

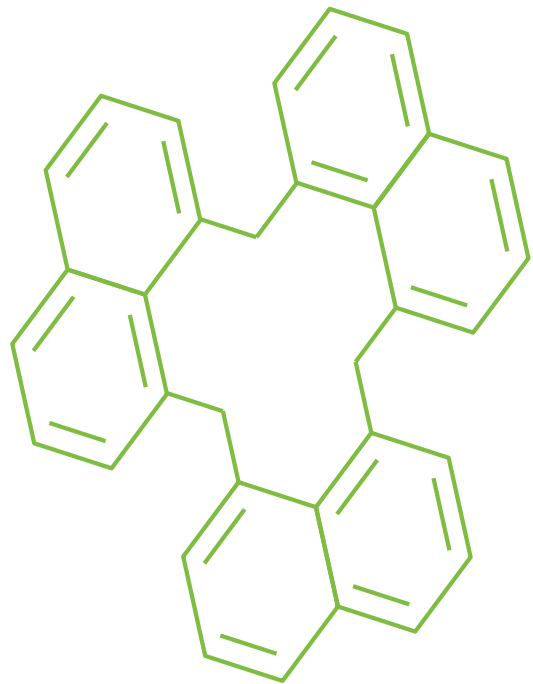
2024

Formulario de Medicamentos Recetados

Este formulario se actualizó el 07/01/2024. Para obtener la información más reciente o si tiene alguna pregunta, póngase en contacto con Servicios para Miembros de **BayCarePlus®** al (866) 509-5396 (TTY: 711) de 8am a pm, o visite Member.BayCarePlus.org. Los fines de semana, del 1ro de abril al 30 de septiembre, y los días festivos, podrá acceder a un servicio de mensajería. Deje un mensaje y le devolveremos la llamada el siguiente día laboral.

 **BayCarePlus®**
Medicare Advantage
BayCarePlus Rewards (HMO)
BayCarePlus Value (HMO)
BayCarePlus Complete (HMO)
BayCarePlus Premier (HMO)
BayCarePlus Freedom (HMO-POS)

**Al Servicio de los Condados de Hillsborough,
Pasco, Pinellas y Polk**



BayCare Health Plans (HMO)

Formulario 2024

(Lista de medicamentos cubiertos) **FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Nota para los miembros actuales: Este formulario ha cambiado desde el año pasado.

Mensaje importante sobre lo que paga por las vacunas: nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted. Llame a Servicio de atención a los miembros para obtener más información.

Mensaje importante sobre lo que paga por la insulina: no pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido en el que se encuentre, incluso si la insulina no se considera Insulina selecta en el Formulario de medicamentos con receta del plan.

Examine detenidamente este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando en esta lista de medicamentos (formulario) aparezca "nosotros" o "nuestros" se refiere a **Baycare Health Care Advantage (HMO)**. Cuando aparezca "plan" o "nuestro plan", se refiere a **Baycare Health Care Advantage (HMO)**

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está vigente a partir de julio 2024. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de nuestra última actualización del formulario, aparece en la portada y en la contraportada.

Por lo general, debe hacer uso de las farmacias de la red para utilizar su beneficio de medicamento con receta. Los beneficios, el formulario, la red de farmacias o los copagos/coaseguro pueden cambiar el 1 de enero de 2024 y cada cierto tiempo durante el año.

Identificador de envío del archivo de formulario aprobado por el Sistema de Gestión de Planes de Salud (Health Plan Management System, HPMS)00024086 Versión número 10

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07/01/2024

¿Qué es el formulario de Baycare Health Care Advantage (HMO)?

Un formulario es una lista de medicamentos cubiertos seleccionados por nosotros en consulta con un equipo de proveedores de servicios de salud, y que representa las terapias de recetas médicas que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, cubriremos los medicamentos incluidos en nuestro formulario mientras el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red del plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su evidencia de cobertura.

¿El formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero podemos agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare para estos cambios.

Cambios que pueden afectarle este año: En algunos casos, usted se verá afectado por el cambio de cobertura durante el año:

- **Medicamentos genéricos nuevos.** Puede que retiremos de inmediato un medicamento de marca comercial de nuestra lista de medicamentos si lo reemplazamos con un medicamento genérico nuevo que aparecerá en el nivel del mismo costo compartido o a un costo menor con las mismas restricciones o menos. Además, cuando agreguemos el medicamento genérico nuevo, puede que decidamos mantener el medicamento de marca comercial en nuestra lista de medicamentos, pero de inmediato lo cambiaremos a un nivel de costo compartido diferente o agregaremos nuevas restricciones. Si actualmente está tomando ese medicamento de marca comercial, puede que no le informemos por anticipado antes de que hagamos ese cambio, pero más adelante le daremos la información sobre los cambios específicos que hayamos hecho.
 - Si hacemos dicho cambio, usted o la persona que recetó el medicamento pueden solicitarnos que hagamos una excepción para que sigamos cubriendo el medicamento de marca comercial. El aviso que le daremos también incluirá información sobre cómo solicitar una excepción y, además, puede encontrar información en la siguiente sección que se titula: “¿Cómo solicitar una excepción al formulario de Baycare Health Care Advantage (HMO)?”.
- **Medicamentos retirados del mercado.** En caso de que la Administración de Alimentos y Medicamentos determine que uno de los medicamentos de nuestro formulario es inseguro, o de que el fabricante del medicamento lo retire del mercado, eliminaremos de inmediato el medicamento de nuestro formulario y le daremos aviso a los miembros que lo toman.
- **Otros cambios.** Podríamos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca incluido actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o ambos. O puede que hagamos cambios de acuerdo a nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, o les añadimos requisitos de autorización previa, límite de cantidad o restricciones de terapia escalonada, o si movemos un medicamento a un nivel más alto de costo compartido, debemos notificarles el cambio a los miembros afectados, por lo menos, 30 días

antes de que el cambio entre en vigor, o en el momento en el que el miembro solicite un nuevo surtido del medicamento, momento en el cual el miembro recibirá un surtido del medicamento para 30 días..

- Si hacemos estos otros cambios, usted o la persona que recetó el medicamento pueden solicitarnos que hagamos una excepción para que sigamos cubriendo el medicamento de marca comercial. El aviso que le daremos también incluirá información sobre cómo solicitar una excepción y, además, puede encontrar información en la siguiente sección que se titula: “¿Cómo solicitar una excepción al formulario de Baycare Health Care Advantage (HMO)?”.

Cambios que no lo afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento incluido en nuestro formulario 2024 que estaba cubierto al iniciar el año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los toman por el resto del año de cobertura. No recibirá notificaciones directas este año sobre cambios que no lo afectan. Sin embargo, el 1 de enero del siguiente año, estos cambios podrían afectarlo, y es importante que revise la Lista de medicamentos del nuevo año de beneficios para comprobar si hay cambios en los medicamentos.

El formulario adjunto está vigente a partir de julio 2024. Para obtener información actualizada sobre los fármacos cubiertos por nuestro plan, comuníquese con nosotros. Verifique nuestra información de contacto en la portada y contraportada de este directorio. Si hacemos otros tipos de cambios en el formulario aparte de aquellos que se mencionaron anteriormente, que no sean de mantenimiento, les enviaremos por correo un aviso escrito a los miembros afectados a través de hojas de errata del formulario.

¿Cómo uso el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Trastorno médico

El formulario comienza en la página 1. Los medicamentos de este formulario están agrupados en categorías, dependiendo del tipo de trastorno médico en cuyo tratamiento se usan. Por ejemplo, los medicamentos usados para tratar un trastorno cardíaco aparecen bajo la categoría "Agentes cardiovasculares". Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 1. Después, busque el nombre de su medicamento dentro de esa categoría.

Lista por orden alfabético

Si no está seguro de la categoría en la que debe buscar, debe buscar su medicamento en el índice que comienza en la página I-1. El índice tiene un listado alfabético de todos los medicamentos incluidos en este documento. En el índice se incluyen tanto medicamentos de marca como medicamentos genéricos. Busque en el índice para encontrar su medicamento. Junto a su medicamento verá el número de página en el que puede encontrar la información sobre la cobertura. Vaya a la página que aparece en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

Nuestro plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico es

uno que es aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) por contar con el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los de marca.

¿Existe alguna restricción en mi cobertura?

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

- **Autorización previa:** Exigimos que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que necesitará recibir nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, limitamos la cantidad del medicamento que cubrimos. Por ejemplo, en el caso del sumatriptan 50 mg en comprimidos, suministramos dieciocho por receta. Esto podría ser además del suministro estándar para un mes o para tres meses.
- **Terapia escalonada:** En algunos casos, exigimos que primero trate su afección médica con ciertos medicamentos antes de cubrir otro medicamento para la misma afección. Por ejemplo, si tanto el medicamento A como el medicamento B sirven para tratar su trastorno médico, es posible que no cubramos el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le funciona, cubriremos entonces el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites, buscando en el formulario que comienza en la página 1. En nuestro sitio de internet también puede obtener más información acerca de las restricciones que se aplican a medicamentos cubiertos específicos. Hemos publicado en internet documentos que explican nuestras restricciones sobre la autorización previa y la terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de nuestra última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitarnos que hagamos una excepción a esas restricciones o límites, y también puede pedir una lista de otros medicamentos similares que pueden tratar su trastorno. Consulte la sección "¿Cómo solicito una excepción al formulario de **Baycare** Health Care Advantage?" en la página iv 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 el formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Cliente y preguntar si su medicamento está cubierto.

Si descubre que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicio de Atención al Cliente una lista de medicamentos similares que cubra nuestro plan. Cuando reciba esta lista, muéstrele a su médico y pídale que le recete un medicamento similar que cubra nuestro plan.

- Puede solicitarnos que hagamos una excepción y cubramos su medicamento. A continuación, presentamos información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Baycare Health Care Advantage?

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

- Puede solicitarnos que cubramos un medicamento, incluso si no está en nuestro formulario. De aprobarse, este medicamento se cubrirá a un nivel predeterminado de costo compartido, y usted no podría pedirnos que surtamos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, si el medicamento no está en el nivel especializado (Nivel 5). De ser aprobado, esto disminuiría la cantidad que debe pagar por el medicamento.
- Puede pedirnos que no apliquemos las restricciones o límites de cobertura a su medicamento. Por ejemplo, en el caso de ciertos medicamentos, limitamos la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y que cubramos una mayor cantidad.

Por lo general, solo aprobaremos su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el nivel más bajo de costo compartido o las restricciones adicionales de uso no serían tan efectivos para tratar su enfermedad o le pudieran causar efectos secundarios negativos.

Debe comunicarse con nosotros para solicitar una decisión sobre la cobertura inicial en relación con excepciones en el formulario, los niveles o las restricciones de utilización. **Cuando solicita una excepción en el formulario, los niveles o las restricciones de utilización, debe enviar una declaración de la persona autorizada a dar recetas o médico que respalda su solicitud.** En general, debemos tomar una decisión dentro de las 72 horas siguientes a que recibamos la declaración de respaldo de quien le receta el medicamento. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud puede sufrir daños graves al esperar 72 horas por una decisión. Si se le concede su solicitud acelerada, debemos emitir nuestra decisión en no más de 24 horas después de recibir la declaración de respaldo de su médico o de la persona que le receta el medicamento.

¿Qué hago antes de que pueda hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como un miembro nuevo o continuo de nuestro plan, es posible que usted esté tomando medicamentos que no están en nuestro formulario. O bien, es posible que tome un medicamento que está en nuestro formulario, pero su capacidad de obtenerlo es limitada. Por ejemplo, puede necesitar una autorización previa nuestra antes de surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que esté cubierto, o solicitar una excepción al formulario para que cubramos el medicamento que usted toma. Mientras usted habla con su médico para determinar el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días de su membresía en nuestro

plan.

Para cada medicamento que no está en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, cubriremos un surtido temporal de 30 días. Si su receta está hecha para menos días, permitiremos resurtidos para proveerlo por un máximo de 30 días de surtido de medicamento. Después de su primer surtido para 30 días, no pagaremos por estos medicamentos incluso si ha sido miembro del plan por menos de 90 días.

Si vive en un centro de cuidados a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad de obtener sus medicamentos es limitada, pero ya superó los primeros 90 días de membresía en nuestro plan, cubriremos un surtido de emergencia de 31 días del medicamento, mientras consigue una excepción del formulario.

Los miembros que tengan algún cambio en el nivel de atención (entorno) tendrán permitido un surtido de transición único de hasta 30 días por medicamento. Los ejemplos incluyen a los beneficiarios que ingresan a un centro de cuidados a largo plazo, son dados de alta de un hospital hacia su casa o terminan su estadía en un centro de cuidados a largo plazo y regresan a la comunidad.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de Baycare Health Care Advantage, consulte su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre Baycare Health Care Advantage, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de nuestra última actualización del formulario, aparece en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, 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 BayCare Health Plans

El siguiente formulario proporciona información sobre la cobertura de los medicamentos cubiertos por Baycare Health Care Advantage. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

La primera columna de la tabla presenta una lista con el nombre del medicamento. Los medicamentos de marca están en mayúsculas (por ejemplo, HUMIRA) y los genéricos aparecen en cursivas minúsculas (por ejemplo, warfarina).

La información de la columna Requisitos/Límites le indica si Baycare Health Care Advantage tiene algún requisito especial para la cobertura de su medicamento.

Lista de abreviaturas

CB: Beneficio limitado. En el caso de los medicamentos que no suelen estar cubiertos por un plan de medicamentos recetados de Medicare, limitamos la cantidad del medicamento que cubrirá el plan. Por ejemplo, en el caso del *sildenafil*, suministramos seis tabletas por receta para 30 días.

EX: Este medicamento recetado no suele estar cubierto por un plan de medicamentos recetados de Medicare. La suma que paga cuando surte una receta de este medicamento no cuenta en el total del costo

del medicamento (es decir, la suma que paga no lo ayuda a calificar para la cobertura catastrófica). Además, si recibe ayuda adicional para pagar sus recetas, usted no recibirá ninguna ayuda adicional para pagar este medicamento.

LA: Acceso Limitado. Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte su directorio de proveedores o llame sin costo a Servicio de Atención al Cliente al 1-866-509-5396 de 8 a.m. a 8 p.m., los siete días de la semana. Puede que lo atienda el servicio de contestadora los fines de semana y días festivos, desde el 1 de abril hasta el 30 de septiembre. Deje un mensaje y se le devolverá la llamada el siguiente día hábil. Los usuarios de TTY deben llamar al 711.

NDS: Suministro de días no extendido. Sólo puede recibir un suministro de este medicamento para un mes o menos. No puede surtir una receta por más de un mes.

NM: Orden que no se realiza por correo (Non-Mail Order). La receta no se puede surtir en una farmacia de órdenes por correo de la red del plan.

PA: Autorización previa. Exigimos que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que necesitará recibir la aprobación de Baycare Health Care Advantage antes de surtir sus recetas. Si no obtiene la aprobación, es posible que el plan no cubra el medicamento.

PA BvD: Autorización Previa para la determinación de la Parte B vs. la Parte D. Este medicamento recetado tiene un requisito administrativo de autorización previa de la Parte B vs. la Parte D. Exigimos que usted o su médico obtengan una autorización previa nuestra para determinar si la Parte D de Medicare cubre este medicamento antes de surtir su receta de este medicamento. Sin aprobación previa, es posible que el plan no cubra este medicamento.

