchicine) | 1 | QL (60 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 1 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 1 | |
| Agentes Antimigraña | | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|------------------------------------|
| Agentes Antimigraña | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML | 1 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 1 | PA; QL (1.5 per 30 days) |
| <i>dihydroergotamine injection solution</i> <i>1 mg/ml</i> | 1 | NM; NDS; QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 1 | ST; NM; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 1 | PA; QL (3 per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | 1 | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 1 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 1 | PA; QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet,disintegrating</i> (Maxalt-MLT) <i>10 mg</i> | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet,disintegrating</i> <i>5 mg</i> | 1 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol</i> <i>20 mg/actuation</i> | 1 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol</i> <i>5 mg/actuation</i> | 1 | QL (18 per 30 days) |
| <i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg</i> | 1 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i> | 1 | QL (18 per 30 days) |

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|--|------------------------------|------------------------------------|
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | 1 | QL (4 per 28 days) |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet) | 1 | QL (9 per 27 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 1 | PA; QL (16 per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig) | 1 | QL (6 per 30 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> | 1 | QL (6 per 30 days) |
| Agentes Antinausea | | |
| Agentes Antinausea | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | 1 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | 1 | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | 1 | PA BvD |
| APONVIE INTRAVENOUS EMULSION 7.2 MG/ML | 1 | QL (4.4 per 28 days) |
| <i>aprepitant oral capsule 125 mg</i> | 1 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 1 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 1 | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 1 | PA BvD |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine) | 1 | |
| <i>dimenhydrinate injection solution 50 mg/ml</i> | 1 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 1 | PA; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|-------------------------------------|
| <i>droperidol injection solution 2.5 mg/ml</i> | 1 | |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 1 | PA BvD; NM; NDS; QL (6 per 28 days) |
| <i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant)) | 1 | QL (2 per 28 days) |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i> | 1 | |
| <i>granisetron hcl intravenous solution 1 mg/ml</i> | 1 | |
| <i>granisetron hcl oral tablet 1 mg</i> | 1 | PA BvD |
| <i>meclizine oral tablet 12.5 mg</i> | 1 | |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine)) | 1 | |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | 1 | |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> | 1 | |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i> | 1 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | 1 | PA BvD |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | PA BvD |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 1 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 1 | |
| <i>promethazine injection solution 25 mg/ml</i> (Phenergan) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine injection solution 50 mg/ml</i> (Phenergan) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |

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|---|------------------------------|---|
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 1 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| Agentes Antiparasitarios | | |
| Agentes Antiparasitarios | | |
| <i>albendazole oral tablet 200 mg</i> | 1 | NM; NDS |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | 1 | |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | 1 | |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | 1 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 1 | |
| COARTEM ORAL TABLET 20-120 MG | 1 | |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | 1 | QL (90 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 1 | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 1 | |
| KRINTAFEL ORAL TABLET 150 MG | 1 | |
| <i>mefloquine oral tablet 250 mg</i> | 1 | |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia) | 1 | NM; NDS |
| <i>paromomycin oral capsule 250 mg</i> (Humatin) | 1 | |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | 1 | PA BvD |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam) | 1 | |
| PRIMAQUINE ORAL TABLET 26.3 MG | 1 | |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | 1 | PA; NM; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 1 | PA; QL (42 per 7 days) |
| Agentes Antiparkinson | | |

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|---|-----------------------|-----------------------------------|
| Agentes Antiparkinson | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 1 | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | 1 | |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN) | 1 | PA; NM; NDS; QL (60 per 30 days) |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>bromocriptine oral capsule 5 mg</i> (Parlodel) | 1 | |
| <i>bromocriptine oral tablet 2.5 mg</i> (Parlodel) | 1 | |
| <i>cabergoline oral tablet 0.5 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet) | 1 | |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy) | 1 | |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200) | 1 | |
| <i>entacapone oral tablet 200 mg</i> (Comtan) | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 1 | PA; NM; NDS; QL (300 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------------|
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | PA; NM; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | 1 | PA; NM; NDS |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG | 1 | ST; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | 1 | 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 | |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | 1 | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 1 | |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | 1 | |
| <i>selegiline hcl oral capsule 5 mg</i> | 1 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 1 | |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | 1 | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 1 | |
| Agentes Antipsicóticos | | |
| Agentes Antipsicóticos | | |
| <i>aripiprazole oral solution 1 mg/ml</i> | 1 | |
| <i>aripiprazole oral tablet 10 mg, 15</i> (Abilify) <i>mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | 1 | |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | 1 | ST; QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | 1 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML | 1 | NM; NDS; QL (4.8 per 365 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------------|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 1 | NM; NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 1 | NM; NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 1 | NM; NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 1 | NM; NDS; QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i> | 1 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 1 | ST; NM; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution 25 mg/ml</i> | 1 | |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i> | 1 | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>clozapine oral tablet 100 mg, 200</i> (Clozaril) <i>mg, 25 mg, 50 mg</i> | 1 | |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> | 1 | ST; QL (90 per 30 days) |
| <i>clozapine oral tablet,disintegrating 150 mg</i> | 1 | ST; QL (180 per 30 days) |
| <i>clozapine oral tablet,disintegrating 200 mg</i> | 1 | 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 | 1 | ST; NM; NDS; QL (60 per 30 days) |
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2) | 1 | ST |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 1 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 1 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | 1 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i> | 1 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate) | 1 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 1 | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | 1 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 1 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 1 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 1 | NM; NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 1 | NM; NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 1 | NM; NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 1 | NM; NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 1 | NM; NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 1 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 1 | NM; NDS; QL (0.5 per 21 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 1 | NM; NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 1 | NM; NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 1 | NM; NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 1 | NM; NDS; QL (2.63 per 70 days) |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |
| <i>lurasidone oral tablet 120 mg, 20 mg, (Latuda) 40 mg, 60 mg</i> | 1 | NM; NDS; QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg (Latuda)</i> | 1 | NM; NDS; QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | 1 | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | 1 | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 1 | QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 1 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i> | 1 | QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, (Zyprexa) 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 1 | |
| <i>olanzapine oral tablet, disintegrating (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg</i> | 1 | |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i> | 1 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended (Invega) release 24hr 3 mg, 9 mg</i> | 1 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended (Invega) release 24hr 6 mg</i> | 1 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 1 | |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | 1 | NM; NDS; QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel) | 1 | |
| <i>quetiapine oral tablet 150 mg</i> | 1 | QL (30 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | 1 | |
| REXULTI ORAL TABLET 0.25 MG | 1 | ST; NM; NDS; QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.5 MG | 1 | ST; NM; NDS; QL (60 per 30 days) |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG | 1 | 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) | 1 | 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) | 1 | NM; NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | 1 | |
| <i>risperidone oral tablet 0.25 mg</i> | 1 | |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal) | 1 | |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 1 | |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 1 | ST; NM; NDS; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | 1 | NM; NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | 1 | NM; NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | 1 | NM; NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | 1 | NM; NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 1 | NM; NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 1 | NM; NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 1 | NM; NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 1 | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 1 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | 1 | ST |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 1 | |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon) | 1 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 1 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 1 | 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 | 1 | NM; NDS; QL (1 per 28 days) |
| Agentes Calóricos | | |
| Agentes Calóricos | | |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 1 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 1 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 1 | PA BvD |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 1 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 1 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 1 | PA BvD |
| <i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i> | 1 | PA BvD |
| <i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i> | 1 | |
| <i>dextrose 5 % in water (d5w)</i> <i>intravenous piggyback 5 %</i> | 1 | |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | 1 | PA BvD |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 1 | PA BvD |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 1 | PA BvD |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 1 | PA BvD |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 1 | PA BvD |
| Agentes Cardiovasculares | | |
| Agentes Alfa-Adrenérgicos | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | 1 | QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | 1 | QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | 1 | QL (8 per 28 days) |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | 1 | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | 1 | PA; NM; NDS; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | 1 | |

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|--|------------------------------|------------------------------------|
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep) | 1 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress) | 1 | |
| Agentes Antiarrítmicos | | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 1 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 1 | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 1 | |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i> | 1 | |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | 1 | |
| MULTAQ ORAL TABLET 400 MG | 1 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone) | 1 | |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> | 1 | |
| <i>procainamide intravenous syringe 100 mg/ml</i> | 1 | |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | 1 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 1 | |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | 1 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 1 | |
| Agentes Bloqueadores Beta-Adrenérgicos | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 1 | |

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|---|------------------------------|------------------------------------|
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100) | 1 | |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50) | 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 1 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg) | 1 | |
| <i>labetalol intravenous solution 5 mg/ml</i> | 1 | |
| <i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i> | 1 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 1 | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1 | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | 1 | |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor) | 1 | |
| <i>metoprolol tartrate oral tablet 25 mg</i> | 1 | |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic) | 1 | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propranolol intravenous solution 1 mg/ml</i> | 1 | |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | 1 | |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol) | 1 | |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol) | 1 | |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF) | 1 | |
| <i>sotalol oral tablet 240 mg</i> (Betapace) | 1 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| 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) | 1 | |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT) | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER) | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 1 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | 1 | |
| <i>diltiazem hcl oral tablet 90 mg</i> | 1 | |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl) | 1 | |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl) | 1 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 1 | |
| <i>verapamil intravenous syringe 2.5 mg/ml</i> | 1 | |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM) | 1 | |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> | 1 | |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | 1 | |
| <i>verapamil oral tablet extended release 120 mg</i> (Calan SR) | 1 | |
| <i>verapamil oral tablet extended release 180 mg, 240 mg</i> | 1 | |
| Agentes Cardiovasculares, Varios | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 1 | QL (600 per 30 days) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 1 | QL (60 per 30 days) |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin) | 1 | |
| <i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin) | 1 | |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin) | 1 | |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> | 1 | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek) | 1 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | 1 | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | 1 | QL (4 per 30 days) |
| <i>epinephrine injection solution 1 mg/ml</i> (Adrenalin) | 1 | |
| <i>hydralazine injection solution 20 mg/ml</i> | 1 | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------------|
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir) | 1 | PA; NM; NDS; QL (18 per 30 days) |
| <i>metyrosine oral capsule 250 mg</i> (Demser) | 1 | NM; NDS |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> | 1 | QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> | 1 | QL (120 per 30 days) |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant) | 1 | PA; NM; NDS; QL (18 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 1 | 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) | 1 | |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 1 | |
| EDARBI ORAL TABLET 40 MG, 80 MG | 1 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 1 | |
| ENTRESTO ORAL TABLET 24-26 MG | 1 | QL (180 per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 1 | QL (60 per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 1 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 1 | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | 1 | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 1 | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | 1 | |
| <i>olmesartan-amlodipin-hctiazid 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) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 1 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 1 | |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | 1 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | 1 | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT) | 1 | |
| Dihidropiridinas | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc) | 1 | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | 1 | |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i> | 1 | |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor) | 1 | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | 1 | |
| <i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | 1 | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | 1 | |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | 1 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | 1 | |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL) | 1 | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | 1 | |
| Dislipidémicos | | |

