



**CenterLight Healthcare**  
**Programa de atención integral para las**  
**personas de edad avanzada (PACE)**

# **FORMULARIO**

**Lista de medicamentos cubiertos**

**Del 1 de enero 2025 al 31 de diciembre de 2025**

Este formulario se actualizó el 05/01/2025. Para consultar un listado completo o si tiene otras preguntas, comuníquese con nosotros, CenterLight Healthcare PACE al 1-833-252-2737 (Los usuarios de TTY deben llamar al 711), de lunes a viernes de 8:00 a. m. a 8:00 p. m., o visite [www.centerlighthealthcare.org](http://www.centerlighthealthcare.org).

# CenterLight Healthcare

## Programa de atención integral para las personas de edad avanzada (PACE)

### Formulario de 2025 (Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 00025206, Version 11

**Nota para los participantes actuales:** este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a CenterLight Healthcare PACE. Cuando dice “plan” o “nuestro plan”, hace referencia a CenterLight Healthcare PACE.

Este documento incluye una lista de medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 1 de mayo de 2024. Comuníquese con nosotros para obtener un Formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el Formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2026 y periódicamente durante el año.

### **¿Qué es el Formulario de CenterLight Healthcare PACE?**

Un Formulario es una lista de medicamentos cubiertos seleccionados por CenterLight Healthcare PACE con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con medicamentos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, CenterLight Healthcare PACE cubrirá los medicamentos incluidos en el Formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de CenterLight Healthcare PACE y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, comuníquese con nosotros.

## ¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura para medicamentos ocurre el 1 de enero, pero podemos agregar o quitar medicamentos de la Lista de medicamentos durante el año o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios.

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

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

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

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

**Cambios que no lo afectarán si actualmente toma el medicamento.** En general, si usted toma un medicamento de nuestro Formulario para 2025 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2025, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin restricciones nuevas para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, a partir del 1 de enero del año siguiente, dichos cambios lo afectarían y es importante que verifique la lista de medicamentos del 1 de enero de 2026. Para recibir información actualizada sobre los medicamentos cubiertos por CenterLight Healthcare PACE comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y en la portada posterior.

## ¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

### Afección médica

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

### Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

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

## ¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** CenterLight Healthcare PACE exige que usted (o su médico) obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la autorización de CenterLight Healthcare PACE antes de obtener sus medicamentos con receta. Si no obtiene autorización, es posible que CenterLight Healthcare PACE no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, CenterLight Healthcare PACE limita la cantidad del medicamento que cubrirá CenterLight Healthcare PACE. Por ejemplo, CenterLight Healthcare PACE proporciona 180 por 30 días por receta para Endocet en comprimidos orales de 10-325 mg. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, CenterLight Healthcare PACE requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que CenterLight Healthcare PACE no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no le resulta efectivo para usted, CenterLight Healthcare PACE cubrirá el medicamento B.

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

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

## ¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare. CenterLight Healthcare PACE paga por ciertos medicamentos OTC. CenterLight Healthcare PACE proporcionará estos medicamentos OTC, sin costo alguno para usted.

A continuación, se muestra una lista de las categorías OTC cubiertas por CenterLight Healthcare PACE. Tenga en cuenta, sin embargo, que es posible que no cubramos todos los elementos de cada categoría. Hable con su Equipo Interdisciplinario (IDT) si tiene preguntas.

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|   |                                  |
|---|----------------------------------|
| Antihistamínicos                        | Salicilatos                      |
| Descongestionantes                      | AINE                             |
| Antitusivos                             | Vitamina B                       |
| Laxantes                                | Multivitaminas                   |
| Antidiarreicos, probióticos             | Calcio                           |
| Antiácido                               | Hierros                          |
| Antagonista H-2                         | Gotas para los ojos (lágrimas)   |
| Digestivo                               | Gotas para los oídos (Debrox)    |
| Gastrointestinal, motilidad             | Antifúngicos: tópicos            |
| Antiinfecciosos vaginales               | Limpiadores antisépticos tópicos |
| Acidificantes gastrointestinales varios | Antiflatulento (gas X)           |

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

Si el medicamento que toma no está incluido en este Formulario (Lista de medicamentos cubiertos), primero debe comunicarse con el Equipo de coordinación de servicios y preguntar si su medicamento está cubierto.