PA NSO: Autorización previa, solamente para nuevos comienzos. Si es un miembro nuevo o si no ha tomado este medicamento antes, usted o su médico deben obtener una autorización previa de **BayCare** Health Plans antes de surtir la receta de este medicamento. Sin una aprobación previa, el plan podría no cubrir este medicamento.

QL: Límite de cantidad. En el caso de ciertos medicamentos, limitamos la cantidad del medicamento que cubrirá el plan. Por ejemplo, surtimos dieciocho tabletas por cada receta *sumatriptán succinato*. Esto puede ser adicional a un surtido estándar para uno o tres meses.

SI: Las insulinas que forman parte del Programa de Ahorro en Insulina y, por lo tanto, incurrirán en copagos bajos y constantes a lo largo del período sin cobertura. Consulte la Evidencia de cobertura para obtener más información sobre las insulinas selectas, incluida la información completa sobre el costo compartido. **NOTA:** Este beneficio de la Parte D **NO** cubre la insulina administrada a través de una bomba de insulina de equipo duradero; según Medicare, dicha insulina estaría cubierta por la Parte B de Medicare.

ST: Terapia escalonada. En algunos casos, exigimos que primero trate su afección médica con ciertos medicamentos antes de cubrir otro medicamento para la misma afección. Por ejemplo, si tanto el medicamento A como el medicamento B sirven para tratar su trastorno médico, es posible que no cubramos el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le funciona, el plan cubrirá el medicamento B.

Consulte la información a continuación sobre los montos de copago o los porcentajes de coseguro. Para más información, consulte el Capítulo 6, Sección 5.2 y Sección 5.4 de la Evidencia de cobertura.

| Nivel de gastos compartidos | Gastos compartidos minoristas estándar o para atención a largo plazo para un suministro de un mes en una farmacia de la red | Gastos compartidos minoristas estándar para un suministro de tres meses en una farmacia de la red | Gastos compartidos por pedido por correo para un suministro de tres meses |
|---|--|--|--|
| BayCarePlus Complete (HMO) | | | |
| Nivel 1: Medicamentos genéricos preferidos | \$0 | \$0 | \$0 |
| Nivel 2: Medicamentos genéricos | \$3 | \$9 | \$0 |
| Nivel 2: Insulinas selectas | \$3 | \$9 | \$0 |
| Nivel 3: medicamentos de marca preferida | \$35 | \$105 | \$95 |
| Nivel 3: Insulinas selectas | \$35 | \$105 | \$95 |
| Nivel 4: medicamentos de marca no preferida | \$85 | \$255 | \$245 |
| Nivel 5: Medicamentos de especialidad | 33% | El suministro para tres meses no está disponible para medicamentos del nivel 5 | El suministro para tres meses no está disponible para medicamentos del nivel 5 |
| BayCarePlus Rewards (HMO) | | | |
| Nivel 1: Medicamentos genéricos preferidos | \$0 | \$0 | \$0 |
| Nivel 2: Medicamentos genéricos | \$10 | \$30 | \$0 |
| Nivel 3: medicamentos de marca preferida | \$47 | \$141 | \$125 |
| Nivel 3: Insulinas selectas | \$35 | \$105 | \$105 |
| Nivel 4: medicamentos de marca no preferida | \$100 | \$300 | \$275 |
| Nivel 5: Medicamentos de especialidad | 33% | El suministro para tres meses no está disponible para medicamentos del nivel 5 | El suministro para tres meses no está disponible para medicamentos del nivel 5 |
| BayCarePlus Premier (HMO) | | | |
| Nivel 1: Medicamentos genéricos preferidos | \$0 | \$0 | \$0 |
| Nivel 2: Medicamentos genéricos | \$0 | \$0 | \$0 |

| | | | |
|---|-------|--|--|
| Nivel 2: Insulinas selectas | \$0 | \$0 | \$0 |
| Nivel 3: medicamentos de marca preferida | \$30 | \$90 | \$80 |
| Nivel 3: Insulinas selectas | \$30 | \$90 | \$80 |
| Nivel 4: medicamentos de marca no preferida | \$85 | \$255 | \$245 |
| Nivel 5: Medicamentos de especialidad | 33% | El suministro para tres meses no está disponible para medicamentos del nivel 5 | El suministro para tres meses no está disponible para medicamentos del nivel 5 |
| BayCarePlus Value (HMO) | | | |
| Nivel 1: Medicamentos genéricos preferidos | \$0 | \$0 | \$0 |
| Nivel 2: Medicamentos genéricos | \$10 | \$30 | \$0 |
| Nivel 2: Insulinas selectas | \$10 | \$30 | N/A |
| Nivel 3: medicamentos de marca preferida | \$47 | \$141 | \$125 |
| Nivel 3: Insulinas selectas | \$35 | \$105 | \$105 |
| Nivel 4: medicamentos de marca no preferida | \$100 | \$300 | \$275 |
| Nivel 5: Medicamentos de especialidad | 33% | El suministro para tres meses no está disponible para medicamentos del nivel 5 | El suministro para tres meses no está disponible para medicamentos del nivel 5 |
| BayCarePlus Freedom (HMO-POS) | | | |
| Nivel 1: Medicamentos genéricos preferidos | \$0 | \$0 | \$0 |
| Nivel 2: Medicamentos genéricos | \$3 | \$9 | \$0 |
| Nivel 2: Insulinas selectas | \$3 | \$9 | \$0 |
| Nivel 3: medicamentos de marca preferida | \$35 | \$105 | \$95 |
| Nivel 3: Insulinas selectas | \$35 | \$105 | \$95 |
| Nivel 4: medicamentos de marca no preferida | \$85 | \$255 | \$245 |
| Nivel 5: Medicamentos de especialidad | 33% | El suministro para tres meses no está disponible para medicamentos del nivel 5 | El suministro para tres meses no está disponible para medicamentos del nivel 5 |

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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> | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 5 | PA BvD; NDS |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> | 2 | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | 5 | PA NSO; NDS |
| <i>anastrozole oral tablet 1 mg</i> | 1 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | 5 | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> | 5 | NDS |
| BALVERSA ORAL TABLET 3 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> | 5 | PA NSO; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NDS |
| <i>bexarotene oral capsule 75 mg</i> | 5 | PA NSO; NDS |
| <i>bexarotene topical gel 1 %</i> | 5 | PA NSO; NDS |
| <i>bicalutamide oral tablet 50 mg</i> | 2 | |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | 2 | |
| <i>bortezomib injection recon soln 1 mg</i> | 4 | PA NSO |
| <i>bortezomib injection recon soln 2.5 mg, 3.5 mg</i> | 5 | PA NSO; NDS |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (180 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 |
|--|-----------------------|--------------------------------------|
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>carboplatin intravenous solution 10 mg/ml</i> | 2 | |
| <i>cladribine intravenous solution 10 mg/10 ml</i> | 2 | PA BvD |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 5 | PA NSO; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5 | PA NSO; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 5 | PA BvD; NDS |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i> | 5 | PA BvD; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | 2 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 3 | PA BvD; ST |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NDS |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 5 | PA NSO; NDS; QL (120 per 28 days) |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | 5 | PA NSO; NDS |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; LA; NDS |
| DAURISMO ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| <i>decitabine intravenous recon soln 50 mg</i> | 5 | NDS |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-----------------------------------|
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 2 | PA BvD |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> | 5 | PA BvD; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 4 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 4 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 4 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 4 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML | 5 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 5 | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 5 | NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 5 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 5 | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i> | 5 | PA NSO; NDS; QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 4 | |
| <i>etoposide intravenous solution 20 mg/ml</i> | 2 | |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> | 5 | PA NSO; NDS; QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | 5 | PA NSO; NDS; QL (28 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> | 5 | PA NSO; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> | 2 | |
| EXKIVITY ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | 5 | PA NSO; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 5 | PA BvD; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-----------------------------------|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 4 | PA BvD |
| <i>floxuridine injection recon soln 0.5 gram</i> | 2 | PA BvD |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | 2 | PA BvD |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> | 5 | NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 5 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> | 5 | PA NSO; NDS; QL (60 per 30 days) |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i> | 2 | PA BvD |
| <i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i> | 2 | PA BvD |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 4 | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 5 | PA NSO; NDS; QL (5 per 21 days) |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NDS |
| <i>hydroxyurea oral capsule 500 mg</i> | 2 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln 1 gram</i> | 2 | |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 2 | |
| <i>imatinib oral tablet 100 mg</i> | 2 | PA NSO; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> | 2 | PA NSO; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-----------------------------------|
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA NSO; NDS; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL TABLET 560 MG | 5 | NDS; QL (28 per 28 days) |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; NDS |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | 4 | PA NSO; QL (4 per 365 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA NSO; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i> | 2 | |
| IWILFIN ORAL TABLET 192 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA BvD; ST |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NDS; QL (8 per 21 days) |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 5 | PA NSO; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 5 | PA NSO; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5 | PA NSO; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 5 | PA NSO; NDS; QL (91 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 |
|--|-----------------------|-----------------------------------|
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 5 | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 5 | PA NSO; NDS; QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> | 5 | PA NSO; NDS |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | 5 | PA NSO; NDS; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5 | PA NSO; NDS |
| <i>letrozole oral tablet 2.5 mg</i> | 1 | |
| LEUKERAN ORAL TABLET 2 MG | 5 | NDS |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | 4 | PA NSO |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 2 | PA NSO |
| LONSURF ORAL TABLET 15-6.14 MG | 5 | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 5 | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | 5 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 5 | PA NSO; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA NSO; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------------|
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | NDS |
| LYTGOBI 12 MG DOSE (3X 4 MG TB) 12 MG/DAY (4 MG X 3) | 5 | PA NSO; NDS; QL (140 per 28 days) |
| LYTGOBI 16 MG DOSE (4X 4 MG TB) 16 MG/DAY (4 MG X 4) | 5 | PA NSO; NDS; QL (140 per 28 days) |
| LYTGOBI 20 MG DOSE (5X 4 MG TB) 20 MG/DAY (4 MG X 5) | 5 | PA NSO; NDS; QL (140 per 28 days) |
| LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB) | 5 | PA NSO; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 2 | |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 5 | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 2 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 2 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 2 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 2 | PA BvD; ST |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | 2 | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NDS |
| NERLYNX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> | 5 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|-----------------------------------|
| OGSIVEO ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 5 | PA NSO; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 5 | PA NSO; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA NSO; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 5 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 5 | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i> | 2 | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | 2 | |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i> | 2 | PA BvD |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> | 5 | PA BvD; NDS |
| <i>pazopanib oral tablet 200 mg</i> | 5 | PA NSO; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i> | 5 | NDS |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | 5 | NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | 5 | NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NDS; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5 | PA NSO; NDS; QL (56 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-----------------------------------|
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 5 | NDS |
| QINLOCK ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NDS |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5 | PA NSO; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (224 per 28 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 5 | NDS |
| <i>sorafenib oral tablet 200 mg</i> | 5 | PA NSO; NDS; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | 5 | PA NSO; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 5 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG | 4 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA NSO; 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 |
|---|-----------------------|--------------------------------------|
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 5 | PA NSO; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 5 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 2 | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 5 | PA NSO; NDS |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 5 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 4 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | 5 | PA NSO; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution 20 mg/ml</i> | 2 | |
| <i>toremifene oral tablet 60 mg</i> | 5 | NDS |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 3 | PA NSO |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | 5 | NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA NSO; 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) | 5 | PA NSO; NDS |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NDS |

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|--|-----------------------|---------------------------------------|
| TUKYSA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA NSO; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NDS |
| VELCADE INJECTION RECON SOLN 3.5 MG | 5 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA NSO; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA NSO; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| <i>vinblastine intravenous solution 1 mg/ml</i> | 2 | PA BvD |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> | 2 | PA BvD |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> | 2 | PA BvD |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | 2 | |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA NSO; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| WELIREG ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA BvD; ST |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-----------------------------------|
| XOSPATA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 5 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 5 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 5 | PA NSO; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 5 | PA NSO; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 5 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | 5 | PA NSO; NDS; QL (20 per 28 days) |
| Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias | | |
| Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias | | |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i> | 2 | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | 2 | QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---------------------------|
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> | 2 | QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> | 2 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | 2 | QL (90 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 2 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 2 | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | 3 | 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> | 2 | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> | 2 | QL (4 per 30 days) |
| <i>naltrexone oral tablet 50 mg</i> | 2 | |
| NICOTROL INHALATION CARTRIDGE 10 MG | 4 | QL (2688 per 365 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 4 | QL (240 per 180 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | 5 | NDS; QL (0.5 per 30 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | 5 | NDS; QL (1.5 per 30 days) |
| <i>varenicline oral tablet 0.5 mg</i> | 2 | QL (336 per 365 days) |
| <i>varenicline oral tablet 1 mg</i> | 2 | QL (336 per 365 days) |
| <i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> | 2 | |
| Agentes Anti ansiedad | | |
| Benzodiazepinas | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> | 1 | QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> | 1 | QL (150 per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> | 2 | QL (120 per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i> | 2 | QL (90 per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 1 | QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | 1 | QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>clonazepam oral tablet 2 mg</i> | 1 | QL (300 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | 2 | QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 2 | QL (180 per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | 2 | QL (10 per 28 days) |
| <i>diazepam injection syringe 5 mg/ml</i> | 2 | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | 2 | QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 2 | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | 1 | QL (120 per 30 days) |
| <i>estazolam oral tablet 1 mg</i> | 2 | QL (60 per 30 days) |
| <i>estazolam oral tablet 2 mg</i> | 2 | QL (30 per 30 days) |
| <i>flurazepam oral capsule 15 mg</i> | 2 | QL (60 per 30 days) |
| <i>flurazepam oral capsule 30 mg</i> | 2 | QL (30 per 30 days) |
| <i>lorazepam 2 mg/ml oral concent</i> | 2 | QL (150 per 30 days) |
| <i>lorazepam 2 mg/ml vial 25's, outer</i> | 1 | |
| <i>lorazepam 4 mg/ml vial inner</i> | 1 | |
| <i>lorazepam injection solution 2 mg/ml</i> | 2 | QL (2 per 30 days) |
| <i>lorazepam injection solution 4 mg/ml</i> | 4 | QL (2 per 30 days) |
| <i>lorazepam injection syringe 2 mg/ml</i> | 1 | QL (2 per 30 days) |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> | 2 | QL (150 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | 1 | QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> | 1 | QL (150 per 30 days) |
| <i>midazolam oral syrup 2 mg/ml</i> | 2 | QL (10 per 30 days) |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | 2 | QL (120 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | 1 | QL (30 per 30 days) |
| <i>triazolam oral tablet 0.125 mg</i> | 2 | QL (120 per 30 days) |
| <i>triazolam oral tablet 0.25 mg</i> | 2 | QL (60 per 30 days) |
| Agentes Antidemencia | | |
| Agentes Antidemencia | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>donepezil oral tablet 23 mg</i> | 2 | QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | 2 | QL (30 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i> | 2 | |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | 2 | QL (30 per 30 days) |
| <i>galantamine oral solution 4 mg/ml</i> | 2 | QL (200 per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | 2 | QL (60 per 30 days) |