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>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-10 mg, 5-10 mg | 1 | |
| <i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg | 1 | QL (30 per 30 days) |
| <i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg | 1 | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor) | 1 | QL (30 per 30 days) |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran) | 1 | |
| <i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame) | 1 | |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol) | 1 | |
| <i>colesevelam oral tablet 625 mg</i> (WelChol) | 1 | |
| <i>colestipol oral packet 5 gram</i> (Colestid) | 1 | |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | 1 | |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | 1 | QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i> | 1 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor) | 1 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 1 | |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix) | 1 | |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> | 1 | QL (60 per 30 days) |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL) | 1 | |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 1 | PA; NM; NDS; QL (56 per 28 days) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium) | 1 | QL (30 per 30 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| NEXLETOL ORAL TABLET 180 MG | 1 | QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 1 | QL (30 per 30 days) |
| <i>niacin oral tablet 500 mg</i> (Niacor) | 1 | |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 1 | |
| <i>niacor oral tablet 500 mg</i> (niacin) | 1 | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza) | 1 | ST; QL (120 per 30 days) |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | 1 | QL (2 per 28 days) |
| <i>pravastatin oral tablet 10 mg, 80 mg</i> | 1 | |
| <i>pravastatin oral tablet 20 mg, 40 mg</i> | 1 | QL (30 per 30 days) |
| <i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame) | 1 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 1 | QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 1 | QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 1 | QL (6 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor) | 1 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | 1 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 5 mg, 80 mg</i> | 1 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl) | 1 | QL (240 per 30 days) |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl) | 1 | QL (120 per 30 days) |
| Diuréticos | | |
| <i>amiloride oral tablet 5 mg</i> | 1 | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 1 | |
| <i>bumetanide injection solution 0.25 mg/ml</i> | 1 | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i> | 1 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>furosemide injection solution 10 mg/ml</i> | 1 | |
| <i>furosemide injection syringe 10 mg/ml</i> | 1 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix) | 1 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | 1 | |
| <i>toremide oral tablet 10 mg, 100 mg, 5 mg</i> | 1 | |
| <i>toremide oral tablet 20 mg</i> (Soaanz) | 1 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg) | 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide) | 1 | |
| Inhibidores De Enzima Convertidoras De Angiotensina | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | 1 | |
| <i>benazepril oral tablet 5 mg</i> | 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 1 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 1 | |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i> | 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 1 | |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 1 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 1 | |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | 1 | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 1 | |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | 1 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 1 | |
| Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | 1 | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 1 | PA; QL (30 per 30 days) |
| Vasodilatadores | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 1 | |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose) | 1 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 1 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | 1 | |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil) | 1 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 1 | |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> | 1 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 1 | |
| <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) | 1 | |
| Agentes De Enfermedad Intestinal Inflamatoria | | |
| Agentes De Enfermedad Intestinal Inflamatoria | | |
| <i>alosetron oral tablet 0.5 mg</i> (Lotronex) | 1 | |
| <i>alosetron oral tablet 1 mg</i> (Lotronex) | 1 | NM; NDS |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | 1 | |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris) | 1 | |
| DIPENTUM ORAL CAPSULE 250 MG | 1 | ST; NM; NDS |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | 1 | |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol) | 1 | |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso) | 1 | |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda) | 1 | QL (120 per 30 days) |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> | 1 | |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa) | 1 | |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | 1 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs) | 1 | |
| Agentes De Enfermedad Ósea Metabólica | | |
| Agentes De Enfermedad Ósea Metabólica | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | 1 | QL (300 per 28 days) |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg</i> | 1 | QL (4 per 28 days) |
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | 1 | QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | 1 | QL (3.7 per 28 days) |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 1 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | 1 | |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol) | 1 | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | 1 | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | 1 | QL (120 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | 1 | QL (3 per 84 days) |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> | 1 | QL (3 per 84 days) |
| <i>ibandronate oral tablet 150 mg</i> | 1 | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 1 | PA; NM; NDS; QL (2 per 28 days) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 1 | |
| <i>paricalcitol oral capsule 4 mcg</i> | 1 | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 1 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | 1 | QL (60 per 30 days) |
| <i>risedronate oral tablet 150 mg</i> (Actonel) | 1 | QL (1 per 28 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>risedronate oral tablet 35 mg</i> (Actonel) | 1 | QL (4 per 28 days) |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | 1 | QL (4 per 28 days) |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia) | 1 | QL (4 per 28 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | 1 | QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 1 | QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 1 | PA; NM; NDS |
| <i>zoledronic acid intravenous recon soln 4 mg</i> | 1 | |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 1 | |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | 1 | QL (100 per 300 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---------------------------------------|
| Agentes De Trastorno De Sueño | | |
| Agentes De Trastorno De Sueño | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 1 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 1 | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 1 | QL (30 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> (Provigil) | 1 | PA; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> (Provigil) | 1 | PA; QL (60 per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem) | 1 | PA; NM; LA; NDS; QL (540 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 1 | PA; QL (30 per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz) | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien) | 1 | 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) | 1 | QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | 1 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 1 | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 1 | PA; NM; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 1 | PA; NM; NDS; QL (210 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 |
|---|------------------------------|-------------------------------------|
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) | 1 | PA; NM; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 1 | PA; NM; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 1 | PA; NM; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 1 | PA; NM; NDS; QL (15 per 30 days) |
| <i>caffeine citrate intravenous solution</i> (Cafcit) <i>60 mg/3 ml (20 mg/ml)</i> | 1 | PA BvD |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i> | 1 | |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML | 1 | PA; NM; NDS; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 40 MG/ML | 1 | PA; NM; NDS; QL (12 per 28 days) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | 1 | PA; QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin) | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi) | 1 | QL (180 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenedi) | 1 | QL (90 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi) | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR) | 1 | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR) | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 1 | QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera) | 1 | PA; NM; NDS; QL (14 per 7 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera) | 1 | PA; NM; NDS |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera) | 1 | PA; NM; NDS; QL (60 per 30 days) |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya) | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>flumazenil intravenous solution 0.1 mg/ml</i> | 1 | |
| GILENYA ORAL CAPSULE 0.25 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone) | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone) | 1 | PA; NM; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer) | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer) | 1 | 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) | 1 | |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 1 | PA; NM; NDS; QL (1.2 per 28 days) |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | 1 | |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | 1 | |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | 1 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 1 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NM; NDS |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NM; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------------|
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NM; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NM; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NM; NDS |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NM; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 1 | PA; NM; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 1 | PA; NM; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 1 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 1 | PA; NM; NDS |
| <i>methylphenidate hcl oral capsule, er</i> (Metadate CD) <i>biphasic 30-70 10 mg, 20 mg, 40 mg,</i> <i>50 mg, 60 mg</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er</i> (Metadate CD) <i>biphasic 30-70 30 mg</i> | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i> | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule,er</i> <i>biphasic 50-50 60 mg</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i> | 1 | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i> | 1 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> <i>extended release 10 mg</i> | 1 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> (Metadate ER) <i>extended release 20 mg</i> | 1 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> <i>extended release 24hr 18 mg (bx</i> <i>rating), 54 mg (bx rating)</i> | 1 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------------|
| <i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 18 mg, 27 mg,</i> <i>54 mg</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 36 mg</i> | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> <i>extended release 24hr 36 mg (bx</i> <i>rating)</i> | 1 | QL (60 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 1 | PA; NM; NDS; QL (20 per 180 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 1 | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 1 | PA; NM; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 1 | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 1 | PA; NM; NDS |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | 1 | QL (60 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 1 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 1 | |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio) | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>tetrabenazine oral tablet 12.5 mg, 25</i> (Xenazine) <i>mg</i> | 1 | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 1 | PA; NM; NDS; QL (120 per 30 days) |
| Agentes Del Tracto Respiratorio | | |
| Agentes Del Tracto Respiratorio, Otros | | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| <i>acetylcysteine intravenous solution</i> (Acetadote) 200 mg/ml (20 %) | 1 | |
| <i>acetylcysteine solution</i> 100 mg/ml (10 %), 200 mg/ml (20 %) | 1 | PA BvD |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 1 | NM; NDS; QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA; NM; NDS |
| <i>cromolyn inhalation solution for nebulization</i> 20 mg/2 ml | 1 | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 1 | PA; NM; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 1 | 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 | 1 | PA; NM; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 1 | PA; NM; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 1 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 1 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 1 | PA; NM; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 1 | PA; NM; NDS; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG | 1 | PA; NM; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule</i> 267 mg (Esbriet) | 1 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet</i> 267 mg (Esbriet) | 1 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet</i> 534 mg | 1 | PA; NM; NDS; QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | 1 | PA; NM; NDS; QL (90 per 30 days) |
| PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV | 1 | PA BvD; NM; NDS |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG | 1 | PA BvD; NM; NDS |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | 1 | QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | 1 | QL (30 per 30 days) |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 1 | 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) | 1 | PA; NM; NDS; QL (84 per 28 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML | 1 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 1 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 1 | PA; NM; NDS |
| Antiinflamatorios, Corticoesteroides Inhalados | | |
| ADVAIR HFA INHALATION HFA (fluticasone propion- AEROSOL INHALER 115-21 salmeterol) MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 1 | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 1 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION (fluticasone furoate- BLISTER WITH DEVICE 100-25 vilanterol) MCG/DOSE, 200-25 MCG/DOSE | 1 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | 1 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>breyrna inhalation hfa aerosol inhaler</i> (budesonide-formoterol) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | 1 | QL (30.9 per 30 days) |
| <i>budesonide inhalation suspension for nebulization</i> 0.25 mg/2 ml, 0.5 mg/2 ml (Pulmicort) | 1 | PA BvD; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization</i> 1 mg/2 ml (Pulmicort) | 1 | PA BvD; QL (60 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation (Breyna) | 1 | QL (30.6 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler</i> 110 mcg/actuation | 1 | QL (12 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler</i> 220 mcg/actuation | 1 | QL (24 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler</i> 44 mcg/actuation | 1 | QL (21.2 per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Wixela Inhub) | 1 | QL (60 per 30 days) |
| <i>wixela inhub inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (fluticasone propion-salmeterol) | 1 | QL (60 per 30 days) |
| Antileucotrinos | | |
| <i>montelukast oral tablet</i> 10 mg (Singulair) | 1 | |
| <i>montelukast oral tablet, chewable</i> 4 mg, 5 mg (Singulair) | 1 | |
| <i>zafirlukast oral tablet</i> 10 mg, 20 mg (Accolate) | 1 | |
| Broncodilatadores | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 1 | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (Proventil HFA) | 1 | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020503) | 1 | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020983) | 1 | QL (36 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | 1 | PA BvD; QL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i> | 1 | PA BvD; QL (120 per 30 days) |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | 1 | |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | 1 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 1 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 1 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 1 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 1 | QL (8 per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 1 | PA BvD; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 1 | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 1 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 1 | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 1 | QL (4 per 28 days) |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | 1 | |
| <i>theophylline oral solution 80 mg/15 ml</i> | 1 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 1 | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG | 1 | QL (60 per 30 days) |

Agentes Dentales Y Orales

Agentes Dentales Y Orales

| | | | |
|---|-----------------------------------|---|--|
| <i>cevimeline oral capsule 30 mg</i> | (Evoxac) | 1 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | (Paroex Oral Rinse) | 1 | |
| <i>denta 5000 plus dental cream 1.1 %</i> | (fluoride (sodium)) | 1 | |
| <i>dentagel dental gel 1.1 %</i> | (fluoride (sodium)) | 1 | |
| <i>fluoride (sodium) dental solution 0.2 %</i> | (PreviDent) | 1 | |
| KOURZEQ DENTAL PASTE 0.1 % | (triamcinolone acetonide) | 1 | |
| <i>oralone dental paste 0.1 %</i> | (triamcinolone acetonide) | 1 | |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> | (chlorhexidine gluconate) | 1 | |
| <i>perio gard mucous membrane mouthwash 0.12 %</i> | (chlorhexidine gluconate) | 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | (Salagen (pilocarpine)) | 1 | |
| <i>sf 5000 plus dental cream 1.1 %</i> | (fluoride (sodium)) | 1 | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | (Fluoridex Sensitivity Relief) | 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | (Kourzeq) | 1 | |

Agentes Dermatológicos

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| Agentes Antiinflamatorios Dermatológicos | | |
| <i>ala-cort topical cream 1 %</i> (hydrocortisone) | 1 | |
| <i>alclometasone topical cream 0.05 %</i> | 1 | |
| <i>alclometasone topical ointment 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 1 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 1 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 1 | |
| <i>clobetasol scalp solution 0.05 %</i> | 1 | |
| <i>clobetasol topical cream 0.05 %</i> | 1 | |
| <i>clobetasol topical gel 0.05 %</i> | 1 | |
| <i>clobetasol topical ointment 0.05 %</i> (Temovate) | 1 | |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex) | 1 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 1 | |
| <i>desoximetasone topical cream 0.25 %</i> (Topicort) | 1 | QL (120 per 30 days) |
| <i>desoximetasone topical ointment 0.25 %</i> (Topicort) | 1 | QL (120 per 30 days) |
| <i>EUCRISA TOPICAL OINTMENT 2 %</i> | 1 | |
| <i>fluocinolone topical cream 0.01 %</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | 1 | |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar) | 1 | |
| <i>fluocinonide topical cream 0.05 %</i> | 1 | |
| <i>fluocinonide topical solution 0.05 %</i> | 1 | |
| <i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E) | 1 | |
| <i>fluticasone propionate topical cream 0.05 %</i> | 1 | |
| <i>fluticasone propionate topical ointment 0.005 %</i> | 1 | |
| <i>halobetasol propionate topical cream 0.05 %</i> | 1 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | 1 | |
| <i>hydrocortisone 2.5% cream</i> | 1 | |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | 1 | QL (120 per 30 days) |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort) | 1 | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC) | 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 1 | |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC)) | 1 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | 1 | |
| <i>hydrocortisone-min oil-wht pet topical ointment 1 %</i> | 1 | |
| <i>mometasone topical cream 0.1 %</i> | 1 | |
| <i>mometasone topical ointment 0.1 %</i> | 1 | |
| <i>mometasone topical solution 0.1 %</i> | 1 | |
| <i>pimecrolimus topical cream 1 %</i> (Elidel) | 1 | QL (100 per 30 days) |
| <i>prednicarbate topical ointment 0.1 %</i> | 1 | |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 1 | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 1 | |