Si resulta que CenterLight Healthcare PACE no cubre el medicamento que toma, tiene dos alternativas:

- Puede solicitar al Equipo de coordinación de servicios una lista de medicamentos similares que estén cubiertos por CenterLight Healthcare PACE. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por CenterLight Healthcare PACE.
- Puede solicitar que CenterLight Healthcare PACE haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

## ¿Cómo solicito que se haga una excepción al Formulario de CenterLight Healthcare PACE?

Puede solicitarle a CenterLight Healthcare PACE que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, CenterLight Healthcare PACE limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, CenterLight Healthcare PACE solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario o a la restricción de uso. **Cuando solicita una excepción al Formulario a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.**

Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la recepción de la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se concede su solicitud de acelerar el proceso, debemos tomar una decisión a más tardar 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

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

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

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días (o 31 días si reside en centros de atención a largo plazo). Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días (o 31 días si reside en centros de atención a largo plazo) del medicamento. Después

del primer suministro para 30 días (o 31 días si fuese el caso), no seguiremos pagando estos medicamentos, incluso si ha sido participante del plan durante menos de 90 días.

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

## **Política de transición**

Los participantes nuevos en nuestro plan pueden tomar medicamentos que no están en nuestro Formulario, o que están sujetos a ciertas restricciones, como la autorización previa o al tratamiento escalonado. Los participantes actuales también pueden verse afectados por los cambios en nuestro Formulario de un año a otro. Los participantes deben hablar con sus médicos para decidir si deben cambiar a un medicamento diferente que cubramos o solicitar una excepción al Formulario para que el medicamento esté cubierto.

Comuníquese con el Servicio para los participantes si su medicamento no está en nuestro Formulario, está sujeto a ciertas restricciones, como la autorización previa o el tratamiento escalonado, o ya no estará en nuestro Formulario el próximo año, y si necesita ayuda para cambiar a un medicamento diferente que cubramos o para solicitar una excepción al Formulario.

Durante el período en que los participantes están analizando con sus médicos determinar el curso de acción correcto, podemos proporcionar un suministro temporal del medicamento que no está en el Formulario si esos participantes necesitan un resurtido del medicamento durante los primeros 90 días de la nueva afiliación a nuestro Plan. Si usted es un participante actual afectado por un cambio de Formulario de un año a otro, le damos la oportunidad de solicitar por adelantado una excepción al Formulario para el año siguiente.

Cuando un participante acude a una farmacia de la red y le proporcionamos un suministro temporal de un medicamento que no está en nuestro Formulario, o que tiene restricciones o límites de cobertura (pero que, por lo demás, se considera un “medicamento de la Parte D”), cubriremos un suministro para 30 días (a menos que la receta sea para menos días). Después de cubrir el suministro temporal de 30 días, generalmente no volveremos a pagar estos medicamentos como parte de nuestra política de transición. Le proporcionaremos un aviso por escrito después de que cubramos su suministro temporal. En este aviso se le explicará los pasos que puede seguir para solicitar una excepción y cómo trabajar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos. Si un participante nuevo es residente de un centro de atención a largo plazo (como una residencia para ancianos), cubriremos un suministro temporal de transición para 31 días (a menos que la receta sea para menos días).

Tenga en cuenta que nuestra política de transición solo se aplica a aquellos medicamentos que son “medicamentos de la Parte D” y que se dispensan en una farmacia de la red. La política de transición no se aplica a un medicamento que no sea de la Parte D o a un medicamento en una farmacia fuera de la red.



## Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de CenterLight Healthcare PACE, consulte los materiales de su plan.

Si tiene alguna pregunta sobre CenterLight Healthcare PACE, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si tiene Medicare y tiene preguntas generales sobre la cobertura para medicamentos con receta, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) durante 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 CenterLight Healthcare PACE

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

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

La información incluida en la columna de Requisitos/límites indica si CenterLight Healthcare PACE tiene algún requisito especial para la cobertura del medicamento.