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|---|-----------------------|-------------------------|
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> | 2 | ST; QL (30 per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | 2 | QL (300 per 30 days) |
| <i>memantine oral tablet 10 mg, 5 mg</i> | 2 | QL (60 per 30 days) |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | 4 | ST |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 4 | ST; QL (30 per 30 days) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 2 | 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> | 2 | QL (30 per 30 days) |
| Agentes Antidiabetico | | |
| Agentes Antidiabeticos, Varios | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | QL (90 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 3 | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 3 | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 3 | QL (30 per 30 days) |
| <i>metformin oral solution 500 mg/5 ml</i> | 2 | QL (765 per 30 days) |
| <i>metformin oral tablet 1,000 mg</i> | 1 | QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | 1 | QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | 1 | QL (90 per 30 days) |

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|--|------------------------------|--------------------------------|
| <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> | 5 | PA; NDS; QL (112 per 28 days) |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | QL (90 per 30 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3 | PA NSO; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 2 | QL (90 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3 | PA NSO; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 3 | PA NSO; QL (1.5 per 28 days) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> | 1 | QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> | 2 | QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 2 | QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | 2 | QL (240 per 30 days) |
| <i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i> | 2 | QL (150 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA NSO; QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 5 | PA; NDS; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 5 | PA; NDS; QL (10.8 per 28 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 3 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 3 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 3 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 3 | QL (30 per 30 days) |

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|---|-----------------------|--|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 3 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 3 | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3 | PA NSO; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | 3 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 3 | QL (60 per 30 days) |
| Insulinas | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (24 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> | 2 | max \$35 copay per month supply; QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> | 2 | max \$35 copay per month supply; QL (40 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--|
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 3 | max \$35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 3 | max \$35 copay per month supply; QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 3 | max \$35 copay per month supply; 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</i> | 2 | QL (60 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 1 | QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> | 1 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-----------------------------|
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 2 | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 2 | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | 1 | |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 1 | |
| Agentes Antigota | | |
| Agentes Antigota, Otros | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | |
| <i>colchicine oral capsule 0.6 mg</i> | 2 | QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> | 2 | QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | 2 | ST; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 2 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 2 | |
| Agentes Antimigraña | | |
| Agentes Antimigraña | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | 5 | NDS; QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | 5 | ST; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; QL (3 per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | 2 | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG | 3 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | 2 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> | 2 | QL (12 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>sumatriptan 4 mg/0.5 ml inject outer, suv</i> | 2 | QL (4 per 28 days) |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/lactuation</i> | 2 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/lactuation</i> | 2 | QL (18 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> | 1 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> | 1 | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> | 2 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> | 4 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | 2 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | 2 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | 2 | QL (4 per 28 days) |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> | 2 | QL (9 per 27 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | 2 | QL (6 per 30 days) |
| <i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> | 2 | QL (6 per 30 days) |
| Agentes Antinausea | | |
| Agentes Antinausea | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | 4 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | 4 | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | 4 | PA BvD |
| APONVIE INTRAVENOUS EMULSION 7.2 MG/ML | 4 | QL (4.4 per 28 days) |
| <i>aprepitant oral capsule 125 mg</i> | 2 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 2 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> | 2 | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule,dose pack 125 mg (1)-80 mg (2)</i> | 2 | PA BvD |
| <i>compro rectal suppository 25 mg</i> | 2 | |

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|---|-----------------------|---------------------------------|
| <i>dimenhydrinate injection solution 50 mg/ml</i> | 2 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | 2 | PA; QL (60 per 30 days) |
| <i>droperidol injection solution 2.5 mg/ml</i> | 2 | |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 5 | PA BvD; NDS; QL (6 per 28 days) |
| <i>fosaprepitant intravenous recon soln 150 mg</i> | 2 | QL (2 per 28 days) |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i> | 2 | |
| <i>granisetron hcl intravenous solution 1 mg/ml</i> | 2 | |
| <i>granisetron hcl oral tablet 1 mg</i> | 2 | PA BvD |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | 2 | |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | 2 | |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> | 1 | |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i> | 2 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | 2 | PA BvD |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | 2 | |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> | 2 | |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> | 2 | |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> | 2 | |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | 2 | QL (10 per 30 days) |
| Agentes Antiparasitarios | | |
| Agentes Antiparasitarios | | |
| <i>albendazole oral tablet 200 mg</i> | 5 | NDS |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | 2 | |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|------------------------------|
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 2 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | |
| <i>hydroxychloroquine oral tablet 200 mg</i> | 2 | QL (90 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> | 2 | |
| KRINTAFEL ORAL TABLET 150 MG | 4 | |
| <i>mefloquine oral tablet 250 mg</i> | 2 | |
| <i>nitazoxanide oral tablet 500 mg</i> | 5 | NDS |
| <i>paromomycin oral capsule 250 mg</i> | 2 | |
| <i>pentamidine inhalation recon soln 300 mg</i> | 2 | PA BvD |
| <i>pentamidine injection recon soln 300 mg</i> | 2 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | 4 | |
| <i>pyrimethamine oral tablet 25 mg</i> | 5 | PA; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> | 2 | PA; QL (42 per 7 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| Agentes Antiparkinson | | |
| Agentes Antiparkinson | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | 1 | |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> | 5 | PA; NDS; QL (60 per 30 days) |
| <i>benztropine injection solution 1 mg/ml</i> | 2 | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>bromocriptine oral capsule 5 mg</i> | 2 | |
| <i>bromocriptine oral tablet 2.5 mg</i> | 2 | |
| <i>cabergoline oral tablet 0.5 mg</i> | 2 | |
| <i>carbidopa oral tablet 25 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | 2 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 2 | |
| <i>entacapone oral tablet 200 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------------|
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 5 | PA; NDS; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | 5 | PA; NDS |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | 4 | ST; QL (30 per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | 4 | PA; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG | 4 | ST; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | 4 | ST; QL (60 per 30 days) |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 1 | |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> | 2 | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 2 | |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | 2 | |
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 2 | |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | 2 | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 1 | |
| XADAGO ORAL TABLET 100 MG, 50 MG | 5 | PA; NDS; QL (30 per 30 days) |
| Agentes Antipsicóticos | | |
| Agentes Antipsicóticos | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 5 | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 5 | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 5 | NDS; QL (1 per 26 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 5 | NDS; QL (1 per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | 2 | |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i> | 2 | ST; QL (90 per 30 days) |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i> | 2 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 5 | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 5 | NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 5 | NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 5 | NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 5 | NDS; QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | ST; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution 25 mg/ml</i> | 2 | |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i> | 2 | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> | 2 | ST; QL (90 per 30 days) |
| <i>clozapine oral tablet,disintegrating 150 mg</i> | 2 | ST; QL (180 per 30 days) |
| <i>clozapine oral tablet,disintegrating 200 mg</i> | 5 | ST; NDS; QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | ST; NDS; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 4 | ST |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | 2 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i> | 2 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 2 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 2 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 5 | NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 5 | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 5 | NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 5 | NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 5 | NDS; QL (2.63 per 70 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|----------------------------------|
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | 2 | QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> | 2 | QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | 2 | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | 2 | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 2 | QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i> | 2 | QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 2 | |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> | 2 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> | 2 | QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 2 | |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | 5 | NDS; QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i> | 2 | |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 2 | |
| <i>quetiapine oral tablet 150 mg</i> | 2 | QL (30 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 2 | |
| REXULTI ORAL TABLET 0.25 MG | 5 | ST; NDS; QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.5 MG | 5 | ST; NDS; QL (60 per 30 days) |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG | 5 | ST; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> | 2 | QL (2 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | 5 | NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> | 2 | |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 2 | |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 2 | |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 5 | ST; NDS; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | 5 | NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | 5 | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | 5 | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | 5 | NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 5 | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 5 | NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 5 | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | ST; NDS; QL (540 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|------------------------------|
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | ST; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | 4 | ST |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> | 2 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 5 | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 5 | NDS; QL (1 per 28 days) |
| Agentes Calóricos | | |
| Agentes Calóricos | | |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 4 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4 | PA BvD |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 4 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4 | PA BvD |
| <i>dextrose 10% in water (d10w) intravenous parenteral solution 10 %</i> | 2 | PA BvD |
| <i>dextrose 5% in water (d5w) intravenous parenteral solution</i> | 4 | |
| <i>dextrose 5% in water (d5w) intravenous piggyback 5 %</i> | 2 | |
| <i>dextrose 5%-water iv soln single use</i> | 2 | |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | 4 | PA BvD |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 4 | PA BvD |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 4 | PA BvD |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| Agentes Cardiovasculares | | |
| Agentes Alfa-Adrenérgicos | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i> | 2 | QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> | 2 | QL (8 per 28 days) |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | 2 | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | 5 | PA; NDS; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>methyl dopa oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> | 2 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 2 | |
| Agentes Antiarrítmicos | | |
| <i>amiodarone oral tablet 100 mg, 400 mg</i> | 2 | |
| <i>amiodarone oral tablet 200 mg</i> | 1 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | 2 | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | 2 | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | |
| <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> | 2 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> | 2 | |
| <i>procainamide intravenous syringe 100 mg/ml</i> | 2 | |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | 2 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 2 | |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | 2 | |
| <i>quinidine sulfate oral tablet 200 mg</i> | 1 | |
| <i>quinidine sulfate oral tablet 300 mg</i> | 2 | |
| Agentes Bloqueadores Beta-Adrenérgicos | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 2 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | 2 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 2 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | 1 | |
| <i>labetalol intravenous solution 5 mg/ml</i> | 2 | |
| <i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i> | 2 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | 2 | |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> | 2 | |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | 2 | |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 2 | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>propranolol intravenous solution 1 mg/ml</i> | 2 | |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | 2 | |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | 2 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | 2 | |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 2 | |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> | 2 | |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 2 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | |
| Agentes Bloqueadores Da Canal De Calcio | | |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | 2 | |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> | 2 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | 2 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | 2 | |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 2 | |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | |
| <i>verapamil intravenous syringe 2.5 mg/ml</i> | 2 | |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | 2 | |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i> | 4 | |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 2 | |
| Agentes Cardiovasculares, Varios | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 3 | QL (600 per 30 days) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 3 | QL (60 per 30 days) |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 2 | |
| <i>digox oral tablet 125 mcg (0.125 mg)</i> | 2 | |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> | 2 | |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> | 2 | |

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|--|-----------------------|------------------------------|
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 2 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 2 | QL (4 per 30 days) |
| <i>epinephrine injection solution 1 mg/ml</i> | 1 | |
| <i>hydralazine injection solution 20 mg/ml</i> | 2 | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> | 5 | PA; NDS; QL (18 per 30 days) |
| <i>metirosine oral capsule 250 mg</i> | 5 | NDS |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> | 2 | QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> | 2 | QL (120 per 30 days) |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> | 5 | PA; NDS; QL (18 per 30 days) |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML | 4 | QL (4 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| Antagonistas De Receptores De Angiotensina Ii | | |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | 2 | |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | 2 | |
| EDARBI ORAL TABLET 40 MG, 80 MG | 3 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 3 | |
| ENTRESTO ORAL TABLET 24-26 MG | 3 | QL (180 per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 3 | QL (60 per 30 days) |
| <i>eprosartan oral tablet 600 mg</i> | 2 | |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | 2 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | 2 | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | 1 | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> | 2 | |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 2 | |

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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> | 2 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | 2 | |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | 2 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | 2 | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 2 | |
| Dihidropiridinas | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | 1 | |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | 2 | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | 2 | |
| <i>amlodipine-valsartan-hcthiiazid 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> | 2 | |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | 2 | |
| KATERZIA ORAL SUSPENSION 1 MG/ML | 4 | ST; QL (300 per 30 days) |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | 2 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | 2 | |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | 2 | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | 2 | |
| Dislipidémicos | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i> | 2 | |
| <i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | 2 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 1 | QL (30 per 30 days) |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | 2 | |
| <i>cholestyramine light oral powder in packet 4 gram</i> | 2 | |
| <i>colesevelam oral powder in packet 3.75 gram</i> | 2 | |
| <i>colesevelam oral tablet 625 mg</i> | 2 | |
| <i>colestipol oral packet 5 gram</i> | 2 | |
| <i>colestipol oral tablet 1 gram</i> | 2 | |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | 4 | ST; QL (30 per 30 days) |
| <i>ezetimibe oral tablet 10 mg</i> | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | 2 | QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | 2 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 2 | |
| <i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i> | 2 | |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> | 2 | QL (60 per 30 days) |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> | 2 | |
| <i>gemfibrozil oral tablet 600 mg</i> | 1 | |
| JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG | 5 | PA; NDS; QL (28 per 28 days) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 5 | PA; NDS; QL (56 per 28 days) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | 2 | QL (30 per 30 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| NEXLETOL ORAL TABLET 180 MG | 3 | QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | QL (30 per 30 days) |
| <i>niacin oral tablet 500 mg</i> | 1 | |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 2 | |
| <i>niacor oral tablet 500 mg</i> | 2 | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> | 2 | ST; QL (120 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------------|
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | 3 | QL (2 per 28 days) |
| <i>pravastatin oral tablet 10 mg, 80 mg</i> | 1 | |
| <i>pravastatin oral tablet 20 mg, 40 mg</i> | 1 | QL (30 per 30 days) |
| <i>prevalite oral powder in packet 4 gram</i> | 2 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 3 | QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 3 | QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 3 | QL (6 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | 1 | QL (30 per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM | 2 | QL (240 per 30 days) |
| VASCEPA ORAL CAPSULE 1 GRAM | 2 | QL (120 per 30 days) |
| Diuréticos | | |
| <i>amiloride oral tablet 5 mg</i> | 2 | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 2 | |
| <i>bumetanide injection solution 0.25 mg/ml</i> | 2 | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i> | 2 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 2 | |
| <i>furosemide injection solution 10 mg/ml</i> | 2 | |
| <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> | 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 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 5 | PA; NDS; QL (120 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------|
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 5 | PA; NDS; QL (56 per 28 days) |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | 2 | |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | 2 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | |
| Inhibidores De Enzima Convertidoras De Angiotensina | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | 2 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 2 | |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | 2 | |
| <i>enalapril maleate oral solution 1 mg/ml</i> | 2 | ST; QL (1200 per 30 days) |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 1 | |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i> | 2 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | 1 | |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 2 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1 | |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | 2 | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|--------------------------|
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 2 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 2 | |
| Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> | 2 | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | 2 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 3 | PA; QL (30 per 30 days) |
| <i>spironolactone oral suspension 25 mg/5 ml</i> | 2 | ST; QL (600 per 30 days) |
| Vasodilatadores | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 2 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 2 | |
| <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> | 2 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 2 | |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> | 2 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> | 2 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> | 2 | |
| Agentes De Enfermedad Intestinal Inflamatoria | | |
| Agentes De Enfermedad Intestinal Inflamatoria | | |
| <i>alosetron oral tablet 0.5 mg</i> | 2 | |
| <i>alosetron oral tablet 1 mg</i> | 5 | NDS |
| <i>balsalazide oral capsule 750 mg</i> | 2 | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | 2 | |
| <i>budesonide rectal foam 2 mg/lactation</i> | 2 | |
| DIPENTUM ORAL CAPSULE 250 MG | 5 | ST; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-----------------------------|
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> | 2 | |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> | 2 | |
| <i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> | 2 | |
| <i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i> | 2 | QL (120 per 30 days) |
| <i>mesalamine oral tablet,delayed release (drlec) 800 mg</i> | 2 | |
| <i>mesalamine rectal suppository 1,000 mg</i> | 2 | |
| <i>sulfasalazine oral tablet 500 mg</i> | 2 | |
| <i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i> | 4 | |
| Agentes De Enfermedad Osea Metabólica | | |
| Agentes De Enfermedad Osea Metabólica | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | 2 | 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, 70 mg</i> | 1 | QL (4 per 28 days) |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> | 5 | NDS |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/lactuation</i> | 2 | QL (3.7 per 28 days) |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 2 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | 2 | |
| <i>calcitriol oral solution 1 mcg/ml</i> | 2 | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> | 2 | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> | 2 | QL (120 per 30 days) |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | 2 | |
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | 2 | QL (3 per 84 days) |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> | 2 | 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 | 5 | PA; NDS; QL (2 per 28 days) |
| <i>pamidronate intravenous recon soln 30 mg, 90 mg</i> | 2 | |