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|--|-----------------------|----------------------------|
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | 1 | QL (100 per 30 days) |
| <i>triamcinolone acetonide topical cream 0.025 %</i> | 1 | |
| <i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm) | 1 | |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | 1 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1 | |
| Agentes Dermatológicos, Otros | | |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin) | 1 | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 1 | |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | 1 | QL (30 per 30 days) |
| ALCOHOL 70% SWABS (Alcohol Pads) | 1 | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | |
| <i>ammonium lactate topical cream 12 %</i> | 1 | |
| <i>ammonium lactate topical lotion 12 %</i> (Skin Treatment) | 1 | |
| BD SINGLE USE SWAB (alcohol swabs) | 1 | |
| <i>calcipotriene scalp solution 0.005 %</i> | 1 | QL (120 per 30 days) |
| <i>calcipotriene topical cream 0.005 %</i> | 1 | QL (120 per 30 days) |
| <i>calcipotriene topical ointment 0.005 %</i> | 1 | QL (120 per 30 days) |
| CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs) | 1 | |
| CURITY ALCOHOL PREPS 2 PLY, MEDIUM (alcohol swabs) | 1 | |
| DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs) | 1 | |
| EASY COMFORT ALCOHOL 70% PAD (alcohol swabs) | 1 | |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs) | 1 | |

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|---|------------------------------|------------------------------------|
| <i>fluorouracil topical cream 0.5 %</i> (Carac) | 1 | NM; NDS |
| <i>fluorouracil topical cream 5 %</i> (Efudex) | 1 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | 1 | |
| HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS | 1 | |
| <i>imiquimod topical cream in packet 5 %</i> | 1 | QL (24 per 30 days) |
| IV ANTISEPTIC WIPES (alcohol swabs) | 1 | |
| KENDALL ALCOHOL 70% PREP PAD (alcohol swabs) | 1 | |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | 1 | QL (5 per 5 days) |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | 1 | NM; NDS |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv) | 1 | QL (30 per 30 days) |
| PANRETIN TOPICAL GEL 0.1 % | 1 | NM; NDS; QL (180 per 30 days) |
| <i>podofilox topical solution 0.5 %</i> | 1 | |
| PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS | 1 | |
| PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS | 1 | |
| RA ISOPROPYL ALCOHOL 70% (alcohol swabs) WIPES | 1 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 1 | QL (180 per 30 days) |
| SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS | 1 | |
| SURE-PREP ALCOHOL PREP PADS (alcohol swabs) | 1 | |
| TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS | 1 | |
| TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS | 1 | |
| ULTILET ALCOHOL STERL (alcohol swabs) SWAB | 1 | |
| VALCHLOR TOPICAL GEL 0.016 % | 1 | PA NSO; NM; NDS |

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|--|------------------------------|------------------------------------|
| WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE | 1 | |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin) | 1 | |
| Antibacterianos Dermatológicos | | |
| clindamycin phosphate topical solution 1 % (Cleocin T) | 1 | QL (180 per 30 days) |
| clindamycin phosphate topical swab 1 % (Clindacin ETZ) | 1 | |
| clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Neuac) | 1 | |
| ery pads topical swab 2 % (erythromycin with ethanol) | 1 | |
| erythromycin with ethanol topical gel 2 % (Erygel) | 1 | QL (180 per 30 days) |
| erythromycin with ethanol topical solution 2 % | 1 | QL (180 per 30 days) |
| gentamicin topical cream 0.1 % | 1 | QL (120 per 30 days) |
| gentamicin topical ointment 0.1 % | 1 | QL (120 per 30 days) |
| metronidazole topical cream 0.75 % (Rosadan) | 1 | |
| metronidazole topical gel 0.75 % (Rosadan) | 1 | |
| metronidazole topical gel 1 % (Metrogel) | 1 | |
| metronidazole topical lotion 0.75 % (MetroLotion) | 1 | |
| mupirocin topical ointment 2 % (Centany) | 1 | QL (220 per 30 days) |
| neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml | 1 | |
| rosadan topical cream 0.75 % (metronidazole) | 1 | |
| selenium sulfide topical lotion 2.5 % | 1 | |
| silver sulfadiazine topical cream 1 % (SSD) | 1 | |
| ssd topical cream 1 % (silver sulfadiazine) | 1 | |
| sulfacetamide sodium (acne) topical suspension 10 % (Klaron) | 1 | |
| Escabicidas Y Pediculicidas | | |
| malathion topical lotion 0.5 % (Ovide) | 1 | |
| permethrin topical cream 5 % (Elimite) | 1 | QL (60 per 30 days) |
| Retinoides Dermatológicos | | |
| adapalene topical cream 0.1 % (Differin) | 1 | |
| adapalene topical gel 0.1 % (Differin) | 1 | |

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|--|-----------------------|----------------------------|
| ALTRENO TOPICAL LOTION 0.05 % | 1 | PA |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | 1 | |
| TAZORAC TOPICAL CREAM 0.05 % | 1 | |
| <i>tretinoin topical cream 0.025 %</i> (Avita) | 1 | PA |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A) | 1 | PA |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A) | 1 | PA |
| <i>tretinoin topical gel 0.025 %</i> (Avita) | 1 | PA |
| <i>tretinoin topical gel 0.05 %</i> (Atralin) | 1 | PA |
| Agentes Gastrointestinales | | |
| Agentes Antiúlceras Y Supresores De Ácidos | | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | 1 | |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium) | 1 | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium) | 1 | QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | 1 | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet) | 1 | ST; QL (60 per 30 days) |
| <i>esomeprazole sodium intravenous recon soln 20 mg</i> | 1 | |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV) | 1 | |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | 1 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | 1 | |
| <i>famotidine intravenous solution 10 mg/ml</i> | 1 | |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller) | 1 | |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | 1 | |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole)) | 1 | QL (30 per 30 days) |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid) | 1 | QL (60 per 30 days) |

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|--|------------------------------|------------------------------------|
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | 1 | |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | 1 | |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>pantoprazole intravenous recon soln 40 mg</i> (Protonix) | 1 | |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix) | 1 | QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix) | 1 | QL (60 per 30 days) |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex) | 1 | QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> (Carafate) | 1 | |
| Agentes Gastrointestinales, Otros | | |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu) | 1 | PA; NM; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> (lactulose) | 1 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom) | 1 | |
| <i>dicyclomine oral capsule 10 mg</i> | 1 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | 1 | |
| <i>dicyclomine oral tablet 20 mg</i> | 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>enulose oral solution 10 gram/15 ml</i> (lactulose) | 1 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 1 | PA; NM; NDS |
| <i>generlac oral solution 10 gram/15 ml</i> (lactulose) | 1 | |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | 1 | |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte) | 1 | |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose) | 1 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 1 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | 1 | QL (34 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | 1 | QL (30 per 30 days) |

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|---|-----------------------|----------------------------------|
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 1 | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | 1 | QL (60 per 30 days) |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | 1 | |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | 1 | |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | 1 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 1 | QL (30 per 30 days) |
| OCALIVA ORAL TABLET 10 MG, 5 MG | 1 | PA; NM; NDS; QL (30 per 30 days) |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 1 | PA; NM; NDS |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl) | 1 | PA; NM; NDS |
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 1 | |
| <i>ursodiol oral capsule 300 mg</i> | 1 | |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250) | 1 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | 1 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 1 | QL (30 per 30 days) |
| XERMELO ORAL TABLET 250 MG | 1 | PA; NM; NDS; QL (84 per 28 days) |
| Enlaces De Fosfato | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | 1 | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | 1 | |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | 1 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | 1 | |
| <i>sevelamer hcl oral tablet 400 mg</i> | 1 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 1 | |
| Laxantes | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML | 1 | |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes) | 1 | |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes) | 1 | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | 1 | |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 1 | |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i> | 1 | |
| SUTAB ORAL TABLET 1.479- 0.188- 0.225 GRAM | 1 | |
| Agentes Genitourinarios | | |
| Agentes Genitourinarios, Varios | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | 1 | QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 1 | |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax) | 1 | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| <i>tiopronin oral tablet 100 mg</i> (Thiola) | 1 | NM; NDS |
| Antiespasmódicos, Urinario | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |

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|---|------------------------------|------------------------------------|
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz) | 1 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 1 | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | 1 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 1 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 1 | |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | 1 | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | 1 | |
| <i>trospium oral tablet 20 mg</i> | 1 | |
| 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 | |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | 1 | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | 1 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 1 | |
| Andrógenos | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 1 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin) | 1 | PA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | 1 | PA |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i> | 1 | PA |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | 1 | PA; QL (5 per 28 days) |

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|---|-----------------------|--|
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo) | 1 | PA; QL (300 per 30 days) |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel) | 1 | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel) | 1 | PA; QL (300 per 30 days) |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i> | 1 | PA; QL (180 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | 1 | 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) | 1 | PA-HRM; AGE (Max 64 Years) |
| <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) | 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| DUAVEE ORAL TABLET 0.45-20 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace) | 1 | PA-HRM; AGE (Max 64 Years) |
| <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) | 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara) | 1 | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace) | 1 | |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm) | 1 | QL (18 per 28 days) |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen) | 1 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz) | 1 | PA-HRM; AGE (Max 64 Years) |

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|--|---------------------------------------|--|
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 1 | QL (1 per 84 days) |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | (norethindrone ac-eth estradiol) 1 | PA-HRM; AGE (Max 64 Years) |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | (norethindrone ac-eth estradiol) 1 | PA-HRM; AGE (Max 64 Years) |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | (estradiol) 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i> | (estradiol-norethindrone acet) 1 | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | (Fyavolv) 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN INJECTION RECON SOLN 25 MG | 1 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG | (conjugated estrogens) 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 1 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg</i> | (Evista) 1 | |
| <i>yuvafem vaginal tablet 10 mcg</i> | (estradiol) 1 | QL (18 per 28 days) |
| Glucocorticoides/Mineralocorticoides | | |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> | (Celestone Soluspan) 1 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 1 | |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i> | 1 | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | 1 | |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i> | 1 | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 1 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | 1 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol) | 1 | |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol) | 1 | |
| <i>methylprednisolone oral tablet 32 mg</i> | 1 | |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak)) | 1 | |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 1 | |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol) | 1 | |
| <i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i> | 1 | PA BvD |
| <i>prednisolone oral solution 15 mg/5 ml</i> | 1 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 1 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 1 | PA BvD |
| <i>prednisone oral solution 5 mg/5 ml</i> | 1 | PA BvD |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | PA BvD |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i> | 1 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML | 1 | |
| <i>triamcinolone acetate injection suspension 40 mg/ml</i> (Kenalog) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---------------------------------------|
| Pituitario | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 1 | PA; NM; NDS; QL (35 per 28 days) |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | 1 | PA; NM; NDS; QL (35 per 28 days) |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> | 1 | |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP) | 1 | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 1 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 1 | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 1 | PA; NM; NDS; QL (30 per 30 days) |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 1 | NM; NDS |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot) | 1 | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 1 | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 1 | PA NSO; NM; NDS |
| NORDITROPIN FLEXPLO 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) | 1 | PA; NM; NDS |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i> | 1 | |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin) | 1 | |
| <i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin) | 1 | NM; NDS |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i> | 1 | |

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|---|-----------------------|---------------------------------------|
| ORGOVYX ORAL TABLET 120 MG | 1 | PA NSO; NM; NDS |
| ORILISSA ORAL TABLET 150 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 1 | PA; NM; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 1 | PA; NM; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 1 | PA; NM; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | 1 | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 1 | PA NSO; NM; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | 1 | PA NSO; NM; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | PA; NM; NDS |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | 1 | PA; NM; NDS |
| Progestinas | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera) | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera) | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera) | 1 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i> | 1 | |
| <i>progesterone intramuscular oil 50 mg/ml</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--|
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium) | 1 | |
| Agentes Inmunológicos | | |
| Agentes Inmunológicos | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 1 | 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) | 1 | PA; NM; NDS |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 1 | PA; NM; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 1 | NM; NDS |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 1 | PA BvD |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 1 | PA BvD |
| <i>azathioprine sodium injection recon soln 100 mg</i> | 1 | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 1 | PA; NM; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 1 | PA; NM; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 1 | PA NSO; NM; NDS; QL (2 per 28 days) |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; NM; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA; NM; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 1 | PA; NM; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) | 1 | PA; NM; NDS |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune) | 1 | PA BvD |

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|---|------------------------------|------------------------------------|
| <i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg | 1 | PA BvD |
| <i>cyclosporine modified oral capsule</i> 50 mg | 1 | PA BvD |
| <i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml | 1 | PA BvD |
| <i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune) | 1 | PA BvD |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 1 | PA; NM; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | 1 | PA; NM; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 1 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 1 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 1 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 1 | PA; NM; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 1 | PA; NM; NDS |
| <i>everolimus (immunosuppressive) oral</i> (Zortress) <i>tablet</i> 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 | PA BvD; NM; NDS |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | 1 | PA BvD; NM; NDS |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | 1 | PA; NM; NDS |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 1 | PA BvD; NM; NDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 1 | PA BvD; NM; NDS |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 1 | 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) | 1 | PA BvD; NM; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified) | 1 | PA BvD |
| <i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified) | 1 | PA BvD |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NM; NDS |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NM; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NM; NDS |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 1 | PA; NM; NDS |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 1 | PA; NM; NDS |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA; NM; NDS |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA; NM; NDS |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 1 | PA; NM; NDS |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 1 | PA; NM; NDS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 1 | PA; NM; NDS |
| <i>infliximab intravenous recon soln 100 mg</i> (Remicade) | 1 | PA; NM; NDS |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 1 | PA; NM; NDS |

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|---|------------------------------|------------------------------------|
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | 1 | PA; NM; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 1 | PA; NM; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 1 | |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous) | 1 | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept) | 1 | PA BvD |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept) | 1 | PA BvD; NM; NDS |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept) | 1 | PA BvD |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic) | 1 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 1 | PA BvD; NM; NDS |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | 1 | PA BvD; NM; NDS |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | 1 | PA; NM; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 1 | PA; NM; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 1 | PA; NM; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 1 | PA; NM; NDS |
| OTEZLA ORAL TABLET 30 MG | 1 | PA; NM; NDS |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19) | 1 | PA; NM; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 1 | PA BvD; NM; NDS |

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|--|------------------------------|------------------------------------|
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 1 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 1 | 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 | 1 | |
| REZUROCK ORAL TABLET 200 MG | 1 | PA NSO; NM; NDS |
| RIDAURA ORAL CAPSULE 3 MG | 1 | NM; NDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 1 | PA; NM; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> (Rapamune) | 1 | PA BvD; NM; NDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune) | 1 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 1 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 1 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 1 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 1 | PA; NM; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | 1 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 1 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 1 | PA; NM; NDS |

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|--|-----------------------|----------------------------|
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 1 | PA BvD |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML | 1 | PA; NM; NDS |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML | 1 | PA; NM; NDS |
| TREMIFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 1 | PA; NM; NDS |
| TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; NM; NDS |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | 1 | PA; NM; LA; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | 1 | PA; NM; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 1 | PA; NM; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 1 | PA; NM; NDS |
| Vacunas | | |
| ABRYSSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 1 | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 1 | |
| AREXVY ANTIGEN COMPONENT 120 MCG | 1 | |

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|---|------------------------------|------------------------------------|
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 1 | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 1 | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML | 1 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML | 1 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 1 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 1 | PA BvD |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 1 | PA BvD |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 1 | PA BvD |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 1 | QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 1 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 1 | PA BvD |

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|--|------------------------------|------------------------------------|
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 1 | PA BvD |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML | 1 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 1 | |
| IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML | 1 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 1 | |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 1 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 1 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 1 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 1 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 1 | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 1 | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 1 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 1 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 1 | |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML | 1 | |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 1 | PA BvD |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 1 | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 1 | |
| 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) | 1 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 1 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 1 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 1 | |

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|---|-----------------------|----------------------------|
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 1 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 1 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 1 | QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td) | 1 | |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 1 | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 1 | |
| TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 1 | |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 1 | QL (0.75 per 365 days) |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 1 | QL (1.5 per 365 days) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 1 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 1 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine) | 1 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | 1 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | 1 | |

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|---|------------------------------|------------------------------------|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 1 | 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) | 1 | |
| Agentes Oftálmicos | | |
| Agentes Antiglaucoma | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | 1 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 1 | |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | 1 | |
| AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 % | 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P) | 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 1 | |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan) | 1 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | 1 | |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | 1 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt) | 1 | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan) | 1 | QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 1 | QL (2.5 per 25 days) |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 1 | QL (2.5 per 25 days) |

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|--|------------------------------|------------------------------------|
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 1 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 1 | |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | 1 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> | 1 | |
| <i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 % | 1 | QL (2.5 per 25 days) |
| Agentes Para Los Ojos, Oídos, Nariz, Garganta | | |
| Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta | | |
| <i>acetic acid otic (ear) solution 2 %</i> | 1 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | 1 | |
| <i>bacitracin-polymyxin b ophthalmic</i> (Polycin) <i>(eye) ointment 500-10,000 unit/gram</i> | 1 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | 1 | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | 1 | QL (3.5 per 4 days) |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | 1 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | 1 | |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>moxifloxacin ophthalmic (eye) drops</i> (Vigamox) 0.5 % | 1 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 1 | |

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|---|------------------------------|------------------------------------|
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC) | 1 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 1 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | 1 | |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1 | |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc) | 1 | |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin) | 1 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox) | 1 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | 1 | |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b) | 1 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | 1 | |

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|--|------------------------------|------------------------------------|
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | 1 | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 1 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 1 | |
| Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta | | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate) | 1 | ST; QL (10 per 25 days) |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa) | 1 | |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite) | 1 | |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac) | 1 | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | 1 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | 1 | |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol) | 1 | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 1 | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | 1 | QL (50 per 25 days) |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil) | 1 | |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm) | 1 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | 1 | |

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|--|------------------------------|------------------------------------|
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 1 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 1 | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular) | 1 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 1 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 1 | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax) | 1 | QL (10 per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex) | 1 | ST; QL (10 per 25 days) |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex 24hr Allergy) | 1 | QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte) | 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | 1 | QL (5.5 per 28 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine) | 1 | QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 1 | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 1 | QL (60 per 30 days) |
| Agentes De Ojos, Oídos, Nariz Y Garganta, Varios | | |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine) | 1 | |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> | 1 | QL (30 per 25 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy) | 1 | QL (30 per 25 days) |

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|--|------------------------------|------------------------------------|
| <i>azelastine ophthalmic (eye) drops</i> 0.05 % | 1 | |
| <i>cromolyn ophthalmic (eye) drops</i> 4 % | 1 | |
| <i>cyclopentolate ophthalmic (eye) drops</i> 0.5 %, 1 %, 2 % (Cyclogyl) | 1 | |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 1 | PA; NM; NDS; QL (60 per 28 days) |
| <i>epinastine ophthalmic (eye) drops</i> 0.05 % | 1 | |
| <i>ipratropium bromide nasal spray, non-aerosol</i> 21 mcg (0.03 %) | 1 | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol</i> 42 mcg (0.06 %) | 1 | QL (15 per 10 days) |
| <i>levofloxacin ophthalmic (eye) drops</i> 1.5 % | 1 | |
| <i>olopatadine ophthalmic (eye) drops</i> 0.1 % (Eye Allergy Itch-Redness Rlf) | 1 | |
| <i>olopatadine ophthalmic (eye) drops</i> 0.2 % (Eye Allergy Itch Relief) | 1 | |
| <i>proparacaine ophthalmic (eye) drops</i> 0.5 % (Alcaine) | 1 | |
| Agentes Terapeuticos | | |
| Misceláneos | | |
| Agentes Terapeuticos Misceláneos | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 1 | PA; NM; NDS |
| <i>betaine oral powder</i> 1 gram/scoop (Cystadane) | 1 | PA; NM; NDS |
| <i>bupirone oral tablet</i> 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | 1 | |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA; NM; NDS |
| <i>diazoxide oral suspension</i> 50 mg/ml (Proglycem) | 1 | |
| ELMIRON ORAL CAPSULE 100 MG | 1 | QL (90 per 30 days) |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | 1 | PA; NM; NDS; QL (180 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 1 | PA; NM; NDS |

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|--|------------------------------|------------------------------------|
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 1 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 1 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | 1 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 1 | |
| <i>hydroxyzine pamoate oral capsule</i> 100 mg, 50 mg | 1 | |
| <i>hydroxyzine pamoate oral capsule 25</i> (Vistaril) <i>mg</i> | 1 | |
| <i>leucovorin calcium injection recon</i> <i>soln 100 mg, 200 mg, 350 mg, 50 mg,</i> <i>500 mg</i> | 1 | |
| <i>leucovorin calcium injection solution</i> <i>10 mg/ml</i> | 1 | |
| <i>leucovorin calcium oral tablet 10 mg,</i> <i>15 mg, 25 mg, 5 mg</i> | 1 | |
| <i>levocarnitine (with sugar) oral</i> (Carnitor) <i>solution 100 mg/ml</i> | 1 | |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor) | 1 | |
| <i>mesna intravenous solution 100</i> (Mesnex) <i>mg/ml</i> | 1 | |
| MESNEX ORAL TABLET 400 MG | 1 | NM; NDS |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | 1 | PA; NM; NDS |
| <i>pyridostigmine bromide oral syrup</i> (Mestinon) <i>60 mg/5 ml</i> | 1 | |
| <i>pyridostigmine bromide oral tablet</i> <i>30 mg</i> | 1 | |
| <i>pyridostigmine bromide oral tablet</i> (Mestinon) <i>60 mg</i> | 1 | |
| RECTIV RECTAL OINTMENT 0.4 (nitroglycerin) % (W/W) | 1 | QL (30 per 30 days) |

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|---|-----------------------|--------------------------------------|
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 1 | PA; NM; NDS; QL (4 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; NM; NDS; QL (2 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | 1 | PA; NM; NDS; QL (4 per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA NSO; NM; NDS; QL (56 per 28 days) |
| TYBOST ORAL TABLET 150 MG | 1 | QL (30 per 30 days) |
| VOWST ORAL CAPSULE | 1 | PA; NM; NDS; QL (12 per 30 days) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | 1 | |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | 1 | |
| Agentes Vasodilatadores | | |
| Agentes Vasodilatadores | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 1 | PA; NM; NDS; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension)) | 1 | PA; QL (60 per 30 days) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis) | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | 1 | PA; NM; LA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 1 | PA; NM; NDS; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | 1 | PA; QL (360 per 30 days) |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq) | 1 | PA; QL (60 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | 1 | PA; NM; NDS; QL (112 per 28 days) |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 1 | PA; NM; NDS; QL (60 per 30 days) |

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|---|------------------------------|------------------------------------|
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 1 | PA; NM; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 1 | PA; NM; NDS |

Analgésicos

Agentes Antiinflamatorios No Esteroides

| | | |
|--|---|-----------------------------------|
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | 1 | QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | 1 | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | 1 | QL (60 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i> | 1 | QL (150 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i> | 1 | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i> | 1 | QL (60 per 30 days) |
| <i>diclofenac sodium topical drops 1.5 %</i> | 1 | QL (300 per 30 days) |
| <i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac)) | 1 | QL (1000 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | 1 | PA; QL (100 per 28 days) |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid) | 1 | PA; NM; NDS; QL (224 per 28 days) |
| <i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | 1 | |
| <i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | 1 | |
| <i>ec-naproxen dr 500 mg tablet</i> (naproxen) | 1 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 1 | |

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|---|------------------------------|--|
| <i>etodolac oral tablet 400 mg</i> (Lodine) | 1 | |
| <i>etodolac oral tablet 500 mg</i> | 1 | |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | |
| <i>ibu oral tablet 400 mg</i> (ibuprofen) | 1 | QL (240 per 30 days) |
| <i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen) | 1 | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil) | 1 | |
| <i>ibuprofen oral tablet 400 mg</i> (IBU) | 1 | QL (240 per 30 days) |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU) | 1 | |
| <i>indomethacin oral capsule 25 mg</i> | 1 | PA-HRM; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule 50 mg</i> | 1 | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule, extended release 75 mg</i> | 1 | PA-HRM; QL (60 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac oral tablet 10 mg</i> | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>mefenamic acid oral capsule 250 mg</i> | 1 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 1 | |
| <i>naproxen oral tablet 250 mg, 375 mg</i> | 1 | |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn) | 1 | |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn) | 1 | |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (EC-Naproxen) | 1 | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene) | 1 | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 1 | |
| Analgésicos, Varios | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 1 | NM; NDS; QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 1 | NM; NDS; QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 1 | NM; NDS; QL (180 per 30 days) |