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|---|-----------------------|-----------------------------------|
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | 2 | |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> | 2 | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | 3 | QL (60 per 30 days) |
| <i>risedronate oral tablet 150 mg</i> | 2 | QL (1 per 28 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | 2 | QL (30 per 30 days) |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | 2 | QL (4 per 28 days) |
| <i>risedronate oral tablet, delayed release (drlec) 35 mg</i> | 2 | QL (4 per 28 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | 2 | QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 3 | QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 5 | PA; NDS |
| <i>zoledronic acid intravenous recon soln 4 mg</i> | 2 | |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 2 | |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | 2 | QL (100 per 300 days) |
| Agentes De Trastorno De Sueño | | |
| Agentes De Trastorno De Sueño | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | 2 | QL (30 per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 5 | PA; NDS; QL (150 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> | 2 | PA; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> | 2 | PA; QL (60 per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> | 5 | PA; LA; NDS; QL (540 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 4 | PA; QL (30 per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i> | 5 | PA; NDS; QL (30 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------------|
| <i>zolpidem oral tablet 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> | 2 | 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> | 2 | QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> | 2 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 5 | PA; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG | 5 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 5 | PA; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KIT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) | 5 | PA; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 5 | PA; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 5 | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; NDS; QL (15 per 30 days) |
| <i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> | 2 | PA BvD |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i> | 2 | |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> | 2 | |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | 5 | PA; NDS; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 5 | PA; NDS; QL (12 per 28 days) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | 2 | PA; QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | QL (60 per 30 days) |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i> | 2 | QL (120 per 30 days) |

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|--|------------------------------|--------------------------------|
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | 2 | QL (180 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> | 2 | QL (90 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> | 2 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> | 2 | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> | 2 | 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> | 2 | QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i> | 5 | PA; NDS; QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> | 5 | PA; NDS |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i> | 5 | PA; NDS; QL (60 per 30 days) |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | 5 | PA; NDS |
| <i> fingolimod oral capsule 0.5 mg</i> | 5 | PA; NDS; QL (30 per 30 days) |
| <i>flumazenil intravenous solution 0.1 mg/ml</i> | 2 | |
| GILENYA ORAL CAPSULE 0.25 MG | 5 | PA; NDS; QL (60 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> | 5 | PA; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> | 5 | PA; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> | 5 | PA; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> | 5 | PA; NDS; QL (12 per 28 days) |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | 2 | |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21) | 5 | PA; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 5 | PA; NDS; QL (1.2 per 28 days) |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>lithium carbonate oral tablet 300 mg</i> | 2 | |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> | 2 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 2 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NDS |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NDS |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NDS |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 4 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 5 | PA; NDS |
| <i>metadate er oral tablet extended release 20 mg</i> | 2 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> | 2 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> | 2 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i> | 2 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> | 2 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> | 2 | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i> | 2 | QL (90 per 30 days) |

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|---|-----------------------|--------------------------------|
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 54 mg, 54 mg (bx rating)</i> | 2 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating)</i> | 2 | QL (60 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 5 | PA; NDS; QL (20 per 180 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 5 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 5 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NDS |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML | 5 | PA; NDS; QL (2800 per 28 days) |
| <i>riluzole oral tablet 50 mg</i> | 2 | QL (60 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 3 | |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG | 5 | PA; NDS; QL (30 per 30 days) |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | 5 | PA; NDS; QL (30 per 30 days) |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | 5 | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 5 | PA; NDS; QL (120 per 30 days) |
| Agentes Del Tracto Respiratorio | | |
| Agentes Del Tracto Respiratorio, Otros | | |
| <i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> | 2 | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | 2 | PA BvD |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 5 | NDS; QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|-----------------------------------|
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 2 | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 5 | PA; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 5 | PA; NDS; QL (1 per 28 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 5 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 5 | PA; NDS; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> | 5 | PA; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> | 5 | PA; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i> | 5 | PA; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 5 | PA BvD; NDS |
| <i>roflumilast oral tablet 250 mcg</i> | 2 | QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> | 2 | QL (30 per 30 days) |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 5 | PA; NDS; QL (56 per 28 days) |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 5 | PA; NDS; QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 5 | PA; NDS; QL (84 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|------------------------------|
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG | 5 | PA; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NDS |
| Antiinflamatorios, Corticoesteroides Inhalados | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3 | QL (12 per 30 days) |
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | 3 | QL (60 per 30 days) |
| <i>breyna inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> | 2 | QL (30.9 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> | 2 | PA BvD; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> | 2 | PA BvD; QL (60 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> | 2 | QL (30.6 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcglactuation</i> | 2 | QL (12 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcglactuation</i> | 2 | QL (24 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcglactuation</i> | 2 | QL (21.2 per 30 days) |

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|--|-----------------------|--------------------------------|
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | 2 | QL (60 per 30 days) |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | 2 | QL (60 per 30 days) |
| Antileucotrinos | | |
| <i>montelukast oral tablet 10 mg</i> | 1 | |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | 1 | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | 2 | |
| Broncodilatadores | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | 2 | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | 2 | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | 2 | QL (36 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i> | 2 | PA BvD; QL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i> | 2 | PA BvD; QL (120 per 30 days) |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | 2 | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | 2 | |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | 2 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 4 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 3 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 3 | QL (8 per 30 days) |
| <i>elixophyllin oral elixir 80 mg/15 ml</i> | 2 | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 2 | PA BvD; QL (312.5 per 30 days) |

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|---|-----------------------|------------------------------|
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 2 | PA BvD; QL (540 per 30 days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 4 | QL (2 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 2 | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL (4 per 28 days) |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | 2 | |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | 5 | NDS |
| <i>theophylline oral solution 80 mg/15 ml</i> | 2 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 2 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 2 | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3 | QL (60 per 30 days) |
| Agentes Dentales Y Orales | | |
| Agentes Dentales Y Orales | | |
| <i>cevimeline oral capsule 30 mg</i> | 2 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | 1 | |
| <i>denta 5000 plus dental cream 1.1 %</i> | 1 | |
| <i>dentagel dental gel 1.1 %</i> | 1 | |
| <i>fluoride (sodium) dental solution 0.2 %</i> | 1 | |
| KOURZEQ DENTAL PASTE 0.1 % | 2 | |
| <i>oralone dental paste 0.1 %</i> | 2 | |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> | 1 | |
| <i>periogard mucous membrane mouthwash 0.12 %</i> | 1 | |

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|---|-----------------------|-------------------------|
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | 2 | |
| <i>sf 5000 plus dental cream 1.1 %</i> | 1 | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | 2 | |
| Agentes Dermatológicos | | |
| Agentes Antiinflamatorios Dermatológicos | | |
| <i>ala-cort topical cream 1 %</i> | 2 | |
| <i>ala-scalp topical lotion 2 %</i> | 2 | |
| <i>alclometasone topical cream 0.05 %</i> | 2 | |
| <i>alclometasone topical ointment 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 2 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical foam 0.12 %</i> | 2 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 2 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | 2 | |
| <i>clobetasol scalp solution 0.05 %</i> | 2 | |
| <i>clobetasol topical cream 0.05 %</i> | 2 | |
| <i>clobetasol topical foam 0.05 %</i> | 2 | |
| <i>clobetasol topical gel 0.05 %</i> | 2 | |
| <i>clobetasol topical lotion 0.05 %</i> | 2 | |
| <i>clobetasol topical ointment 0.05 %</i> | 2 | |
| <i>clobetasol topical shampoo 0.05 %</i> | 2 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 2 | |
| <i>clobetasol-emollient topical foam 0.05 %</i> | 2 | |
| <i>desonide topical cream 0.05 %</i> | 2 | |
| <i>desonide topical lotion 0.05 %</i> | 2 | |
| <i>desonide topical ointment 0.05 %</i> | 2 | |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> | 2 | QL (120 per 30 days) |
| <i>desoximetasone topical gel 0.05 %</i> | 2 | QL (120 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> | 2 | QL (120 per 30 days) |
| <i>diflorasone topical ointment 0.05 %</i> | 2 | QL (180 per 30 days) |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i> | 2 | |
| <i>fluocinolone topical ointment 0.025 %</i> | 2 | |
| <i>fluocinonide topical cream 0.05 %</i> | 2 | |
| <i>fluocinonide topical gel 0.05 %</i> | 2 | |
| <i>fluocinonide topical ointment 0.05 %</i> | 2 | |
| <i>fluocinonide topical solution 0.05 %</i> | 2 | |
| <i>fluocinonide-emollient topical cream 0.05 %</i> | 2 | |
| <i>fluticasone propionate topical cream 0.05 %</i> | 2 | |
| <i>fluticasone propionate topical ointment 0.005 %</i> | 2 | |
| <i>halobetasol propionate topical cream 0.05 %</i> | 2 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | 2 | |
| <i>hydrocortisone 2.5% cream</i> | 1 | |
| <i>hydrocortisone butyrate topical cream 0.1 %</i> | 2 | QL (120 per 30 days) |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i> | 2 | QL (236 per 30 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | 2 | QL (120 per 30 days) |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | 2 | QL (120 per 30 days) |
| <i>hydrocortisone topical cream 1 %</i> | 1 | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 2 | |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | 2 | |
| <i>hydrocortisone valerate topical ointment 0.2 %</i> | 2 | |
| <i>mometasone topical cream 0.1 %</i> | 2 | |
| <i>mometasone topical ointment 0.1 %</i> | 2 | |
| <i>mometasone topical solution 0.1 %</i> | 2 | |
| <i>pimecrolimus topical cream 1 %</i> | 2 | QL (100 per 30 days) |
| <i>prednicarbate topical ointment 0.1 %</i> | 2 | |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> | 2 | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> | 2 | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | 2 | QL (100 per 30 days) |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i> | 2 | |
| Agentes Dermatológicos, Otros | | |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 2 | |
| <i>acyclovir topical cream 5 %</i> | 2 | QL (5 per 4 days) |
| <i>acyclovir topical ointment 5 %</i> | 2 | QL (30 per 30 days) |
| ALCOHOL 70% SWABS | 1 | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | 1 | |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED | 1 | |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED | 1 | |
| <i>ammonium lactate topical cream 12 %</i> | 2 | |
| <i>ammonium lactate topical lotion 12 %</i> | 2 | |
| BD ALCOHOL SWABS TOPICAL PADS, MEDICATED | 1 | |
| <i>calcipotriene scalp solution 0.005 %</i> | 2 | QL (120 per 30 days) |
| <i>calcipotriene topical cream 0.005 %</i> | 2 | QL (120 per 30 days) |
| <i>calcipotriene topical ointment 0.005 %</i> | 2 | QL (120 per 30 days) |
| CARETOUCH ALCOHOL 70% PREP PAD | 1 | |
| CURITY ALCOHOL PREPS 2 PLY, MEDIUM | 1 | |
| DROPSAFE ALCOHOL 70% PREP PADS | 1 | |
| EASY COMFORT ALCOHOL 70% PAD | 1 | |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | 1 | |
| <i>fluorouracil topical cream 0.5 %</i> | 5 | NDS |
| <i>fluorouracil topical cream 5 %</i> | 2 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | 2 | |
| HEB INCONTROL ALCOHOL 70% PADS | 1 | |
| <i>imiquimod topical cream in packet 5 %</i> | 2 | QL (24 per 30 days) |
| IV PREP WIPES TOPICAL PADS, MEDICATED | 1 | |
| KENDALL ALCOHOL 70% PREP PAD | 1 | |

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|--|-----------------------|------------------------------|
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | 3 | QL (5 per 5 days) |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | 5 | NDS |
| PANRETIN TOPICAL GEL 0.1 % | 5 | NDS; QL (180 per 30 days) |
| <i>penciclovir topical cream 1 %</i> | 2 | |
| <i>podofilox topical solution 0.5 %</i> | 2 | |
| PRO COMFORT ALCOHOL 70% PADS | 1 | |
| PURE COMFORT ALCOHOL 70% PADS | 1 | |
| REGRANEX TOPICAL GEL 0.01 % | 5 | PA; NDS; QL (30 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 4 | QL (180 per 30 days) |
| SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | 1 | |
| SURE-PREP ALCOHOL PREP PADS | 1 | |
| TRUE COMFORT ALCOHOL 70% PADS | 1 | |
| TRUE COMFORT PRO ALCOHOL PADS | 1 | |
| ULTILET ALCOHOL STERL SWAB | 1 | |
| VALCHLOR TOPICAL GEL 0.016 % | 5 | PA NSO; NDS |
| WEBCOL ALCOHOL PREPS 20'S,LARGE | 1 | |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| Antibacterianos Dermatológicos | | |
| <i>clindamycin phosphate topical foam 1 %</i> | 2 | QL (100 per 30 days) |
| <i>clindamycin phosphate topical solution 1 %</i> | 2 | QL (180 per 30 days) |
| <i>clindamycin phosphate topical swab 1 %</i> | 2 | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i> | 2 | |
| <i>ery pads topical swab 2 %</i> | 2 | |
| <i>erythromycin with ethanol topical gel 2 %</i> | 2 | QL (180 per 30 days) |
| <i>erythromycin with ethanol topical solution 2 %</i> | 2 | QL (180 per 30 days) |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> | 2 | |
| <i>gentamicin topical cream 0.1 %</i> | 2 | QL (120 per 30 days) |
| <i>gentamicin topical ointment 0.1 %</i> | 2 | QL (120 per 30 days) |
| <i>metronidazole topical cream 0.75 %</i> | 2 | |
| <i>metronidazole topical gel 0.75 %, 1 %</i> | 2 | |
| <i>metronidazole topical lotion 0.75 %</i> | 2 | |
| <i>mupirocin topical ointment 2 %</i> | 1 | QL (220 per 30 days) |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 2 | |