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|---|------------------------------|---|
| <i>ascomp with codeine oral capsule</i> (codeine-butalbital-asa-caff) 30-50-325-40 mg | 1 | PA-HRM; NM; NDS; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>buprenorphine hcl injection solution</i> 0.3 mg/ml | 1 | |
| <i>buprenorphine hcl injection syringe</i> 0.3 mg/ml | 1 | |
| <i>butalbital-acetaminophen-caff oral tablet</i> (Esgic) 50-325-40 mg | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule</i> 50-325-40 mg | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral tablet</i> 50-325-40 mg | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>codeine sulfate oral tablet</i> 30 mg, 60 mg | 1 | NM; NDS; QL (180 per 30 days) |
| <i>codeine-butalbital-asa-caff oral capsule</i> (Ascomp with Codeine) 30-50-325-40 mg | 1 | PA-HRM; NM; NDS; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>endocet oral tablet</i> 10-325 mg (oxycodone-acetaminophen) | 1 | NM; NDS; QL (180 per 30 days) |
| <i>endocet oral tablet</i> 2.5-325 mg, 5-325 mg (oxycodone-acetaminophen) | 1 | NM; NDS; QL (360 per 30 days) |
| <i>endocet oral tablet</i> 7.5-325 mg (oxycodone-acetaminophen) | 1 | NM; NDS; QL (240 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle</i> 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg | 1 | PA; NM; NDS; QL (120 per 30 days) |
| <i>fentanyl transdermal patch</i> 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1 | NM; NDS; QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15 ml | 1 | NM; NDS; QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 7.5-325 mg | 1 | NM; NDS; QL (180 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet</i> 2.5-325 mg, 5-300 mg, 5-325 mg | 1 | NM; NDS; QL (240 per 30 days) |

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|--|------------------------------|------------------------------------|
| <i>hydrocodone-ibuprofen oral tablet</i> 10-200 mg, 5-200 mg, 7.5-200 mg | 1 | NM; NDS; QL (150 per 30 days) |
| <i>hydromorphone (pf) injection</i> <i>solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | 1 | |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid) | 1 | NM; NDS; QL (1200 per 30 days) |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid) | 1 | NM; NDS; QL (180 per 30 days) |
| <i>methadone injection solution 10 mg/ml</i> | 1 | QL (120 per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | 1 | NM; NDS; QL (600 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | 1 | NM; NDS; QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | 1 | NM; NDS; QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | 1 | NM; NDS; QL (180 per 30 days) |
| <i>methadose oral tablet, soluble 40 mg</i> (methadone) | 1 | NM; NDS; QL (30 per 30 days) |
| <i>morphine concentrate oral solution</i> <i>100 mg/5 ml (20 mg/ml)</i> | 1 | PA; NM; NDS; QL (180 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | 1 | NM; NDS; QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | 1 | NM; NDS; QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | 1 | NM; NDS; QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | 1 | NM; NDS; QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin) | 1 | NM; NDS; QL (60 per 30 days) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin) | 1 | NM; NDS; QL (90 per 30 days) |
| <i>oxycodone oral capsule 5 mg</i> | 1 | NM; NDS; QL (180 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | 1 | NM; NDS; QL (1300 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 5 mg</i> | 1 | NM; NDS; QL (180 per 30 days) |

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|---|------------------------------|------------------------------------|
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone) | 1 | NM; NDS; QL (120 per 30 days) |
| <i>oxycodone oral tablet 20 mg</i> | 1 | NM; NDS; QL (120 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet) | 1 | NM; NDS; QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 1 | NM; NDS; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet) | 1 | NM; NDS; QL (240 per 30 days) |
| OXYCONTIN ORAL (oxycodone) TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 1 | NM; NDS; QL (60 per 30 days) |
| <i>oxymorphone oral tablet 10 mg</i> | 1 | NM; NDS; QL (120 per 30 days) |
| <i>oxymorphone oral tablet 5 mg</i> | 1 | NM; NDS; QL (180 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 1 | NM; NDS; QL (60 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> | 1 | NM; NDS; QL (240 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 1 | NM; NDS; QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | 1 | NM; NDS; QL (60 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | 1 | NM; NDS; QL (120 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | 1 | NM; NDS; QL (240 per 30 days) |
| Anestésicos | | |
| Anestesia Local | | |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl) | 1 | QL (30 per 30 days) |

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|--|------------------------------|------------------------------------|
| <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 | |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i> | 1 | |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine) | 1 | |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo) | 1 | QL (30 per 30 days) |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1 | PA |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan) | 1 | PA; QL (90 per 30 days) |
| <i>lidocaine topical ointment 5 %</i> | 1 | PA; QL (90 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl) | 1 | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | 1 | PA; QL (30 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | 1 | 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) | 1 | PA; NM; NDS |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu) | 1 | PA; NM; NDS |
| <i>deferasirox oral tablet 90 mg</i> (Jadenu) | 1 | PA |
| <i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade) | 1 | PA |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade) | 1 | PA; NM; NDS |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox) | 1 | PA; NM; NDS |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 1 | PA; NM; NDS |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 1 | PA; NM; NDS |

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|---|------------------------------|------------------------------------|
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs) | 1 | PA; NM; NDS |
| <i>trientine oral capsule 250 mg</i> (Syprine) | 1 | 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) | 1 | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole) | 1 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 1 | |
| <i>terconazole vaginal suppository 80 mg</i> | 1 | |
| Antibacterianos | | |
| Aminoglicósidos | | |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i> | 1 | |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | 1 | |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | 1 | |
| <i>neomycin oral tablet 500 mg</i> | 1 | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | 1 | NM; NDS |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 1 | PA BvD; NM; NDS |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis) | 1 | PA BvD; NM; NDS |
| <i>tobramycin sulfate injection solution 40 mg/ml</i> | 1 | |
| Antibacteriales, Misceláneos | | |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> | 1 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl) | 1 | |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i> | 1 | |

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|---|------------------------------|------------------------------------|
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl) | 1 | |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i> | 1 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin) | 1 | |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> | 1 | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | 1 | NM; NDS |
| <i>daptomycin intravenous recon soln 500 mg</i> (Cubicin RF) | 1 | NM; NDS |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox) | 1 | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox) | 1 | NM; NDS |
| <i>linezolid oral tablet 600 mg</i> (Zyvox) | 1 | |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex) | 1 | |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.) | 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin) | 1 | QL (120 per 30 days) |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid) | 1 | QL (60 per 30 days) |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i> | 1 | |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i> | 1 | |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin) | 1 | QL (56 per 14 days) |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin) | 1 | QL (112 per 14 days) |
| <i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq) | 1 | |
| XIFAXAN ORAL TABLET 200 MG | 1 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 1 | PA; NM; NDS; QL (90 per 30 days) |

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|--|-----------------------|----------------------------|
| Antibióticos B-Lactam Misceláneos | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam) | 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 1 | PA; NM; LA; NDS |
| <i>ertapenem injection recon soln 1 gram</i> | 1 | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i> | 1 | |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV) | 1 | |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> | 1 | |
| Cefalosporinas | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1 | |
| <i>cefadroxil oral capsule 500 mg</i> | 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 1 | |
| <i>cefadroxil oral tablet 1 gram</i> | 1 | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i> | 1 | |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | 1 | |
| <i>cefazolin intravenous recon soln 3 gram</i> | 1 | |
| <i>cefdinir oral capsule 300 mg</i> | 1 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | 1 | |
| <i>cefixime oral capsule 400 mg</i> | 1 | |
| <i>cefotaxime injection recon soln 1 gram</i> | 1 | |

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|---|------------------------------|------------------------------------|
| <i>cefboxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> | 1 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | 1 | |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | 1 | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef) | 1 | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | 1 | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> | 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 1 | NM; NDS |
| Macrólidos | | |
| <i>azithromycin intravenous recon soln 500 mg</i> (Zithromax) | 1 | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax) | 1 | |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i> | 1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax) | 1 | |

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|---|------------------------------|------------------------------------|
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 1 | NM; NDS; QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG | 1 | NM; NDS; QL (20 per 10 days) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | 1 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400) | 1 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | 1 | |
| Penicilinas | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin) | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin) | 1 | |

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|---|------------------------------|------------------------------------|
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 1 | |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> | 1 | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn) | 1 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 1 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i> | 1 | |
| <i>nafcillin injection recon soln 1 gram</i> | 1 | |
| <i>nafcillin injection recon soln 10 gram, 2 gram</i> | 1 | |
| <i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G) | 1 | |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> | 1 | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium) | 1 | |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 1 | |
| Quinolonas | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro) | 1 | |
| <i>ciprofloxacin hcl oral tablet 750 mg</i> | 1 | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 1 | |

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

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|---|------------------------------|------------------------------------|
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox) | 1 | |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 1 | |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy) | 1 | |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i> | 1 | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate) | 1 | |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil) | 1 | NM; NDS |
| Anticonceptivos | | |
| Anticonceptivos | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 1 | |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| <i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 1 | |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> | 1 | |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol) | 1 | |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol) | 1 | |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>ayuna oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol) | 1 | |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i> | 1 | |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | 1 | |
| <i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 1 | |
| <i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> | 1 | |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol) | 1 | |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 1 | |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 1 | |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |

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|---|----------------------------------|----------------------------|
| <i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | 1 QL (91 per 84 days) |
| <i>deblitane oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28)) | 1 |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | (Apri) | 1 |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> | (Jasmiel (28)) | 1 |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> | (Syeda) | 1 |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 1 |
| ELLA ORAL TABLET 30 MG | | 1 QL (6 per 365 days) |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 1 QL (1 per 28 days) |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 1 QL (1 per 28 days) |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (levonorg-eth estrad triphasic) | 1 |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 1 |
| <i>errin oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 1 |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> | (Kelnor 1/35 (28)) | 1 |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> | (Kelnor 1-50 (28)) | 1 |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | (EluRyng) | 1 QL (1 per 28 days) |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 1 |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 1 |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 |

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|---|----------------------------------|------------------------------|------------------------------------|
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>hailey oral tablet 1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 1 | |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| <i>heather oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 1 | |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>jencycla oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | |
| <i>juleber oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 1 | |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 1 | |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | (norethindrone ac-eth estradiol) | 1 | |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>kalliga oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 1 | |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 1 | |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 1 | |
| <i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (LoJaimiess) | 1 | QL (91 per 84 days) |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia) | 1 | QL (91 per 84 days) |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol) | 1 | |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol) | 1 | |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic) | 1 | |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> (Balcoltra) | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28)) | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia) | 1 | QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse) | 1 | |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estradiol) | 1 | QL (91 per 84 days) |
| <i>loryna (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol) | 1 | |

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|---|----------------------------------|------------------------------|------------------------------------|
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 1 | |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>lultera (28) oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 1 | |
| <i>lyleq oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | |
| <i>lyza oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 1 | |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | | 1 | |
| <i>nikki (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane) | 1 | QL (3 per 28 days) |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | (Camila) | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> | (Aurovela 1.5/30 (21)) | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> | (Aurovela 1/20 (21)) | 1 | |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | (Merzee) | 1 | |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (Aurovela Fe 1-20 (28)) | 1 | |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (Aurovela Fe 1.5/30 (28)) | 1 | |

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|--|----------------------------------|------------------------------------|---------------------|
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | (Tri-Legest Fe) | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (Tri-Lo-Estarylla) | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (Tri-Estarylla) | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> | (Estarylla) | 1 | |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | | 1 | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | | 1 | |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 1 | |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | | 1 | |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 1 | |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | | 1 | |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | | 1 | |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 1 | |
| <i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i> | | 1 | |
| <i>pirmella oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 1 | |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 1 | |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 1 | |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 1 | |

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|---|-------------------------------------|------------------------------|------------------------------------|
| <i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estradiol) | 1 | QL (91 per 84 days) |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estradiol) | 1 | |
| <i>syeda oral tablet 3-0.03 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7)/1mg-35mcg (9)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (levonorg-eth estradiol triphasic) | 1 | |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tulana oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol) | 1 | |
| <i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i> | 1 | |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> | 1 | |
| <i>vestura (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol) | 1 | |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol) | 1 | |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol) | 1 | |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i> | 1 | |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol) | 1 | |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i> | 1 | |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| <i>zarah oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol) | 1 | |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> (ethynodiol diac-eth estradiol) | 1 | |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol) | 1 | |
| Anticonvulsivos | | |
| Anticonvulsivos | | |
| APTOM ORAL TABLET 200 MG, 400 MG | 1 | ST; NM; NDS; QL (30 per 30 days) |
| APTOM ORAL TABLET 600 MG, 800 MG | 1 | ST; NM; NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | 1 | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 1 | QL (600 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 |
|--|------------------------------|--|
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 1 | QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol) | 1 | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol) | 1 | |
| <i>carbamazepine oral tablet 200 mg</i> (Epilex) | 1 | |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | 1 | |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 1 | |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi) | 1 | QL (480 per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi) | 1 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 1 | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | 1 | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | 1 | 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> | 1 | |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles) | 1 | |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER) | 1 | |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote) | 1 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 1 | PA NSO; NM; NDS |
| <i>epilex oral tablet 200 mg</i> (carbamazepine) | 1 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 1 | ST; QL (480 per 30 days) |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | 1 | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>felbamate oral suspension 600 mg/5 ml</i> | 1 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol) | 1 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 1 | PA NSO; NM; NDS |
| <i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx) | 1 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 1 | ST; NM; NDS; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 1 | ST; NM; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 1 | ST; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 1 | ST; NM; NDS; QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin) | 1 | QL (360 per 30 days) |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin) | 1 | QL (270 per 30 days) |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin) | 1 | QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin) | 1 | QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin) | 1 | QL (120 per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat) | 1 | QL (200 per 5 days) |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat) | 1 | QL (1200 per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat) | 1 | QL (60 per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal) | 1 | |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT) | 1 | |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra) | 1 | |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra) | 1 | |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra) | 1 | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR) | 1 | |
| <i>methsuximide oral capsule 300 mg</i> (Celontin) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 1 | QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal) | 1 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal) | 1 | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125) | 1 | |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs) | 1 | |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended) | 1 | |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek) | 1 | |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | 1 | |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i> | 1 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica) | 1 | QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica) | 1 | QL (60 per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica) | 1 | QL (900 per 30 days) |
| <i>primidone oral tablet 125 mg</i> | 1 | |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline) | 1 | |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel) | 1 | ST; NM; NDS |
| <i>rufinamide oral tablet 200 mg</i> (Banzel) | 1 | ST |
| <i>rufinamide oral tablet 400 mg</i> (Banzel) | 1 | ST; NM; NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | 1 | PA BvD; NM; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG | 1 | ST; QL (60 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG | 1 | ST; QL (120 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine) | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 1 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 1 | PA NSO; QL (60 per 30 days) |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 1 | |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax) | 1 | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | 1 | |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | 1 | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 1 | |
| <i>valproic acid oral capsule 250 mg</i> | 1 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML) | 1 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2) | 1 | NM; NDS |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone) | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone) | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin) | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin) | 1 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet 500 mg</i> (vigabatrin) | 1 | 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) | 1 | ST; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 50 MG | 1 | ST; QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---|
| XCOPRI ORAL TABLET 150 MG, 200 MG | 1 | ST; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 1 | ST |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 1 | |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 1 | |
| <i>zonisamide oral capsule 50 mg</i> | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 1 | 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 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 1 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 1 | ST; NM; NDS |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 1 | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | 1 | |
| <i>bupropion hcl oral tablet sustained- release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 1 | |
| <i>citalopram oral solution 10 mg/5 ml</i> | 1 | QL (600 per 30 days) |
| <i>citalopram oral tablet 10 mg</i> (Celexa) | 1 | QL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa) | 1 | QL (30 per 30 days) |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | 1 | |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin) | 1 | |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 1 | |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 1 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 1 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 1 | ST; QL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 1 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 1 | ST; NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 1 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro) | 1 | |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 1 | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 1 | ST; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac) | 1 | |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | 1 | |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| MARPLAN ORAL TABLET 10 MG | 1 | |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron) | 1 | |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i> | 1 | |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 1 | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------------|
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 1 | |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| <i>phenelzine oral tablet 15 mg</i> (Nardil) | 1 | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft) | 1 | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | 1 | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG | 1 | PA NSO |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 1 | PA NSO; NM; NDS |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate) | 1 | |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 1 | |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 1 | QL (30 per 30 days) |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i> | 1 | QL (60 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR) | 1 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 1 | QL (90 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 1 | |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | 1 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 1 | PA NSO; NM; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 1 | PA NSO; NM; NDS; QL (14 per 14 days) |

Antifúngicos

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| Antifúngicos | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 1 | PA BvD |
| <i>amphotericin b injection recon soln</i> 50 mg | 1 | PA BvD |
| <i>amphotericin b liposome intravenous</i> (AmBisome) <i>suspension for reconstitution 50 mg</i> | 1 | PA BvD; NM; NDS |
| <i>casposfungin intravenous recon soln</i> (Cancidas) 50 mg | 1 | |
| <i>casposfungin intravenous recon soln</i> (Cancidas) 70 mg | 1 | NM; NDS |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | 1 | QL (180 per 30 days) |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | 1 | QL (19.8 per 30 days) |
| <i>clotrimazole mucous membrane</i> <i>troche 10 mg</i> | 1 | |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole)) | 1 | |
| <i>clotrimazole topical solution 1 %</i> | 1 | |
| <i>clotrimazole-betamethasone topical</i> <i>cream 1-0.05 %</i> | 1 | QL (90 per 30 days) |
| <i>econazole topical cream 1 %</i> | 1 | QL (170 per 30 days) |
| <i>fluconazole in nacl (iso-osm)</i> <i>intravenous piggyback 100 mg/50 ml,</i> <i>200 mg/100 ml, 400 mg/200 ml</i> | 1 | |
| <i>fluconazole oral suspension for</i> (Diflucan) <i>reconstitution 10 mg/ml, 40 mg/ml</i> | 1 | |
| <i>fluconazole oral tablet 100 mg, 200</i> (Diflucan) <i>mg</i> | 1 | |
| <i>fluconazole oral tablet 150 mg, 50</i> <i>mg</i> | 1 | |
| <i>flucytosine oral capsule 250 mg, 500</i> (Ancobon) <i>mg</i> | 1 | NM; NDS |
| <i>griseofulvin microsize oral</i> <i>suspension 125 mg/5 ml</i> | 1 | |
| <i>griseofulvin microsize oral tablet 500</i> <i>mg</i> | 1 | |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | 1 | |
| <i>ketoconazole oral tablet 200 mg</i> | 1 | |
| <i>ketoconazole topical cream 2 %</i> | 1 | QL (180 per 30 days) |

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|---|------------------------------|------------------------------------|
| <i>ketoconazole topical foam 2 %</i> (Extina) | 1 | ST; QL (100 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i> | 1 | QL (360 per 30 days) |
| <i>miconazole-3 vaginal suppository 200 mg</i> | 1 | |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG | 1 | PA; NM; NDS |
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin) | 1 | QL (60 per 30 days) |
| <i>nystatin oral suspension 100,000 unit/ml</i> | 1 | QL (900 per 30 days) |
| <i>nystatin oral tablet 500,000 unit</i> | 1 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>nystatin topical ointment 100,000 unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc) | 1 | QL (60 per 30 days) |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | 1 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 1 | |
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin) | 1 | QL (60 per 30 days) |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil) | 1 | PA; NM; NDS |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil) | 1 | PA; NM; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV) | 1 | PA BvD; NM; NDS |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 1 | PA; NM; NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend) | 1 | |
| Antihistamínicos | | |
| Antihistamínicos | | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | 1 | PA-HRM; AGE (Max 64 Years) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 1 | |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | 1 | |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | 1 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 1 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief) | 1 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| Antimicobacteriales | | |
| Antimicobacteriales | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 1 | |
| <i>ethambutol oral tablet 100 mg</i> | 1 | |
| <i>ethambutol oral tablet 400 mg</i> (Myambutol) | 1 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | |
| PRETOMANID ORAL TABLET 200 MG | 1 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG | 1 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 1 | |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin) | 1 | |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin) | 1 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 1 | PA; NM; NDS |
| TRECTOR ORAL TABLET 250 MG | 1 | |
| Antivirales (Sitémico) | | |
| Antirretrovirales | | |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen) | 1 | |
| <i>abacavir oral tablet 300 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | 1 | |
| APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 1 | NM; NDS; QL (24 per 365 days) |
| APTIVUS ORAL CAPSULE 250 MG | 1 | NM; NDS |
| <i>atazanavir oral capsule 150 mg</i> | 1 | |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz) | 1 | |
| BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG | 1 | 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 | 1 | NM; NDS |
| <i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i> | 1 | NM; NDS; QL (24 per 365 days) |
| <i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude) | 1 | NM; NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | 1 | NM; NDS |
| COMPLERA ORAL TABLET 200- 25-300 MG | 1 | NM; NDS |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista) | 1 | NM; NDS |
| DELSTRIGO ORAL TABLET 100- 300-300 MG | 1 | NM; NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 1 | NM; NDS |
| <i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i> | 1 | |
| DOVATO ORAL TABLET 50-300 MG | 1 | NM; NDS |
| EDURANT ORAL TABLET 25 MG | 1 | NM; NDS |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 1 | |
| <i>efavirenz oral tablet 600 mg</i> | 1 | |

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|---|------------------------------|------------------------------------|
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla) | 1 | NM; NDS |
| <i>efavirenz-lamivudina-tenofovir disoproxil fumarato oral tablet 400-300-300 mg</i> (Symfi Lo) | 1 | NM; NDS |
| <i>efavirenz-lamivudina-tenofovir disoproxil fumarato oral tablet 600-300-300 mg</i> (Symfi) | 1 | NM; NDS |
| <i>emtricitabina oral capsula 200 mg</i> (Emtriva) | 1 | |
| <i>emtricitabina-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | 1 | NM; NDS |
| <i>emtricitabina-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada) | 1 | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 1 | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | 1 | |
| <i>etravirina oral tablet 100 mg, 200 mg</i> (Intelence) | 1 | NM; NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 1 | NM; NDS |
| <i>fosamprenavir oral tablet 700 mg</i> | 1 | NM; NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 1 | NM; NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 1 | NM; NDS |
| INTELENCE ORAL TABLET 25 MG | 1 | |
| INVIRASE ORAL TABLET 500 MG | 1 | NM; NDS |
| ISENTRESS HD ORAL TABLET 600 MG | 1 | NM; NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 1 | NM; NDS |
| ISENTRESS ORAL TABLET 400 MG | 1 | NM; NDS |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG | 1 | NM; NDS |
| ISENTRESS ORAL TABLET, CHEWABLE 25 MG | 1 | |
| JULUCA ORAL TABLET 50-25 MG | 1 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 1 | |
| <i>lamivudine oral tablet 100 mg</i> | 1 | |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir) | 1 | |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 1 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 1 | |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 1 | QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | 1 | QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | 1 | QL (120 per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry) | 1 | NM; NDS |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | 1 | |
| <i>nevirapine oral tablet 200 mg</i> | 1 | |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 1 | |
| NORVIR ORAL POWDER IN PACKET 100 MG | 1 | |
| NORVIR ORAL SOLUTION 80 MG/ML | 1 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 1 | NM; NDS |
| PIFELTRO ORAL TABLET 100 MG | 1 | NM; NDS |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 1 | NM; NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 1 | NM; NDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 1 | NM; NDS |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 1 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 1 | NM; NDS |

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|--|------------------------------|------------------------------------|
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | 1 | NM; NDS |
| <i>ritonavir oral tablet 100 mg</i> (Norvir) | 1 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 1 | NM; NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 1 | NM; NDS |
| SELZENTRY ORAL TABLET 25 MG | 1 | |
| SELZENTRY ORAL TABLET 75 MG | 1 | NM; NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 1 | NM; NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK) | 1 | NM; NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 1 | PA BvD; NM; NDS |
| SYM TUZA ORAL TABLET 800-150-200-10 MG | 1 | NM; NDS |
| TEMIXYS ORAL TABLET 300-300 MG | 1 | NM; NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 1 | |
| TIVICAY ORAL TABLET 10 MG | 1 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 1 | NM; NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 1 | NM; NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 1 | NM; NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 1 | NM; NDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 1 | NM; NDS |

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|---|-----------------------|----------------------------------|
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 1 | NM; NDS |
| VEMLIDY ORAL TABLET 25 MG | 1 | ST; NM; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 1 | NM; NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 1 | NM; NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 1 | NM; NDS |
| VOCABRIA ORAL TABLET 30 MG | 1 | |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 1 | |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | 1 | |
| <i>zidovudine oral tablet 300 mg</i> | 1 | |
| Antivirales Hcv | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 1 | PA; NM; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 1 | PA; NM; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| Antivirales, Varios | | |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir) | 1 | PA BvD |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu) | 1 | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu) | 1 | QL (48 per 180 days) |