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|--|-----------------------|-------------------------|
| <i>rosadan topical cream 0.75 %</i> | 2 | |
| <i>selenium sulfide topical lotion 2.5 %</i> | 2 | |
| <i>silver sulfadiazine topical cream 1 %</i> | 2 | |
| <i>ssd topical cream 1 %</i> | 4 | |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | 2 | |
| Escabicidas Y Pediculicidas | | |
| <i>malathion topical lotion 0.5 %</i> | 2 | |
| <i>permethrin topical cream 5 %</i> | 2 | QL (60 per 30 days) |
| Retinoides Dermatológicos | | |
| <i>adapalene topical cream 0.1 %</i> | 2 | |
| <i>adapalene topical gel 0.1 %</i> | 2 | |
| ALTRENO TOPICAL LOTION 0.05 % | 4 | PA |
| <i>tazarotene topical cream 0.1 %</i> | 2 | |
| TAZORAC TOPICAL CREAM 0.05 % | 4 | |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | 2 | PA |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i> | 2 | PA |
| Agentes Gastrointestinales | | |
| Agentes Antiúlceras Y Supresores De Acidos | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | 2 | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | 2 | |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> | 2 | |
| <i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i> | 2 | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i> | 2 | QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | 2 | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> | 2 | ST; QL (60 per 30 days) |
| <i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i> | 2 | |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | 1 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | 2 | |
| <i>famotidine intravenous solution 10 mg/ml</i> | 2 | |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | 2 | |

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|--|-----------------------|-------------------------|
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | |
| <i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> | 1 | QL (30 per 30 days) |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> | 1 | QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | 2 | |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | 2 | |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> | 2 | ST; QL (30 per 30 days) |
| <i>pantoprazole intravenous recon soln 40 mg</i> | 2 | |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> | 1 | QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> | 1 | QL (60 per 30 days) |
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> | 2 | QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> | 2 | |
| Agentes Gastrointestinales, Otros | | |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> | 5 | PA; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> | 2 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> | 2 | |
| <i>dicyclomine oral capsule 10 mg</i> | 2 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | 2 | |
| <i>dicyclomine oral tablet 20 mg</i> | 2 | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | 2 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | 2 | |
| <i>enulose oral solution 10 gram/15 ml</i> | 2 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 5 | PA; NDS |
| <i>generlac oral solution 10 gram/15 ml</i> | 2 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>lactulose oral solution 10 gram/15 ml</i> | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | 3 | QL (34 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 |
|--|-----------------------|--------------------------------|
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | 3 | QL (30 per 30 days) |
| <i>loperamide oral capsule 2 mg</i> | 2 | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | 3 | QL (60 per 30 days) |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | 2 | |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | 2 | |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | 2 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | 2 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 per 30 days) |
| OCALIVA ORAL TABLET 10 MG, 5 MG | 5 | PA; NDS; QL (30 per 30 days) |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 5 | PA; NDS |
| RELISTOR ORAL TABLET 150 MG | 5 | PA; NDS; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | 5 | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 5 | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 5 | PA; NDS; QL (11.2 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | 5 | PA; NDS |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 2 | |
| <i>ursodiol oral capsule 300 mg</i> | 2 | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | 2 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 3 | QL (30 per 30 days) |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NDS; QL (84 per 28 days) |
| Enlaces De Fosfato | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | 2 | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | 2 | |
| <i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 5 | NDS |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> | 5 | NDS |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | 4 | |

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|--|-----------------------|-------------------------|
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> | 2 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> | 2 | |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | 2 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 3 | |
| Laxantes | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML | 3 | |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> | 2 | |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> | 2 | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | 2 | |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i> | 3 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 3 | |
| Agentes Genitourinarios | | |
| Agentes Genitourinarios, Varios | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> | 1 | QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> | 2 | |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> | 2 | |
| ENTADFI ORAL CAPSULE 5-5 MG | 4 | PA; QL (30 per 30 days) |
| <i>finasteride oral tablet 5 mg</i> | 1 | |
| <i>tamsulosin oral capsule 0.4 mg</i> | 1 | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| <i>tiopronin oral tablet 100 mg</i> | 5 | NDS |
| Antiespasmódicos, Urinario | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> | 2 | |
| <i>flavoxate oral tablet 100 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--------------------------|
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 3 | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | 2 | |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i> | 2 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 2 | |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> | 2 | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>trospium oral capsule, extended release 24hr 60 mg</i> | 2 | |
| <i>trospium oral tablet 20 mg</i> | 2 | |
| 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, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | 2 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | |
| Andrógenos | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | 2 | PA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> | 2 | PA |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | 2 | PA; QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> | 2 | PA; QL (300 per 30 days) |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> | 2 | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> | 2 | PA; QL (300 per 30 days) |
| <i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i> | 2 | 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 | 3 | PA; QL (2 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| Estrógenos Y Antiestrógenos | | |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | 2 | |
| <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> | 2 | QL (8 per 28 days) |
| DUAVEE ORAL TABLET 0.45-20 MG | 3 | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 2 | QL (8 per 28 days) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 2 | QL (4 per 28 days) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | 2 | |
| <i>estradiol vaginal tablet 10 mcg</i> | 2 | QL (18 per 28 days) |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> | 2 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> | 2 | |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 4 | QL (1 per 84 days) |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | 2 | |
| <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> | 2 | QL (8 per 28 days) |
| <i>mimvey oral tablet 1-0.5 mg</i> | 2 | |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | |
| PREMARIN INJECTION RECON SOLN 25 MG | 3 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 3 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 3 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | |
| <i>raloxifene oral tablet 60 mg</i> | 2 | |
| <i>yuvafem vaginal tablet 10 mcg</i> | 2 | QL (18 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| Glucocorticoides/Mineralocorticoides | | |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> | 2 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | 2 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 2 | |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i> | 1 | |
| <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> | 2 | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 2 | |
| HEMADY ORAL TABLET 20 MG | 4 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | 2 | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | 2 | |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> | 2 | |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 2 | |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> | 1 | |
| <i>prednisolone 15 mg/5 ml soln dlf 15 mg/5 ml (3 mg/ml)</i> | 2 | PA BvD |
| <i>prednisolone oral solution 15 mg/5 ml</i> | 2 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 2 | PA BvD |
| <i>prednisone oral solution 5 mg/5 ml</i> | 2 | 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> | 2 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 4 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-----------------------------------|
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | 2 | |
| Pituitario | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 5 | PA; NDS; QL (35 per 28 days) |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | 5 | PA; NDS; QL (35 per 28 days) |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> | 2 | |
| <i>desmopressin ac 4 mcg/ml ampul p/f, outer, sdv</i> | 5 | NDS |
| <i>desmopressin injection solution 4 mcg/ml</i> | 2 | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 2 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | 2 | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 5 | PA; NDS; QL (30 per 30 days) |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | NDS |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> | 5 | PA NSO; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 5 | PA; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | 5 | PA; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 5 | PA; NDS |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | 2 | |
| <i>octreotide acetate injection solution 500 mcg/ml</i> | 5 | NDS |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-----------------------------------|
| ORGOVYX ORAL TABLET 120 MG | 5 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 5 | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 5 | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5 | PA; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | 5 | PA NSO; NDS; QL (0.5 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 5 | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | 5 | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) | 5 | PA; NDS |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | 5 | PA; NDS |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 5 | PA; NDS |
| Progestinas | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 4 | QL (1 per 84 days) |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> | 5 | NDS |
| <i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i> | 5 | NDS |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> | 2 | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> | 2 | QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 2 | |
| <i>norethindrone acetate oral tablet 5 mg</i> | 2 | |

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|--|-----------------------|---------------------------------|
| <i>progesterone intramuscular oil 50 mg/ml</i> | 2 | |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | 2 | |
| Agentes Inmunológicos | | |
| Agentes Inmunológicos | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 5 | PA; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 5 | PA; NDS |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 5 | NDS |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 4 | PA BvD |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NDS |
| <i>azathioprine oral tablet 50 mg</i> | 2 | PA BvD |
| <i>azathioprine sodium injection recon soln 100 mg</i> | 2 | PA BvD |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 5 | PA; NDS |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 5 | PA; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 5 | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 5 | PA NSO; NDS; QL (2 per 28 days) |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) | 5 | PA; NDS |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> | 2 | PA BvD |

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|---|-----------------------|-------------------------|
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | PA BvD |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | 2 | PA BvD |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | 2 | PA BvD |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 5 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 5 | PA; NDS |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | 5 | PA BvD; NDS |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | 5 | PA BvD; NDS |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | 5 | PA; NDS |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 5 | PA BvD; NDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 5 | PA BvD; NDS |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 5 | PA BvD; NDS |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | 5 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | 5 | PA BvD; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> | 2 | PA BvD |

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|---|------------------------------|--|
| <i>gengraf oral solution 100 mg/ml</i> | 2 | PA BvD |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 5 | PA BvD; NDS |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | 5 | PA; NDS |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NDS |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NDS |
| <i>infliximab intravenous recon soln 100 mg</i> | 5 | PA; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 5 | PA; NDS |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | 5 | PA; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5 | PA; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> | 2 | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | 2 | PA BvD |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | 5 | PA BvD; NDS |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | 2 | PA BvD |
| <i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> | 2 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 5 | PA BvD; NDS |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | 5 | PA BvD; NDS |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | 5 | PA; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 5 | PA; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 5 | PA; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 5 | PA; NDS |
| OTEZLA ORAL TABLET 30 MG | 5 | PA; 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) | 5 | PA; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 5 | PA BvD; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 4 | PA BvD; ST |

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|--|-----------------------|-------------------------|
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3 | |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NDS |
| REZUROCK ORAL TABLET 200 MG | 5 | PA NSO; NDS |
| RIDAURA ORAL CAPSULE 3 MG | 5 | NDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 5 | PA; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> | 5 | PA BvD; NDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 5 | PA; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | 5 | PA; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 5 | PA; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 5 | PA; NDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | 2 | PA BvD |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 5 | PA; NDS |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML | 5 | PA; NDS |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; NDS |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NDS |

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|---|-----------------------|-------------------------|
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | 5 | PA; LA; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 5 | PA; NDS |
| Vacunas | | |
| ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 3 | \$0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | \$0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | \$0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 3 | \$0 copay |
| AREXVY ANTIGEN COMPONENT 120 MCG | 3 | \$0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 3 | \$0 copay |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 3 | \$0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 3 | \$0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | \$0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 3 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 3 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 3 | PA BvD; \$0 copay |

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|---|------------------------------|----------------------------------|
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 3 | PA BvD; \$0 copay |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 3 | \$0 copay; QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | \$0 copay; QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 3 | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | PA BvD; \$0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 3 | |
| IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 3 | \$0 copay |
| IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML | 3 | \$0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | \$0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 3 | \$0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 3 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 3 | \$0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 3 | \$0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | \$0 copay |

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|--|-----------------------|-------------------------|
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | \$0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 3 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 3 | \$0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 3 | \$0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | \$0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | 3 | |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 3 | PA BvD; \$0 copay |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 3 | \$0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML) | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |

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|--|------------------------------|----------------------------------|
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 3 | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 3 | \$0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | 3 | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 3 | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 3 | \$0 copay |
| TETANUS, DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 3 | |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 3 | QL (0.75 per 365 days) |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 3 | \$0 copay; QL (1.5 per 365 days) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | \$0 copay |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 3 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 3 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 3 | \$0 copay |

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|---|-----------------------|--------------------------------|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 3 | \$0 copay; QL (2 per 365 days) |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3 | \$0 copay |
| Agentes Oftálmicos | | |
| Agentes Antiglaucoma | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | 2 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | 2 | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | 2 | QL (2.5 per 25 days) |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i> | 2 | |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> | 2 | |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> | 2 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | 2 | |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | 2 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | 2 | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | 1 | QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | QL (2.5 per 25 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 2 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 2 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 3 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 3 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 3 | |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> | 2 | QL (30 per 30 days) |

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|--|-----------------------|-------------------------|
| <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> | 2 | |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> | 2 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | 4 | QL (5 per 30 days) |
| Agentes Para Los Ojos, Oídos, Nariz, Garganta | | |
| Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta | | |
| <i>acetic acid otic (ear) solution 2 %</i> | 2 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | 2 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | 2 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | 2 | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | 2 | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | 2 | QL (3.5 per 4 days) |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | 2 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | 2 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | 2 | |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | 2 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 4 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | 2 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | 2 | |

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|--|-----------------------|-------------------------|
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 2 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | 2 | |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | 2 | |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | 2 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | 2 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | 2 | |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> | 2 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | 2 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | 2 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 2 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | 2 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | 2 | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | 2 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 4 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 3 | |
| Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta | | |
| <i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i> | 3 | |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i> | 2 | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | 2 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | 2 | |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> | 2 | |

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|--|------------------------------|--------------------------------|
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 3 | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | 2 | QL (50 per 25 days) |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> | 2 | |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | 4 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | 2 | |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/lactuation</i> | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 3 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 3 | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> | 2 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 3 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 3 | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> | 2 | QL (10 per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> | 3 | ST; QL (10 per 25 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> | 2 | QL (15 per 19 days) |
| <i>mometasone nasal spray,non-aerosol 50 mcg/lactuation</i> | 2 | QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | 4 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | 2 | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | 3 | QL (5.5 per 28 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | 2 | QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 3 | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 3 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------|
| Agentes De Ojos, Oídos, Nariz Y Garganta, Varios | | |
| <i>alcaïne ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | 2 | |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> | 2 | QL (30 per 25 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> | 2 | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | 2 | |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> | 2 | ST |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | 2 | |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> | 2 | |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | 5 | PA; NDS; QL (20 per 28 days) |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 5 | PA; NDS; QL (60 per 28 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | 2 | |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | 2 | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> | 2 | QL (15 per 10 days) |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i> | 2 | |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i> | 2 | QL (30.5 per 30 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i> | 2 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> | 2 | |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | 5 | PA; NDS |
| Agentes Terapeuticos Misceláneos | | |
| Agentes Terapeuticos Misceláneos | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 5 | PA; NDS |
| <i>betaine oral powder 1 gram/scoop</i> | 5 | PA; NDS |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------------|
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> | 5 | NDS |
| <i>diazoxide oral suspension 50 mg/ml</i> | 2 | |
| ELMIRON ORAL CAPSULE 100 MG | 4 | QL (90 per 30 days) |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | 5 | PA; NDS; QL (180 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 5 | PA; NDS |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA; LA; NDS |
| <i>fomepizole intravenous solution 1 gram/ml</i> | 5 | NDS |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | 3 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 3 | |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | 2 | |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> | 1 | |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 2 | |
| <i>leucovorin calcium injection solution 10 mg/ml</i> | 2 | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 2 | |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> | 2 | |
| <i>levocarnitine oral tablet 330 mg</i> | 2 | |
| <i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> | 2 | |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> | 5 | NDS |
| <i>mesna intravenous solution 100 mg/ml</i> | 2 | |
| MESNEX ORAL TABLET 400 MG | 5 | NDS |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> | 2 | QL (30 per 30 days) |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | 5 | PA; NDS |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------------|
| <i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i> | 2 | |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | 2 | |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) | 5 | PA; NDS |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML | 5 | PA; NDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 5 | PA; NDS; QL (4 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; NDS; QL (2 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | 5 | PA; NDS; QL (4 per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| TOTECT INTRAVENOUS RECON SOLN 500 MG | 5 | NDS |
| TYBOST ORAL TABLET 150 MG | 4 | QL (30 per 30 days) |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | 5 | NDS; QL (24 per 14 days) |
| VOWST ORAL CAPSULE | 5 | PA; NDS; QL (12 per 30 days) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | 3 | |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | 3 | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | 5 | PA; NDS |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | 5 | PA; NDS |
| Agentes Vasodilatadores | | |
| Agentes Vasodilatadores | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NDS; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> | 2 | PA; QL (60 per 30 days) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | 5 | PA; NDS; QL (30 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | 5 | PA; LA; NDS; QL (60 per 30 days) |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> | 5 | PA; NDS |

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|---|-----------------------|-------------------------------|
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NDS; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> | 5 | PA; NDS; QL (37.5 per 1 day) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | 1 | PA; QL (360 per 30 days) |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | EX; CB (6 EA per 30 days) |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> | 2 | PA; QL (60 per 30 days) |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | 2 | PA; QL (30 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | 5 | PA; NDS; QL (112 per 28 days) |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | 5 | PA; NDS |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 5 | PA; NDS |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 5 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 5 | PA; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 5 | PA; NDS |
| Analgésicos | | |
| Agentes Antiinflamatorios No Esteroideos | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | 2 | QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | 2 | QL (60 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i> | 2 | QL (150 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i> | 2 | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i> | 1 | QL (60 per 30 days) |
| <i>diclofenac sodium topical drops 1.5 %</i> | 2 | QL (300 per 30 days) |
| <i>diclofenac sodium topical gel 1 %</i> | 2 | QL (1000 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | 2 | PA; QL (100 per 28 days) |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> | 5 | PA; NDS; QL (224 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | 2 | |
| <i>diflunisal oral tablet 500 mg</i> | 2 | |
| <i>ec-naproxen oral tablet,delayed release (drlec) 500 mg</i> | 2 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 2 | |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | 2 | |
| <i>fenoprofen oral tablet 600 mg</i> | 2 | |
| <i>flurbiprofen oral tablet 100 mg</i> | 2 | |
| <i>ibu oral tablet 400 mg</i> | 1 | QL (240 per 30 days) |
| <i>ibu oral tablet 600 mg, 800 mg</i> | 1 | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> | 2 | |
| <i>ibuprofen oral tablet 400 mg</i> | 1 | QL (240 per 30 days) |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> | 1 | |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> | 2 | PA; QL (90 per 30 days) |
| <i>indomethacin oral capsule 25 mg</i> | 1 | QL (240 per 30 days) |
| <i>indomethacin oral capsule 50 mg</i> | 1 | QL (120 per 30 days) |
| <i>indomethacin oral capsule, extended release 75 mg</i> | 2 | QL (60 per 30 days) |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | 2 | |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i> | 2 | |
| <i>ketorolac injection solution 15 mg/ml</i> | 2 | QL (40 per 30 days) |
| <i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i> | 2 | QL (20 per 30 days) |
| <i>ketorolac injection syringe 15 mg/ml</i> | 2 | QL (40 per 30 days) |
| <i>ketorolac injection syringe 30 mg/ml</i> | 2 | QL (20 per 30 days) |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i> | 2 | QL (20 per 30 days) |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i> | 2 | QL (20 per 30 days) |
| <i>ketorolac oral tablet 10 mg</i> | 2 | QL (20 per 30 days) |
| <i>mefenamic acid oral capsule 250 mg</i> | 2 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 2 | |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | 1 | |
| <i>naproxen oral tablet,delayed release (drlec) 375 mg</i> | 2 | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | 2 | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 2 | |
| <i>tolmetin oral capsule 400 mg</i> | 2 | |
| <i>tolmetin oral tablet 600 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------------|
| Analgésicos, Varios | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 2 | QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 2 | QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 2 | QL (180 per 30 days) |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i> | 2 | |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i> | 2 | |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | 2 | QL (4 per 28 days) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i> | 2 | QL (180 per 30 days) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | 2 | QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i> | 2 | QL (5 per 28 days) |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i> | 2 | QL (180 per 30 days) |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>endocet oral tablet 10-325 mg</i> | 2 | QL (180 per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | 2 | QL (360 per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> | 2 | QL (240 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; NDS; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | 2 | PA; QL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 2 | QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | 2 | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 2 | QL (180 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i> | 2 | QL (240 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | 2 | QL (150 per 30 days) |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | 2 | |
| <i>hydromorphone oral liquid 1 mg/ml</i> | 2 | QL (1200 per 30 days) |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> | 2 | QL (180 per 30 days) |
| <i>methadone injection solution 10 mg/ml</i> | 2 | QL (120 per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | 2 | QL (600 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | 2 | QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | 2 | QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | 2 | QL (180 per 30 days) |
| <i>methadose oral tablet, soluble 40 mg</i> | 2 | QL (30 per 30 days) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | 2 | PA; QL (180 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | 2 | QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | 2 | QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | 4 | QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | 4 | QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> | 2 | QL (60 per 30 days) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> | 2 | QL (90 per 30 days) |
| <i>oxycodone oral capsule 5 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone oral concentrate 20 mg/ml</i> | 2 | PA; QL (120 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | 2 | QL (1300 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 5 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i> | 2 | QL (120 per 30 days) |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i> | 3 | QL (60 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | 2 | QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> | 2 | QL (240 per 30 days) |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---------------------------|
| <i>oxymorphone oral tablet 10 mg</i> | 2 | QL (120 per 30 days) |
| <i>oxymorphone oral tablet 5 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | QL (60 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 40 mg</i> | 5 | NDS; QL (60 per 30 days) |
| <i>tencon oral tablet 50-325 mg</i> | 2 | QL (180 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> | 1 | QL (240 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 2 | QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | 3 | QL (60 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | 3 | QL (120 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | 5 | NDS; QL (240 per 30 days) |
| <i>zebutal oral capsule 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| Anestésicos | | |
| Anestesia Local | | |
| <i>glydo mucous membrane jelly in applicator 2 %</i> | 2 | QL (30 per 30 days) |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i> | 1 | |
| <i>lidocaine hcl 2% 40 mg/2 ml ampule outer,p/f,sdv 20 mg/ml (2 %)</i> | 2 | |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> | 2 | |
| <i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i> | 1 | |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> | 2 | QL (30 per 30 days) |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 2 | PA |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | 2 | PA; QL (90 per 30 days) |
| <i>lidocaine topical ointment 5 %</i> | 2 | PA; QL (90 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> | 2 | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | 2 | PA; QL (30 per 30 days) |

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|--|-----------------------|-------------------------------|
| <i>tridacaine topical adhesive patch,medicated 5 %</i> | 2 | PA; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | 3 | PA; QL (90 per 30 days) |
| Antagonistas De Metales Pesados | | |
| Antagonistas De Metales Pesados | | |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> | 5 | PA; NDS |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> | 5 | PA; NDS |
| <i>deferasirox oral tablet 90 mg</i> | 2 | PA |
| <i>deferasirox oral tablet, dispersible 125 mg</i> | 2 | PA |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> | 5 | PA; NDS |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> | 5 | PA; NDS |
| <i>deferoxamine injection recon soln 2 gram, 500 mg</i> | 5 | PA; NDS |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 5 | PA; NDS |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 5 | PA; NDS |
| <i>penicillamine oral tablet 250 mg</i> | 5 | PA; NDS |
| <i>trientine oral capsule 250 mg</i> | 5 | PA; 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> | 2 | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | 2 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 2 | |
| <i>terconazole vaginal suppository 80 mg</i> | 2 | |
| Antibacterianos | | |
| Aminoglicósidos | | |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i> | 2 | |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | 2 | |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | 2 | |
| <i>neomycin oral tablet 500 mg</i> | 2 | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | 5 | NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---------------------------|
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 5 | NDS; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | 5 | PA BvD; NDS |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> | 5 | PA BvD; NDS |
| <i>tobramycin sulfate injection solution 40 mg/ml</i> | 2 | |
| Antibacteriales, Misceláneos | | |
| <i>bacitracin intramuscular recon soln 50,000 unit</i> | 2 | |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> | 2 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | 1 | |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i> | 2 | |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> | 2 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> | 2 | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> | 5 | NDS |
| <i>daptomycin intravenous recon soln 500 mg</i> | 5 | NDS |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> | 2 | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | 5 | NDS |
| <i>linezolid oral tablet 600 mg</i> | 2 | |
| <i>methenamine hippurate oral tablet 1 gram</i> | 2 | |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> | 2 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | QL (120 per 30 days) |
| <i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> | 2 | QL (60 per 30 days) |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i> | 2 | |
| <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> | 2 | |
| <i>vancomycin oral capsule 125 mg</i> | 2 | QL (56 per 14 days) |

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|--|-----------------------|------------------------------|
| <i>vancomycin oral capsule 250 mg</i> | 2 | QL (112 per 14 days) |
| <i>vancomycin oral recon soln 25 mg/ml</i> | 4 | |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; NDS; QL (90 per 30 days) |
| Antibióticos B-Lactam Misceláneos | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> | 2 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 5 | PA; LA; NDS |
| <i>ertapenem injection recon soln 1 gram</i> | 2 | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> | 2 | |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> | 2 | |
| Cefalosporinas | | |
| <i>cefactor oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 2 | |
| <i>cefactor oral tablet extended release 12 hr 500 mg</i> | 2 | |
| <i>cefadroxil oral capsule 500 mg</i> | 2 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 2 | |
| <i>cefadroxil oral tablet 1 gram</i> | 2 | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i> | 2 | |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | 2 | |
| <i>cefazolin intravenous recon soln 3 gram</i> | 4 | |
| <i>cefdinir oral capsule 300 mg</i> | 2 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | 2 | |
| <i>cefixime oral capsule 400 mg</i> | 2 | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | 2 | |
| <i>cefotaxime injection recon soln 1 gram</i> | 2 | |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> | 2 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | 2 | |

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|--|-----------------------|---------------------------|
| <i>cefepodoxime oral tablet 100 mg, 200 mg</i> | 2 | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> | 2 | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 2 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | 2 | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> | 2 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cephalexin oral capsule 750 mg</i> | 2 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | 2 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 5 | NDS |
| Macrólidos | | |
| <i>azithromycin intravenous recon soln 500 mg</i> | 2 | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | 2 | |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i> | 1 | |
| <i>azithromycin oral tablet 600 mg</i> | 2 | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i> | 2 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 5 | NDS; QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG | 5 | NDS; QL (20 per 10 days) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | 2 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | 2 | |
| Penicilinas | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |

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|--|------------------------------|--------------------------------|
| <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> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 2 | |
| <i>ampicillin oral capsule 500 mg</i> | 2 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> | 2 | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> | 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 4 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 2 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | 4 | |
| <i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i> | 2 | |
| <i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i> | 2 | |
| <i>penicillin g potassium injection recon soln 20 million unit</i> | 2 | |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> | 2 | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>pfizerpen-g injection recon soln 20 million unit</i> | 2 | |

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|--|------------------------------|--------------------------------|
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 2 | |
| Quinolonas | | |
| <i>ciprofloxacin hcl oral tablet 100 mg</i> | 2 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 2 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | 2 | |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> | 2 | |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | 2 | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | 2 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>moxifloxacin 400 mg/250 ml bag</i> | 2 | |
| <i>moxifloxacin oral tablet 400 mg</i> | 2 | |
| <i>moxifloxacin-sod. chloride (iso) intravenous piggyback 400 mg/250 ml</i> | 2 | |
| Sulfonamidas | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | 1 | |
| Tetraciclinas | | |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | 2 | |
| <i>doxy-100 intravenous recon soln 100 mg</i> | 2 | |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> | 2 | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | 2 | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 2 | |

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|--|-----------------------|-------------------------|
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>mondoxylene nl oral capsule 100 mg</i> | 2 | |
| <i>mondoxylene nl oral capsule 75 mg</i> | 2 | QL (60 per 30 days) |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>tigecycline intravenous recon soln 50 mg</i> | 5 | NDS |
| Anticonceptivos | | |
| Anticonceptivos | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | QL (91 per 84 days) |
| <i>apri oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> | 2 | |
| <i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | QL (91 per 84 days) |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>ayuna oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |

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|---|------------------------------|--------------------------------|
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>camila oral tablet 0.35 mg</i> | 1 | |
| <i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i> | 2 | |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>dasetta 7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | QL (91 per 84 days) |
| <i>deblitane oral tablet 0.35 mg</i> | 1 | |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | 2 | |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | 2 | |
| ELLA ORAL TABLET 30 MG | 4 | QL (6 per 365 days) |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | 2 | QL (1 per 28 days) |
| <i>emzahh oral tablet 0.35 mg</i> | 1 | |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> | 2 | QL (1 per 28 days) |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>errin oral tablet 0.35 mg</i> | 1 | |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | 2 | |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | 2 | QL (1 per 28 days) |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |

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|---|------------------------------|--------------------------------|
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>hailey oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> | 2 | QL (1 per 28 days) |
| <i>heather oral tablet 0.35 mg</i> | 1 | |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | 2 | QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i> | 1 | |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | QL (91 per 84 days) |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>jencycla oral tablet 0.35 mg</i> | 1 | |
| <i>juleber oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>kalliga oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i> | 2 | |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | QL (91 per 84 days) |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | 2 | |