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|---|------------------------------|------------------------------------|
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu) | 1 | QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 1 | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | 1 | \$0 copay; QL (30 per 5 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML | 1 | PA; NM; NDS; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML | 1 | PA; NM; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 1 | PA; NM; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 1 | QL (60 per 180 days) |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine) | 1 | |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | 1 | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 80 MG | 1 | QL (2 per 180 days) |
| Interferones | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 1 | PA; NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 1 | PA; NM; NDS |
| Nucleósidos Y Nucleótidos | | |
| <i>acyclovir oral capsule 200 mg</i> | 1 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax) | 1 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 1 | |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i> | 1 | PA BvD |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 1 | PA BvD |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | 1 | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | 1 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 1 | |
| <i>lagevrio (eua) oral capsule 200 mg</i> | 1 | QL (40 per 5 days) |
| <i>ribavirin oral capsule 200 mg</i> | 1 | |
| <i>ribavirin oral tablet 200 mg</i> | 1 | |

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|---|-----------------------|----------------------------|
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex) | 1 | |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte) | 1 | |
| Dispositivos | | |
| Dispositivos | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |

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

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|--|-----------------------|----------------------------|
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 1 | |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 1 | |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 1 | |
| BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100) | 1 | |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 " | 1 | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | |
| BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64" | 1 | |
| BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2" | 1 | |
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1" | 1 | |
| BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100) | 1 | |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2" | 1 | |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | 1 | |
| BD INSULIN SYR 1 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1 ML 28 GAUGE X 1/2" Syringe) | 1 | |
| BD INSULIN SYRINGE 1 ML W/O (insulin syringe NEEDLE needleless) | 1 | |
| BD LUER-LOK SYRINGE 1 ML (Easy Touch Luer Lock Insulin) | 1 | |
| BD NANO 2 GEN PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | 1 | |

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|---|-----------------------|----------------------------|
| BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 1 | |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | 1 | |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | 1 | |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | 1 | |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | 1 | |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | 1 | |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2" | 1 | |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | 1 | |
| BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | 1 | |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 1 | |
| BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 1 | |

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|---|-----------------------|----------------------------|
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 1 | |
| BORDERED GAUZE 2"X2" 2 X 2 " (gauze bandage) | 1 | |
| CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16" (Advocate Syringes) | 1 | |
| CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | 1 | |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16 | 1 | |
| CARETOUCH SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100) | 1 | |
| CARETOUCH SYR 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X 5/16 u-100) | 1 | |
| CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| CLICKFINE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | 1 | |
| CLICKFINE UNIVERSAL 31G X (pen needle, diabetic) 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | 1 | |
| COMFORT EZ INS 0.3 ML (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2" | 1 | |
| COMFORT EZ INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16" | 1 | |
| COMFORT EZ INS 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16" | 1 | |
| COMFORT EZ INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 31 GAUGE X 5/16" u-100) | 1 | |
| COMFORT EZ INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", 0.5 u-100) ML 31 GAUGE X 5/16" | 1 | |
| COMFORT EZ PEN NEEDLE (pen needle, diabetic) 12MM 29G 29 GAUGE X 1/2" | 1 | |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | 1 | |
| COMFORT EZ PEN NEEDLES (pen needle, diabetic) 4MM 33G 33 GAUGE X 5/32" | 1 | |

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| COMFORT EZ SYR 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X 1/2" u-100) | 1 | |
| COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X 1/2" u-100) | 1 | |
| COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100) | 1 | |
| COMFORT POINT PEN ND 31GX1/3" 31 GAUGE X 1/3" | 1 | |
| COMFORT POINT PEN ND 31GX1/6" 31 GAUGE X 1/6" | 1 | |
| COMFORT TOUCH PEN ND 31G (pen needle, diabetic) 4MM 31 GAUGE X 5/32" | 1 | |
| COMFORT TOUCH PEN ND 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 1 | |
| COMFORT TOUCH PEN ND 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 1 | |
| COMFORT TOUCH PEN ND 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 1 | |
| COMFORT TOUCH PEN ND 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| COMFORT TOUCH PEN ND 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16" | 1 | |
| COMFORT TOUCH PEN ND 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4" | 1 | |
| COMFORT TOUCH PEN ND 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16" | 1 | |
| COMFORT TOUCH PEN ND 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32" | 1 | |
| COMFORT TOUCH PEN ND 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4" | 1 | |
| COMFORT TOUCH PEN ND (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16" | 1 | |
| CURAD GAUZE PADS 2" X 2" 2 X 2 " | 1 | |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | 1 | |
| CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 " | 1 | |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | 1 | |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | 1 | |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | 1 | |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | 1 | |
| DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2" | 1 | |
| DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2" | 1 | |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | 1 | |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | 1 | |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | 1 | |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | 1 | |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | 1 | |
| DROPLET INS SYR 0.3 ML (insulin syringe-needle 30GX8MM 0.3 ML 30 GAUGE X u-100) 5/16" | 1 | |
| DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64" | 1 | |
| DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX8MM 0.3 ML 31 GAUGE X u-100) 5/16" | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" | 1 | |
| DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 1 | |
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | 1 | |
| DROPLET PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2" | 1 | |
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 30GX5/16" 30 GAUGE X 5/16" | 1 | |
| DROPLET PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| DROPLET PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |

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|---|-----------------------|----------------------------|
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | 1 | |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 1 | |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | 1 | |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | 1 | |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | 1 | |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | 1 | |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | 1 | |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety) | 1 | |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| DRUG MART ULTRA COMFORT (insulin syringe-needle SYR 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | 1 | |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 1 | |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 1 | |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | 1 | |
| EASY COMFORT 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100) | 1 | |
| EASY COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16" | 1 | |
| EASY COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2" | 1 | |

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

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|---|-----------------------|----------------------------|
| EASY GLIDE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32" | 1 | |
| EASY TOUCH 0.3 ML SYR (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2" | 1 | |
| EASY TOUCH 0.5 ML SYR (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X u-100) 1/2" | 1 | |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH 0.5 ML SYR (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2" | 1 | |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH 1 ML SYR (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100) | 1 | |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | 1 | |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 30 GAUGE X 5/16", 0.3 u-100) ML 31 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", 0.5 u-100) ML 31 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML 1 ML 30 GAUGE X 5/16, 1 ML u-100) 31 GAUGE X 5/16 | 1 | |
| EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML RETRACTABLE 1 ML 30 u-100) GAUGE X 1/2" | 1 | |

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|--|-----------------------|----------------------------|
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 1 | |
| EASY TOUCH LUER LOK INSUL 1 ML (insulin syringe needleless) | 1 | |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | 1 | |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | 1 | |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | 1 | |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | 1 | |
| EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH UNI-SLIP SYR 1 ML (insulin syringe needleless) | 1 | |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | 1 | |
| EMBRACE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2" | 1 | |
| EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 5MM 30 GAUGE X 3/16" | 1 | |
| EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 8MM 30 GAUGE X 5/16" | 1 | |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 1 | |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 1 | |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 1 | |
| EMBRACE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| EQL INSULIN 0.3 ML SYRINGE (Ultra Comfort Insulin Syringe) SHORT NEEDLE 0.3 ML 30 | 1 | |
| EQL INSULIN 0.5 ML SYRINGE (Ultra Comfort Insulin Syringe) SHORT NEEDLE 1/2 ML 30 GAUGE | 1 | |
| EQL INSULIN 1 ML SYRINGE (Ultra Comfort Insulin Syringe) SHORT NEEDLE 1 ML 30 GAUGE X 7/16" | 1 | |
| EXEL INSULIN SYRINGE 27G-1 (insulin syringe-needle u-100) ML 1 ML 27 GAUGE X 1/2" | 1 | |
| FIFTY50 INS 0.5 ML 31GX5/16" (Advocate Syringes) SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16" | 1 | |

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|--|-----------------------|----------------------------|
| FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16 (Advocate Syringes) | 1 | |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE (Ultra Comfort Insulin Syringe) | 1 | |
| FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100) (insulin syringe-needle u-100) | 1 | |
| FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 u-100) (insulin syringe-needle u-100) | 1 | |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage) | 1 | |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" | 1 | |
| GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100) | 1 | |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100) | 1 | |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE | 1 | |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100) | 1 | |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | 1 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | 1 | |
| INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (Advocate Syringes) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (UltiCare Insuln Syr(half unit)) | 1 | |
| INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 1 | |
| INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 1 | |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 1 | |
| INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 1 | |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes) | 1 | |
| INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe) | 1 | |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100) | 1 | |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe) | 1 | |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100) | 1 | |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe) | 1 | |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | 1 | |
| INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok) | 1 | |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16" (Advocate Syringes) | 1 | |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe) | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe) | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe) | 1 | |

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|--|--------------------------------|------------------------------|------------------------------------|
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE | (Monoject Syringe) | 1 | |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| LISCO SPONGES 100/BAG 2 X 2 " | | 1 | |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE | | 1 | |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100) | 1 | |
| MAXICOMFORT INS 1 ML (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100) | 1 | |
| MAXI-COMFORT INS 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100) | 1 | |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | 1 | |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | 1 | |
| MICRODOT PEN NEEDLE (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4" | 1 | |
| MICRODOT PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32" | 1 | |
| MICRODOT PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32" | 1 | |
| MINI PEN NEEDLE 32G 4MM 32 (1st Tier Unifine GAUGE X 5/32" Pentips) | 1 | |
| MINI PEN NEEDLE 32G 5MM 32 (CareFine Pen Needle) GAUGE X 3/16" | 1 | |
| MINI PEN NEEDLE 32G 6MM 32 (BD Ultra-Fine Micro GAUGE X 1/4" Pen Needle) | 1 | |
| MINI PEN NEEDLE 32G 8MM 32 (Comfort EZ Pen GAUGE X 5/16" Needles) | 1 | |
| MINI PEN NEEDLE 33G 4MM 33 (Advocate Pen Needle) GAUGE X 5/32" | 1 | |
| MINI PEN NEEDLE 33G 5MM 33 (Comfort EZ Pen GAUGE X 3/16" Needles) | 1 | |
| MINI PEN NEEDLE 33G 6MM 33 (Comfort EZ Pen GAUGE X 1/4" Needles) | 1 | |
| MINI ULTRA-THIN II PEN NDL (pen needle, diabetic) 31G STERILE 31 GAUGE X 3/16" | 1 | |
| MONOJECT 0.5 ML SYRN (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE u-100) | 1 | |
| MONOJECT 1 ML SYRN 27X1/2" 1 (insulin syringe-needle ML 27 GAUGE X 1/2" u-100) | 1 | |
| MONOJECT 1 ML SYRN 28GX1/2" (insulin syringe-needle (OTC) 1 ML 28 GAUGE X 1/2" u-100) | 1 | |
| MONOJECT INSUL SYR U100 (insulin syringe-needle (OTC) 0.3 ML 29 GAUGE X 1/2" u-100) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable)) | 1 | |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2" | 1 | |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| NOVOFINE 30 NEEDLE | 1 | |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | 1 | |
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5" | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | 1 | QL (1 per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 1 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16" | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle) 30 GAUGE X 3/16" | 1 | |
| PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16" | 1 | |
| PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16" | 1 | |
| PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips NEEDLE 29 GAUGE X 1/2" Plus) | 1 | |
| PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2" | 1 | |
| PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32" | 1 | |
| PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4" | 1 | |
| PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | 1 | |
| PENTIPS PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2" | 1 | |
| PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16" | 1 | |
| PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16" | 1 | |
| PENTIPS PEN NEEDLE 32G 6MM (pen needle, diabetic) 32 GAUGE X 1/4" | 1 | |
| PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| PENTIPS PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4" | 1 | |
| PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic) GAUGE X 3/16" | 1 | |
| PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic) GAUGE X 5/32" | 1 | |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100) | 1 | |