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|---|-----------------------|-------------------------|
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | 2 | QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 2 | QL (91 per 84 days) |
| <i>loryna (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>lyleq oral tablet 0.35 mg</i> | 1 | |
| <i>lyza oral tablet 0.35 mg</i> | 1 | |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| <i>nikki (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | 2 | QL (3 per 28 days) |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 2 | |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) 1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | 2 | |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | 2 | |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i> | 2 | |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | 2 | QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> | 1 | |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | QL (91 per 84 days) |
| SLYND ORAL TABLET 4 MG (28) | 4 | |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>syeda oral tablet 3-0.03 mg</i> | 2 | |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | 2 | |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tulana oral tablet 0.35 mg</i> | 1 | |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i> | 4 | |
| <i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i> | 2 | |
| <i>vestura (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | 2 | QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | 2 | QL (3 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-----------------------------------|
| <i>zarah oral tablet 3-0.03 mg</i> | 2 | |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i> | 2 | |
| Anticonvulsivos | | |
| Anticonvulsivos | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 5 | ST; NDS; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 5 | ST; NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | 3 | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | 2 | |
| <i>carbamazepine oral tablet 200 mg</i> | 2 | |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | 2 | |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 2 | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | 2 | QL (480 per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | 2 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | 4 | |
| DILANTIN ORAL CAPSULE 30 MG | 4 | |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | 2 | |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | 2 | |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> | 2 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA NSO; NDS |
| <i>epitol oral tablet 200 mg</i> | 2 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 4 | ST; QL (480 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>ethosuximide oral capsule 250 mg</i> | 2 | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> | 2 | |
| <i>felbamate oral suspension 600 mg/5 ml</i> | 2 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | 2 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA NSO; NDS |
| <i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> | 2 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 5 | ST; NDS; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 5 | ST; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 4 | ST; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 5 | ST; NDS; QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> | 1 | QL (360 per 30 days) |
| <i>gabapentin oral capsule 400 mg</i> | 1 | QL (270 per 30 days) |
| <i>gabapentin oral solution 250 mg/5 ml</i> | 2 | QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> | 2 | QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> | 2 | QL (120 per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> | 2 | QL (200 per 5 days) |
| <i>lacosamide oral solution 10 mg/ml</i> | 2 | QL (1200 per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | 2 | QL (60 per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | 1 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | 2 | |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | 2 | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | 2 | |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> | 2 | |
| <i>levetiracetam oral solution 100 mg/ml</i> | 2 | |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | 2 | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------------|
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 4 | QL (10 per 30 days) |
| <i>methsuximide oral capsule 300 mg</i> | 2 | |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 4 | QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | 2 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | 2 | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | 2 | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2 | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | 2 | |
| <i>phenytoin oral tablet, chewable 50 mg</i> | 2 | |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | 2 | |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i> | 2 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | 2 | QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | 2 | QL (60 per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> | 2 | QL (900 per 30 days) |
| <i>primidone oral tablet 125 mg, 250 mg, 50 mg</i> | 2 | |
| <i>rufinamide oral suspension 40 mg/ml</i> | 5 | NDS |
| <i>rufinamide oral tablet 200 mg</i> | 2 | |
| <i>rufinamide oral tablet 400 mg</i> | 5 | NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | 5 | PA BvD; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG | 4 | ST; QL (60 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG | 4 | ST; QL (120 per 30 days) |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 4 | PA NSO; QL (60 per 30 days) |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 2 | |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | 2 | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|------------------------------------|
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | 2 | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2 | |
| <i>valproic acid oral capsule 250 mg</i> | 2 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML) | 4 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2) | 5 | NDS |
| <i>vigabatrin oral powder in packet 500 mg</i> | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet 500 mg</i> | 5 | PA NSO; NDS; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 4 | ST; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | ST; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4 | ST |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 4 | |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA NSO; 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>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | 2 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 5 | ST; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 2 | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 2 | |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> | 2 | |
| <i>citalopram oral solution 10 mg/5 ml</i> | 2 | QL (600 per 30 days) |
| <i>citalopram oral tablet 10 mg</i> | 1 | QL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg, 40 mg</i> | 1 | QL (30 per 30 days) |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | 2 | QL (30 per 30 days) |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 4 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 4 | ST; QL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> | 2 | QL (60 per 30 days) |
| <i>duloxetine oral capsule, delayed release (drlec) 40 mg</i> | 2 | QL (30 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 5 | ST; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 2 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4 | ST |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | 2 | |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | |

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|---|------------------------------|--------------------------------|
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | 2 | |
| MARPLAN ORAL TABLET 10 MG | 4 | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | 2 | |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> | 2 | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 2 | |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> | 2 | |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> | 2 | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2 | |
| <i>phenelzine oral tablet 15 mg</i> | 2 | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>sertraline oral concentrate 20 mg/ml</i> | 2 | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG | 4 | PA NSO |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 5 | PA NSO; NDS |
| <i>tranylcypromine oral tablet 10 mg</i> | 2 | |
| <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> | 2 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i> | 4 | QL (60 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> | 1 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> | 2 | QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------------|
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i> | 2 | QL (30 per 30 days) |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i> | 2 | QL (90 per 30 days) |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> | 2 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA NSO; NDS; QL (14 per 14 days) |
| Antifúngicos | | |
| Antifúngicos | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | PA BvD |
| <i>amphotericin b injection recon soln 50 mg</i> | 2 | PA BvD |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | 5 | PA BvD; NDS |
| <i>caspofungin intravenous recon soln 50 mg</i> | 2 | |
| <i>caspofungin intravenous recon soln 70 mg</i> | 5 | NDS |
| <i>ciclopirox topical cream 0.77 %</i> | 2 | QL (180 per 30 days) |
| <i>ciclopirox topical gel 0.77 %</i> | 2 | QL (300 per 30 days) |
| <i>ciclopirox topical shampoo 1 %</i> | 2 | |
| <i>ciclopirox topical solution 8 %</i> | 2 | QL (19.8 per 30 days) |
| <i>ciclopirox topical suspension 0.77 %</i> | 2 | QL (180 per 30 days) |
| <i>clotrimazole mucous membrane troche 10 mg</i> | 2 | |
| <i>clotrimazole topical cream 1 %</i> | 2 | |
| <i>clotrimazole topical solution 1 %</i> | 2 | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | 2 | QL (90 per 30 days) |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | 2 | QL (90 per 30 days) |
| <i>econazole topical cream 1 %</i> | 2 | QL (170 per 30 days) |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 2 | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | 2 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | 5 | 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 |
|---|------------------------------|--------------------------------|
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 2 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 2 | |
| <i>itraconazole oral capsule 100 mg</i> | 2 | |
| <i>itraconazole oral solution 10 mg/ml</i> | 5 | PA; NDS |
| <i>ketoconazole oral tablet 200 mg</i> | 2 | |
| <i>ketoconazole topical cream 2 %</i> | 2 | QL (180 per 30 days) |
| <i>ketoconazole topical foam 2 %</i> | 2 | ST; QL (100 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i> | 2 | QL (360 per 30 days) |
| <i>miconazole-3 vaginal suppository 200 mg</i> | 2 | |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML | 5 | NDS |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG | 5 | PA; NDS |
| <i>nyamyc topical powder 100,000 unit/gram</i> | 2 | QL (60 per 30 days) |
| <i>nystatin oral suspension 100,000 unit/ml</i> | 2 | QL (900 per 30 days) |
| <i>nystatin oral tablet 500,000 unit</i> | 2 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | 2 | QL (60 per 30 days) |
| <i>nystatin topical ointment 100,000 unit/gram</i> | 2 | QL (60 per 30 days) |
| <i>nystatin topical powder 100,000 unit/gram</i> | 2 | QL (60 per 30 days) |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | 2 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 2 | |
| <i>nystop topical powder 100,000 unit/gram</i> | 2 | QL (60 per 30 days) |
| <i>posaconazole intravenous solution 300 mg/16.7 ml</i> | 5 | NDS |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> | 5 | PA; NDS |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> | 5 | PA; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| <i>voriconazole intravenous recon soln 200 mg</i> | 5 | PA BvD; NDS |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | 5 | PA; NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---------------------------|
| Antihistamínicos | | |
| Antihistamínicos | | |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | 2 | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 2 | |
| <i>clemastine oral tablet 2.68 mg</i> | 2 | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | 2 | |
| <i>cyproheptadine oral tablet 4 mg</i> | 2 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 2 | |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | 1 | |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> | 2 | |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | 2 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 2 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> | 2 | |
| <i>levocetirizine oral tablet 5 mg</i> | 1 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | 2 | |
| Antimicobacteriales | | |
| Antimicobacteriales | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 2 | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | 2 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | |
| PRETOMANID ORAL TABLET 200 MG | 4 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 2 | |
| <i>rifabutin oral capsule 150 mg</i> | 2 | |
| <i>rifampin intravenous recon soln 600 mg</i> | 2 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 2 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA; NDS |
| TRECTOR ORAL TABLET 250 MG | 4 | |
| Antivirales (Sitémico) | | |
| Antirretrovirales | | |
| <i>abacavir oral solution 20 mg/ml</i> | 2 | |
| <i>abacavir oral tablet 300 mg</i> | 2 | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | 2 | |
| APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 5 | NDS; QL (24 per 365 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---------------------------|
| APTIVUS ORAL CAPSULE 250 MG | 5 | NDS |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> | 2 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | NDS; QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 5 | NDS |
| <i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)</i> | 5 | NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | 5 | NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | 5 | NDS |
| <i>darunavir oral tablet 600 mg, 800 mg</i> | 5 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | NDS |
| <i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i> | 2 | |
| DOVATO ORAL TABLET 50-300 MG | 5 | NDS |
| EDURANT ORAL TABLET 25 MG | 5 | NDS |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 2 | |
| <i>efavirenz oral tablet 600 mg</i> | 2 | |
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> | 5 | NDS |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i> | 5 | NDS |
| <i>emtricitabine oral capsule 200 mg</i> | 2 | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 5 | NDS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> | 2 | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | 4 | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | 5 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | NDS |
| <i>fosamprenavir oral tablet 700 mg</i> | 5 | NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 5 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | NDS |
| INTELENCE ORAL TABLET 25 MG | 4 | |
| INVIRASE ORAL TABLET 500 MG | 5 | NDS |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET 400 MG | 5 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 4 | |
| JULUCA ORAL TABLET 50-25 MG | 5 | NDS |
| <i>lamivudine oral solution 10 mg/ml</i> | 2 | |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> | 2 | |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 2 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 4 | |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> | 2 | QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> | 2 | QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> | 2 | QL (120 per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | 5 | NDS |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | 2 | |
| <i>nevirapine oral tablet 200 mg</i> | 2 | |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 2 | |
| NORVIR ORAL POWDER IN PACKET 100 MG | 4 | |
| NORVIR ORAL SOLUTION 80 MG/ML | 4 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | NDS |
| PIFELTRO ORAL TABLET 100 MG | 5 | NDS |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 5 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | NDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 5 | NDS |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 4 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------|
| REYATAZ ORAL POWDER IN PACKET 50 MG | 5 | NDS |
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | 5 | NDS |
| <i>ritonavir oral tablet 100 mg</i> | 2 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 5 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | NDS |
| SELZENTRY ORAL TABLET 25 MG | 3 | |
| SELZENTRY ORAL TABLET 75 MG | 5 | NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK) | 5 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 5 | PA BvD; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | NDS |
| TEMIXYS ORAL TABLET 300-300 MG | 5 | NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | 2 | |
| TIVICAY ORAL TABLET 10 MG | 4 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 5 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 5 | NDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 5 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | ST; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 5 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------------|
| VOCABRIA ORAL TABLET 30 MG | 4 | |
| <i>zidovudine oral capsule 100 mg</i> | 2 | |
| <i>zidovudine oral syrup 10 mg/ml</i> | 2 | |
| <i>zidovudine oral tablet 300 mg</i> | 2 | |
| Antivirales Hcv | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 5 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 5 | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | 5 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 5 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 5 | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | 5 | PA; NDS; QL (28 per 28 days) |
| MAVYRET ORAL TABLET 100-40 MG | 5 | PA; NDS; QL (84 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NDS; QL (28 per 28 days) |
| Antivirales, Varios | | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | 4 | PA |
| <i>foscarnet intravenous solution 24 mg/ml</i> | 2 | PA BvD |
| <i>oseltamivir oral capsule 30 mg</i> | 2 | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> | 2 | QL (48 per 180 days) |
| <i>oseltamivir oral capsule 75 mg</i> | 2 | QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | 2 | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | 3 | \$0 copay; QL (30 per 5 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML | 5 | PA; NDS; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML | 5 | PA; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 4 | QL (60 per 180 days) |
| <i>rimantadine oral tablet 100 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | 5 | PA; NDS |
| XOFLUZA 40 MG TAB (80 MG DOSE) | 4 | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | 4 | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 80 MG | 4 | QL (2 per 180 days) |
| Interferones | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | PA; NDS |
| Nucleósidos Y Nucleótidos | | |
| <i>acyclovir oral capsule 200 mg</i> | 2 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 2 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 2 | |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i> | 2 | PA BvD |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 2 | PA BvD |
| <i>adefovir oral tablet 10 mg</i> | 2 | |
| <i>cidofovir intravenous solution 75 mg/ml</i> | 5 | NDS |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | 2 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 2 | |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i> | 5 | PA BvD; NDS |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i> | 5 | PA BvD; NDS |
| <i>lagevrio (eua) oral capsule 200 mg</i> | 4 | QL (40 per 5 days) |
| <i>ribavirin inhalation recon soln 6 gram</i> | 5 | PA BvD; NDS |
| <i>ribavirin oral capsule 200 mg</i> | 2 | |
| <i>ribavirin oral tablet 200 mg</i> | 2 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | 2 | |
| <i>valganciclovir oral recon soln 50 mg/ml</i> | 5 | NDS |
| <i>valganciclovir oral tablet 450 mg</i> | 2 | |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG | 5 | PA BvD; NDS |
| Dispositivos | | |
| Dispositivos | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | 2 | |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | 2 | |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | 2 | |
| 1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2" | 2 | |
| 1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16" | 2 | |
| 1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32" | 2 | |
| ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" | 2 | |
| ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | 2 | |
| ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | 2 | |
| ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | 2 | |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" | 2 | |
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | 2 | |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 2 | |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" | 2 | |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | 2 | |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | 2 | |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | 2 | |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | 2 | |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | 2 | |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | 2 | |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | 2 | |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 2 | |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | 2 | |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 2 | |
| ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | 2 | |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2" | 2 | |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 2 | |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 2 | |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 2 | |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" | 2 | |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 " | 2 | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64" | 2 | |
| BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2" | 2 | |
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1" | 2 | |
| BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" | 2 | |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2" | 2 | |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | 2 | |
| BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | 2 | |
| BD INSULIN SYRINGE 1 ML W/O NEEDLE | 2 | |
| BD LUER-LOK SYRINGE 1 ML | 2 | |
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | 2 | |
| BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" | 2 | |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 2 | |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | 2 | |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | 2 | |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | 2 | |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | 2 | |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | 2 | |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2" | 2 | |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | 2 | |

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 |
|---|-----------------------|-------------------------|
| BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" | 2 | |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" | 2 | |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" | 2 | |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" | 2 | |
| BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" | 2 | |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | 2 | |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | 2 | |
| BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | 2 | |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | 2 | |
| BORDERED GAUZE 2"X2" 2 X 2 " | 1 | |
| CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2" | 2 | |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | 2 | |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" | 2 | |
| CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | 2 | |
| CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16" | 2 | |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | 2 | |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | 2 | |
| CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16" | 2 | |
| CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | 2 | |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |

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 PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | 2 | |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | 2 | |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | 2 | |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16" | 2 | |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | 2 | |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" | 2 | |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | 2 | |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | 2 | |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | 2 | |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" | 2 | |
| COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | 2 | |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | 2 | |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | 2 | |

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

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

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

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

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | 2 | |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | 2 | |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" | 2 | |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | 2 | |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | 2 | |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | 2 | |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | 2 | |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | 2 | |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" | 2 | |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | 2 | |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" | 2 | |
| DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2" | 2 | |
| DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" | 2 | |
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" | 2 | |
| DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 | 2 | |
| DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | 2 | |
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | 2 | |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | 2 | |
| DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | 2 | |
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 2 | |
| DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | 2 | |
| DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | 2 | |
| DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | 2 | |
| DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | 2 | |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | 2 | |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 2 | |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | 2 | |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | 2 | |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | 2 | |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | 2 | |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | 2 | |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | 2 | |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | 2 | |
| EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | 2 | |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | 2 | |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | 2 | |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | 2 | |
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16" | 2 | |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | 2 | |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | 2 | |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | 2 | |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | 2 | |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | 2 | |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | 2 | |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | 2 | |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | 2 | |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | 2 | |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | |
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | 2 | |
| EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" | 2 | |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | |
| EASY TOUCH FLIPIK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | 2 | |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | 2 | |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | 2 | |
| EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | 2 | |
| EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | 2 | |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" | 2 | |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 2 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 2 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 2 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 2 | |
| EASY TOUCH LUER LOK INSUL 1 ML | 2 | |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | 2 | |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" | 2 | |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" | 2 | |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" | 2 | |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | 2 | |
| EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" | 2 | |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" | 2 | |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | 2 | |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | 2 | |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | 2 | |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | 2 | |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | 2 | |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | 2 | |
| EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" | 2 | |
| EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" | 2 | |
| EASY TOUCH UNI-SLIP SYR 1 ML | 2 | |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | 2 | |
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | 2 | |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | 2 | |
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | 2 | |
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | 2 | |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | 2 | |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | 2 | |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | |
| EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30 | 2 | |
| EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE | 2 | |
| EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16" | 2 | |
| EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2" | 2 | |
| FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16" | 2 | |
| FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16 | 2 | |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" | 2 | |
| FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE | 2 | |

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 |
|--|-----------------------|-------------------------|
| FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" | 2 | |
| FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" | 2 | |
| FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | 2 | |
| FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | 2 | |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | 1 | |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" | 2 | |
| GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE | 2 | |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16" | 2 | |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | 2 | |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | 2 | |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | 2 | |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | 2 | |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | 2 | |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | |
| HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" | 2 | |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | 2 | |

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 |
|---|-----------------------|-------------------------|
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | 2 | |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | 2 | |
| HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2" | 2 | |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | 2 | |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | 2 | |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | 2 | |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | 2 | |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | 2 | |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | 3 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | 3 | |
| INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | 2 | |
| INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" | 2 | |
| INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | 2 | |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | 2 | |
| INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" | 2 | |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" | 2 | |
| INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" | 2 | |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE | 2 | |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 | 2 | |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | 2 | |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | 2 | |
| INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" | 2 | |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 | 2 | |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | 2 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE | 2 | |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" | 2 | |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | 2 | |
| INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" | 2 | |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" | 2 | |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" | 2 | |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | 2 | |
| INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | 2 | |
| LISCO SPONGES 100/BAG 2 X 2 " | 1 | |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | 2 | |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | 2 | |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | 2 | |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | 2 | |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | 2 | |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | 2 | |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | 2 | |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | 2 | |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | |
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | 2 | |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16" | 2 | |
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16" | 2 | |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2" | 2 | |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2" | 2 | |
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | 2 | |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" | 2 | |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" | 2 | |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | 2 | |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | 2 | |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | 2 | |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | 2 | |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | 2 | |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | 2 | |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | 2 | |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" | 2 | |
| MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | 2 | |
| MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | 2 | |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | 2 | |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | 2 | |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" | 2 | |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" | 2 | |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | 2 | |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | 2 | |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | 2 | |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | 2 | |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | 2 | |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | 2 | |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | 2 | |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" | 2 | |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) | 2 | |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | 2 | |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | 2 | |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | 2 | |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | 2 | |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16" | 2 | |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2" | 2 | |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | 2 | |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | 2 | |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16" | 2 | |
| NOVOFINE 30 NEEDLE | 2 | |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | 2 | |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | 2 | |
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5" | 2 | |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" | 2 | |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | 2 | |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | 2 | |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | 2 | |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | 2 | |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | 2 | |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" | 2 | |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | 2 | |
| PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | 2 | |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | 2 | |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | 2 | |
| PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | 2 | |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" | 2 | |
| PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | 2 | |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | 2 | |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | 2 | |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | 2 | |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | 2 | |

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 |
|---|-----------------------|-------------------------|
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | 2 | |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | 2 | |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | 2 | |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | 2 | |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | 2 | |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | 2 | |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | 2 | |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | 2 | |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | 2 | |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | 2 | |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | 2 | |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | 2 | |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | 2 | |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 2 | |
| RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 | 2 | |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" | 2 | |
| RELION NEEDLES NEEDLE 31 GAUGE X 1/4" | 2 | |
| RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" | 2 | |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | 2 | |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | 2 | |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | 2 | |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | 2 | |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | 2 | |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | 2 | |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | 2 | |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | |
| SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | 2 | |
| SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | 2 | |
| SECURES SAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | 2 | |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | 2 | |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | 2 | |
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | |
| STERILE PADS 2" X 2" 2 X 2 " | 1 | |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| NEEDLES, INSULIN DISP., SAFETY | 2 | |
| 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" | 2 | |
| 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 | 2 | |
| 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" | 2 | |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | 2 | |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | 2 | |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | 2 | |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | 2 | |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | 2 | |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | 2 | |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | 2 | |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | 2 | |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | 2 | |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | 2 | |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | 2 | |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | 2 | |
| 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" | 2 | |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | 2 | |
| SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | 2 | |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | 2 | |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | 2 | |
| TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2" | 2 | |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | 2 | |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | 2 | |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | |
| TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2" | 2 | |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | 2 | |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | 2 | |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | 2 | |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | 2 | |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" | 2 | |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" | 2 | |
| TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 | 2 | |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | 2 | |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | 2 | |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 2 | |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | 2 | |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | 2 | |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | 2 | |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | 2 | |
| TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 2 | |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" | 2 | |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | 2 | |
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" | 2 | |
| TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 2 | |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" | 2 | |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | 2 | |

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 |
|--|-----------------------|-------------------------|
| THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" | 2 | |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" | 2 | |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" | 2 | |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 2 | |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | 2 | |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | 2 | |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | 2 | |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | 2 | |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" | 2 | |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" | 2 | |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | 2 | |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" | 2 | |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | 2 | |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | 2 | |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | 2 | |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | 2 | |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | 2 | |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | 2 | |
| TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | |
| TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | 2 | |
| TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | 2 | |
| TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | 2 | |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | 2 | |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | 2 | |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | 2 | |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | 2 | |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |

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 |
|---|-----------------------|-------------------------|
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | 2 | |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | 2 | |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | 2 | |
| ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" | 2 | |
| ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" | 2 | |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | 2 | |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | 2 | |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | 2 | |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | 2 | |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | 2 | |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | 2 | |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | 2 | |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | 2 | |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | 2 | |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | |
| ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | 2 | |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | 2 | |
| ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2" | 2 | |
| ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32" | 2 | |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | 2 | |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | 2 | |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | 2 | |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | 2 | |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | 2 | |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | 2 | |
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | 2 | |
| ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | 2 | |
| ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | 2 | |
| 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" | 2 | |
| 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" | 2 | |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" | 2 | |
| ULTILET PEN NEEDLE 29 GAUGE | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | 2 | |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | 2 | |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" | 2 | |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE | 2 | |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | 2 | |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" | 2 | |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2" | 2 | |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16" | 2 | |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | 2 | |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | 2 | |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | 2 | |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | 2 | |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | 2 | |
| ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | 2 | |
| ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | |
| ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | |
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" | 2 | |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | 2 | |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | 2 | |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | 2 | |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | 2 | |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | 2 | |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" | 2 | |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" | 2 | |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" | 2 | |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------|
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" | 2 | |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | 2 | |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | 2 | |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | 2 | |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | 2 | |
| UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | 2 | |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | 2 | |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | 2 | |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | 2 | |
| UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | 2 | |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | 2 | |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | 2 | |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | 2 | |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | 2 | |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | 2 | |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | 2 | |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | 2 | |
| UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" | 2 | |
| UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" | 2 | |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | 2 | |

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

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

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 |
|---|-----------------------|-------------------------|
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | 2 | |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | 2 | |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | 2 | |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | 2 | |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | 2 | |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" | 2 | |
| VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" | 2 | |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | 2 | |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | 2 | |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | 2 | |
| VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | 2 | |
| VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | 1 | |
| V-GO 20 DEVICE | 3 | QL (30 per 30 days) |
| V-GO 30 DEVICE | 3 | QL (30 per 30 days) |
| V-GO 40 DEVICE | 3 | QL (30 per 30 days) |
| Preparaciones De Reemplazo | | |
| Preparaciones De Reemplazo | | |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i> | 2 | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>electrolyte-148 intravenous parenteral solution</i> | 2 | |

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

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>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i> | 2 | |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> | 2 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | 2 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | 2 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 2 | |
| <i>sodium chloride 0.9% solution mini-bag, single use</i> | 2 | |
| Productos Para La Tos Y Resfriado | | |
| Productos Para La Tos Y Resfriado | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | 2 | EX |
| Productos Sanguíneos/Modificadores/Expansores De Volumen | | |
| Agentes Hematológicos, Varios | | |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA; NDS |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | 2 | |
| CABLIVI INJECTION KIT 11 MG | 5 | PA; NDS; QL (30 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 4 | |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | 5 | PA; NDS |
| <i>protamine intravenous solution 10 mg/ml</i> | 2 | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 5 | PA; NDS; QL (60 per 30 days) |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> | 2 | |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | |
| Anticoagulantes | | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> | 2 | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS) | 3 | |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|--------------------------|
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> | 2 | QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> | 2 | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | 2 | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> | 2 | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> | 2 | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> | 2 | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> | 5 | NDS; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> | 2 | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> | 5 | NDS; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> | 5 | NDS; QL (18 per 30 days) |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | 2 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 2 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 2 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i> | 2 | |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9) | 3 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 3 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (60 per 30 days) |
| Inhibidores De Agregación De Plaquetas | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 2 | QL (60 per 30 days) |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|------------------------------|
| <i>clopidogrel oral tablet 75 mg</i> | 1 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 2 | |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> | 2 | QL (30 per 30 days) |
| Modificadores De Formación De Sangre | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 5 | PA; NDS; QL (60 per 30 days) |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 5 | PA; NDS |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 5 | PA; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 5 | PA; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 5 | PA; NDS; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NDS |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NDS |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NDS |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NDS |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 5 | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 5 | PA; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG | 5 | NDS |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | 5 | NDS |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | PA; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NDS |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG | 5 | PA; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NDS |
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> | 5 | NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 5 | PA; NDS; QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 5 | PA; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 5 | PA; NDS; QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 5 | PA; NDS; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; NDS; QL (60 per 30 days) |
| RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NDS |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NDS |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 3 | PA; QL (4 per 28 days) |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML | 5 | PA; NDS |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NDS |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML | 5 | PA; NDS |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | PA; NDS |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NDS |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NDS |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------|
| Reemplazo/Modificadores De Enzima | | |
| Reemplazo/Modificadores De Enzima | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 5 | NDS |
| CERDELGA ORAL CAPSULE 84 MG | 5 | PA; NDS |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 5 | 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 | 3 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 5 | NDS |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML | 5 | PA; NDS |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | 5 | NDS |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | 5 | PA; NDS |
| GALAFOLD ORAL CAPSULE 123 MG | 5 | PA; NDS; QL (14 per 28 days) |
| <i>javvytor oral tablet, soluble 100 mg</i> | 5 | PA; NDS |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | 5 | PA; NDS |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | 5 | PA BvD; NDS |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | 5 | PA; NDS |
| <i>miglustat oral capsule 100 mg</i> | 5 | PA; NDS; QL (90 per 30 days) |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 5 | NDS |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | 5 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA; NDS |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 5 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | PA BvD; NDS |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 5 | PA; NDS |
| <i>sapropterin oral tablet, soluble 100 mg</i> | 5 | PA; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------|
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 5 | PA; LA; NDS |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | 5 | PA; NDS |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | 5 | NDS |
| <i>yargesa oral capsule 100 mg</i> | 5 | PA; NDS; QL (90 per 30 days) |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000- 63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 3 | |

Relajantes Musculares Esqueléticos

Relajantes Musculares Esqueléticos

| | | |
|---|---|---------------------------|
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | |
| <i>chlorzoxazone oral tablet 250 mg</i> | 5 | NDS; QL (120 per 30 days) |
| <i>chlorzoxazone oral tablet 500 mg</i> | 2 | |
| <i>chlorzoxazone oral tablet 750 mg</i> | 2 | QL (120 per 30 days) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 2 | |
| <i>revonto intravenous recon soln 20 mg</i> | 2 | |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | 2 | |

Vitaminas Y Minerales

Vitaminas Y Minerales

| | | |
|---|---|--|
| <i>bal-care dha combo pack 27-1-430 mg</i> | 2 | |
| <i>bal-care dha essential pack 27 mg iron-1 mg - 374 mg</i> | 2 | |
| <i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i> | 2 | |
| <i>completenate tablet chew 29 mg iron- 1 mg</i> | 2 | |
| <i>folivane-ob capsule 85-1 mg</i> | 2 | |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i> | 2 | |
| <i>marnatal-f capsule 60 mg iron-1 mg</i> | 2 | |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i> | 2 | |
| <i>mynatal advance oral tablet 90-1-50 mg</i> | 2 | |
| <i>mynatal capsule 65 mg iron- 1 mg</i> | 2 | |
| <i>mynatal oral tablet 90-1-50 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--------------------------------|
| <i>mynatal plus captab 65 mg iron- 1 mg</i> | 2 | |
| <i>mynatal-z captab 65 mg iron- 1 mg</i> | 2 | |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i> | 2 | |
| <i>newgen tablet 32-1,000 mg-mcg</i> | 2 | |
| <i>niva-plus tablet 27 mg iron- 1 mg</i> | 2 | |
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i> | 2 | |
| <i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i> | 2 | |
| <i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i> | 2 | |
| <i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i> | 2 | |
| <i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> | 2 | |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i> | 2 | |
| <i>pnv-omega softgel 28-1-300 mg</i> | 2 | |
| <i>pr natal 400 combo pack 29-1-400 mg</i> | 2 | |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i> | 2 | |
| <i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i> | 2 | |
| <i>pr natal 430 ec combo pack 29-1-430 mg</i> | 2 | |
| <i>prenal true combo pack 30 mg iron- 1.4 mg-300 mg</i> | 2 | |
| <i>prenaisance oral capsule 29-1.25-55-325 mg</i> | 2 | |
| <i>prenaisance plus oral capsule 28-1-50-250 mg</i> | 2 | |
| <i>prenatabs fa tablet 29-1 mg</i> | 2 | |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i> | 2 | |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i> | 2 | |
| <i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i> | 2 | |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> | 2 | |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> | 2 | |
| <i>prenatal-u capsule 106.5-1 mg</i> | 2 | |
| <i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> | 2 | |
| <i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i> | 2 | |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i> | 2 | |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------|
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | 2 | |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i> | 2 | |
| <i>taron-c dha capsule 35-1-200 mg</i> | 2 | |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i> | 2 | |
| <i>triveen-duo dha combo pack 29-1-400 mg</i> | 2 | |
| <i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i> | 2 | |
| <i>virt-c dha softgel (rx) 35-1-200 mg</i> | 2 | |
| <i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i> | 2 | |
| <i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i> | 2 | |
| <i>virt-pn plus softgel (rx) 28-1-300 mg</i> | 2 | |
| <i>vitafol gummies 3.33 mg iron- 0.33 mg</i> | 2 | |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i> | 2 | |
| <i>vitafol-ob+dha combo pack 65-1-250 mg</i> | 2 | |
| <i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i> | 2 | |
| <i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i> | 2 | |
| <i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i> | 2 | |
| <i>zatean-pn plus softgel 28-1-300 mg</i> | 2 | |
| <i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i> | 2 | |

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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