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

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|--|-----------------------|----------------------------|
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | 1 | |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle) | 1 | |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | 1 | |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | 1 | |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF) | 1 | |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF) | 1 | |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF) | 1 | |
| RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 (Ultilet Insulin Syringe) | 1 | |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16" | 1 | |
| RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| RELION NEEDLES NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | 1 | |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | 1 | |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | 1 | |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | 1 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | 1 | |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl) | 1 | |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, safety) | 1 | |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 1 | |
| SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | 1 | |
| SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | 1 | |
| SECURES SAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | 1 | |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | 1 | |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | 1 | |
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | |
| STERILE PADS 2" X 2" 2 X 2 " (gauze bandage) | 1 | |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 1 | |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 1 | |
| NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | 1 | |
| TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2" | 1 | |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | 1 | |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | 1 | |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | |
| TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2" | 1 | |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | 1 | |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | 1 | |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | 1 | |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | 1 | |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 1 | |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| TECHLITE PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2" | 1 | |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |
| TERUMO INS SYR 0.3 ML (Comfort EZ Insulin Syringe) 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | 1 | |
| TERUMO INS SYRINGE U100-1 (insulin syringe-needle u-100) ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 1 | |
| TERUMO INS SYRINGE U100-1 (Thinpro Insulin Syringe) ML 1 ML 30 GAUGE X 3/8" | 1 | |
| TERUMO INS SYRINGE U100-1/2 (insulin syringe-needle u-100) ML 1/2 ML 30 X 3/8" | 1 | |
| TERUMO INS SYRINGE U100-1/3 (insulin syringe-needle u-100) ML 0.3 ML 30 X 3/8" | 1 | |
| TERUMO INS SYRNG U100-1/2 (insulin syringe-needle u-100) ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 1 | |
| THINPRO INS SYRIN U100-0.3 (insulin syringe-needle u-100) ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" | 1 | |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8" | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| THINPRO INS SYRIN U100-0.5 (insulin syringe-needle u-100) ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | 1 | |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8" | 1 | |
| THINPRO INS SYRIN U100-1 ML (insulin syringe-needle u-100) 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" | 1 | |
| THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8" | 1 | |
| TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic) 31 GAUGE X 1/4" | 1 | |
| TOPCARE CLICKFINE 31G X (pen needle, diabetic) 5/16" 31 GAUGE X 5/16" | 1 | |
| TOPCARE ULTRA COMFORT (insulin syringe-needle u-100) 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 | 1 | |
| TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle u-100) 5/16" 0.5 ML 30 GAUGE X 5/16" | 1 | |
| TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle u-100) 5/16" 0.5 ML 31 GAUGE X 5/16" | 1 | |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | 1 | |
| TRUE CMFT SFTY PEN NDL 31G (pen needle, diabetic, safety) 5MM 31 GAUGE X 3/16" | 1 | |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 1 | |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 1 | |
| TRUE COMFORT 0.5 ML (insulin syringe-needle u-100) 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 1 | |
| TRUE COMFORT 1 ML 31GX5/16" (insulin syringe-needle u-100) 1 ML 31 GAUGE X 5/16" | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | 1 | |
| TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |

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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) | 1 |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) | 1 |
| ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 |
| ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2" | 1 | |
| ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | 1 | |
| ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4" | 1 | |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | 1 | |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | 1 | |
| ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100) | 1 | |
| ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16" | 1 | |
| ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100) | 1 | |
| ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16" | 1 | |
| ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100) | 1 | |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | 1 | |
| ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2" | 1 | |
| ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32" | 1 | |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | 1 | |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | 1 | |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | 1 | |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | 1 | |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | 1 | |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-------------------------------------|----------------------------|
| ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4" | 1 | |
| ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | 1 | |
| ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | 1 | |
| ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 1 | |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 1 | |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) 1 | |
| ULTILET PEN NEEDLE 29 GAUGE | 1 | |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) 1 | |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 1 | |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) 1 | |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 1 | |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) 1 | |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) 1 | |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) 1 | |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2" | 1 | |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16" | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | |
| ULTRA FLO PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 1 | |
| ULTRA FLO PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 1 | |
| ULTRA FLO PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| ULTRA FLO PEN NEEDLE 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32" | 1 | |
| ULTRA FLO PEN NEEDLES (pen needle, diabetic) 12MM 29G 29 GAUGE X 1/2" | 1 | |
| ULTRA FLO SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2" | 1 | |
| ULTRA FLO SYR 0.3 ML 30G (insulin syringe-needle 5/16" 0.3 ML 30 GAUGE X u-100) 5/16" | 1 | |
| ULTRA FLO SYR 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X u-100) 5/16" | 1 | |
| ULTRA FLO SYR 0.5 ML 29G 1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X u-100) 1/2" | 1 | |
| ULTRA THIN PEN NDL 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| ULTRACARE INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16" | 1 | |
| ULTRACARE INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16" | 1 | |
| ULTRACARE INS 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2" | 1 | |
| ULTRACARE INS 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16" | 1 | |
| ULTRACARE INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16" | 1 | |
| ULTRACARE INS 1 ML 30G X (insulin syringe-needle 5/16" 1 ML 30 GAUGE X u-100) 5/16" | 1 | |

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| UNIFINE PENTIPS 12MM 29G (pen needle, diabetic) 29GX12MM, STRL 29 GAUGE X 1/2" | 1 | |
| UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | 1 | |
| UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4" | 1 | |
| UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | 1 | |
| UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic) GAUGE X 5/32" | 1 | |
| UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4" | 1 | |
| UNIFINE PENTIPS MAX (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16" | 1 | |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32" | 1 | |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | 1 | |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | 1 | |

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 1 | |
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 1 | |
| VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | 1 | |
| VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100) | 1 | |
| VERIFINE SYRING 1 ML 31G (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16 u-100) | 1 | |
| VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100) | 1 | |
| VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100) | 1 | |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | 1 | |
| V-GO 20 DEVICE | 1 | QL (30 per 30 days) |
| V-GO 30 DEVICE | 1 | QL (30 per 30 days) |
| V-GO 40 DEVICE | 1 | QL (30 per 30 days) |
| Preparaciones De Reemplazo | | |
| Preparaciones De Reemplazo | | |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i> | 1 | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 1 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 1 | |
| <i>electrolyte-148 intravenous (Plasma-Lyte 148) parenteral solution</i> | 1 | |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE | 1 | |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 1 | |

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|---|------------------------------|------------------------------------|
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride) | 1 | |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride) | 1 | |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride) | 1 | |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | 1 | |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | 1 | |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 1 | |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i> | 1 | |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i> | 1 | |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i> | 1 | PA BvD |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | 1 | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | 1 | |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10) | 1 | |
| <i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab) | 1 | |

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|---|------------------------------|------------------------------------|
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8) | 1 | |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10) | 1 | |
| <i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15) | 1 | |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20) | 1 | |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> | 1 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 1 | |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | 1 | |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5) | 1 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | 1 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 1 | |
| <i>sodium chloride 0.9 % intravenous piggyback</i> | 1 | |
| Productos Sanguíneos/Modificadores/Expansores De Volumen | | |
| Agentes Hematológicos, Varios | | |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | 1 | |
| <i>anagrelide oral capsule 1 mg</i> | 1 | |
| CABLIVI INJECTION KIT 11 MG | 1 | PA; NM; NDS; QL (30 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 1 | |
| <i>protamine intravenous solution 10 mg/ml</i> | 1 | |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron) | 1 | |
| <i>tranexamic acid oral tablet 650 mg</i> | 1 | |
| Anticoagulantes | | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa) | 1 | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 1 | |
| ELIQUIS ORAL TABLET 2.5 MG | 1 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 1 | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox) | 1 | QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox) | 1 | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox) | 1 | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox) | 1 | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox) | 1 | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox) | 1 | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra) | 1 | NM; NDS; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra) | 1 | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra) | 1 | NM; NDS; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra) | 1 | NM; NDS; QL (18 per 30 days) |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | 1 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i> | 1 | |
| <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 | |

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|--|------------------------------|------------------------------------|
| <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 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | 1 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 1 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 1 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 1 | QL (60 per 30 days) |
| Inhibidores De Agregación De Plaquetas | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 1 | QL (60 per 30 days) |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 1 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 1 | |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | 1 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 1 | |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient) | 1 | QL (30 per 30 days) |
| Modificadores De Formación De Sangre | | |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 1 | PA; NM; NDS |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NM; NDS |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA; NM; NDS |

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|---|------------------------------|--------------------------------------|
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA; NM; NDS |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 1 | PA; NM; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 1 | PA; NM; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG | 1 | NM; NDS |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 1 | PA; NM; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA; NM; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA; NM; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NM; NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 1 | PA; NM; NDS; QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 1 | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 1 | PA; NM; NDS; QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 1 | PA; NM; NDS; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 1 | PA; NM; NDS; QL (60 per 30 days) |
| RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA; NM; NDS |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | 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 | 1 | PA; QL (12 per 28 days) |

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|--|-----------------------|-------------------------------------|
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 1 | PA; QL (4 per 28 days) |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 6 MG/0.6 ML | 1 | PA; NM; NDS |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 1 | PA; NM; NDS |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NM; NDS |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA; NM; NDS |
| Reemplazo/Modificadores De Enzima | | |
| Reemplazo/Modificadores De Enzima | | |
| CERDELGA ORAL CAPSULE 84 MG | 1 | PA; NM; NDS |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 1 | |
| GALAFOLD ORAL CAPSULE 123 MG | 1 | PA; NM; NDS; QL (14 per 28 days) |
| <i>javygtor oral tablet,soluble 100 mg</i> (sapropterin) | 1 | PA; NM; NDS |
| <i>miglustat oral capsule 100 mg</i> (Yargesa) | 1 | PA; NM; NDS; QL (90 per 30 days) |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin) | 1 | PA; NM; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 1 | PA; NM; NDS |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 1 | PA; NM; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 1 | PA BvD; NM; NDS |

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|---|------------------------------|------------------------------------|
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor) | 1 | PA; NM; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 1 | PA; NM; LA; NDS |
| <i>yargesa oral capsule 100 mg</i> (miglustat) | 1 | 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 | 1 | |
| Relajantes Musculares Esqueléticos | | |
| Relajantes Musculares Esqueléticos | | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| <i>chlorzoxazone oral tablet 500 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>dantrolene oral capsule 100 mg, 50 mg</i> | 1 | |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium) | 1 | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>revonto intravenous recon soln 20 mg</i> (dantrolene) | 1 | |
| <i>tizanidine oral tablet 2 mg</i> | 1 | |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex) | 1 | |
| Vitaminas Y Minerales | | |
| Vitaminas Y Minerales | | |
| <i>bal-care dha combo pack 27-1-430 mg</i> | 1 | |

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|--|------------------------------|------------------------------------|
| <i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i> | 1 | |
| <i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i> | 1 | |
| <i>completenate tablet chew 29 mg iron-1 mg</i> | 1 | |
| <i>folivane-ob capsule 85-1 mg</i> | 1 | |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i> | 1 | |
| <i>marnatal-f capsule 60 mg iron-1 mg</i> | 1 | |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 1 | |
| <i>mynatal advance oral tablet 90-1-50 mg</i> | 1 | |
| <i>mynatal capsule 65 mg iron- 1 mg</i> | 1 | |
| <i>mynatal oral tablet 90-1-50 mg</i> | 1 | |
| <i>mynatal plus captab 65 mg iron- 1 mg</i> | 1 | |
| <i>mynatal-z captab 65 mg iron- 1 mg</i> | 1 | |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i> | 1 | |
| <i>newgen tablet 32-1,000 mg-mcg</i> | 1 | |
| <i>niva-plus tablet 27 mg iron- 1 mg</i> | 1 | |
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i> | 1 | |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i> | 1 | |
| <i>o-cal prenatal tablet 15 mg iron-1,000 mcg</i> | 1 | |
| <i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i> | 1 | |
| <i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 1 | |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i> | 1 | |
| <i>pnv-omega softgel 28-1-300 mg</i> | 1 | |
| <i>pr natal 400 combo pack 29-1-400 mg</i> | 1 | |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i> | 1 | |

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>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i> | 1 | |
| <i>pr natal 430 ec combo pack 29-1-430 mg</i> | 1 | |
| <i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i> | 1 | |
| <i>prenaisance oral capsule 29-1.25-55-325 mg</i> | 1 | |
| <i>prenaisance plus oral capsule 28-1-50-250 mg</i> | 1 | |
| <i>prenatabs fa tablet 29-1 mg</i> | 1 | |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i> | 1 | |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i> | 1 | |
| <i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i> | 1 | |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> | (pnv,calcium 72-iron,carb-folic) | 1 |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> | (pnv,calcium 72-iron-folic acid) | 1 |
| <i>prenatal-u capsule 106.5-1 mg</i> | | 1 |
| <i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> | (pnv,calcium 72-iron-folic acid) | 1 |
| <i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i> | | 1 |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i> | | 1 |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | | 1 |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | | 1 |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i> | | 1 |
| <i>taron-c dha capsule 35-1-200 mg</i> | | 1 |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i> | | 1 |
| <i>triveen-duo dha combo pack 29-1-400 mg</i> | | 1 |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i> | 1 | |
| <i>virt-c dha softgel (rx) 35-1-200 mg</i> | 1 | |
| <i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i> | 1 | |
| <i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i> | 1 | |
| <i>virt-pn plus softgel (rx) 28-1-300 mg</i> | 1 | |
| <i>vitafol gummies 3.33 mg iron- 0.33 mg</i> | 1 | |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i> | 1 | |
| <i>vitafol-ob+dha combo pack 65-1-250 mg</i> | 1 | |
| <i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i> | 1 | |
| <i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i> | 1 | |
| <i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i> | 1 | |
| <i>zatean-pn plus softgel 28-1-300 mg</i> | 1 | |
| <i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i> | 1 | |

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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Este formulario fue actualizado el 1 de Abril de 2024.

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