## Guía de abreviaturas

| Abreviaturas | Descripción                         |
|--------------|-------------------------------------|
| PA           | Se aplica autorización previa       |
| PA NSO       | PA solo para nuevos comienzos       |
| PA BvD       | Parte D frente a Parte B solamente  |
| PA-HRM       | PA para medicamentos de alto riesgo |
| QL           | Se aplica el límite de cantidad     |
| ST           | Se aplica el tratamiento escalonado |
| LA           | Medicamento de acceso limitado      |

|                      |  |
|----------------------|--|
| ST NSO               | ST solo para nuevos comienzos          |
| CB                   | Beneficio limitado                     |
| GM                   | Solo hombres                           |
| GF                   | Solo mujeres                           |
| EDAD (máximo x años) | Autorización previa con límite de edad |

**CenterLight Healthcare PACE limita la cobertura de las tiras reactivas de glucosa en sangre y el control continuo de la glucosa (CGM) a los siguientes productos de Abbott Diabetes Care en la farmacia:**

- Tiras reactivas Freestyle
- Insulinx Tiras reactivas
- Freestyle Tira reactiva
- Freestyle Lite Tira reactiva
- Precision Xtra
- Tira reactiva Precision Xtra Beta Ketone
- Tira reactiva Freestyle Precision Neo
- Productos FreeStyle Libre

Tenga en cuenta que puede haber límites para la cobertura de los productos mencionados anteriormente, como límites de cantidad. Llámenos al 1-833-252-2737 (TTY 711) si tiene alguna pregunta.

que ha discriminado de otra forma por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a CenterLight Healthcare PACE Service Coordination Team, 136-65 37th Ave., Flushing, NY 11354, por teléfono al 1-833-CL-CARES (1-833-252-2737), por fax al

718-944-1235 o por correo electrónico a [ServiceCoordination@centerlight.org](mailto:ServiceCoordination@centerlight.org). Puede presentar un reclamo en persona, por correo, por fax o por correo electrónico. Si necesita ayuda para interponer un reclamo, comuníquese con el Servicio para los participantes al 1-833-CL-CARES (1-833-252-2737), de lunes a viernes de 8:00 a. m. a 8:00 p. m. Los usuarios de TTY deben llamar al 711.

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica en el portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o hacerlo por correo o por teléfono al:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F HHH  
Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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

**CENTERLIGHT HEALTHCARE PACE  
LANGUAGE ASSISTANCE**

|  |               |
|--|---------------|
| ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-833-252-2737 (TTY 711).                           | English       |
| ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-833-252-2737 (TTY 711).                                    | Spanish       |
| 请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-833-252-2737 (TTY 711)。   | Chinese       |
| ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-833-252-2737 (TTY 711).  | Arabic        |
| 주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-833-252-2737 (TTY 711) 번으로 연락해 주십시오.   | Korean        |
| ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-833-252-2737 (TTY 711).                                 | Russian       |
| ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-833-252-2737 (TTY 711).                          | Italian       |
| ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-833-252-2737 (TTY 711). | French        |
| ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-833-252-2737 (TTY 711).                                      | French Creole |
| אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. 1-833-252-2737 (TTY 711).  | Yiddish       |
| UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-833-252-2737 (TTY 711).  | Polish        |
| ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-833-252-2737 (TTY 711).                              | Tagalog       |
| মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-833-252-2737 (TTY 711)-এ ফোন করুন।                                      | Bengali       |
| VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-833-252-2737 (TTY 711).                                | Albanian      |
| ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-833-252-2737 (TTY 711).                          | Greek         |
| توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 1-833-252-2737 (TTY 711)۔                           | Urdu          |

## Tabla de Contenido

|   |     |
|---|-----|
| Agentes Anti Cáncer .....   | 3   |
| Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias ..... | 24  |
| Agentes Antiansiedad .....  | 25  |
| Agentes Antidemencia .....  | 27  |
| Agentes Antidiabetico .....                                       | 28  |
| Agentes Antigota .....  | 34  |
| Agentes Antimigraña .....   | 34  |
| Agentes Antinausea .....  | 36  |
| Agentes Antiparasitarios .....                                    | 37  |
| Agentes Antiparkinson .....                                       | 38  |
| Agentes Antipsicóticos .....                                      | 40  |
| Agentes Calóricos .....   | 48  |
| Agentes Cardiovasculares .....                                    | 49  |
| Agentes De Enfermedad Intestinal Inflamatoria .....               | 61  |
| Agentes De Enfermedad Ósea Metabólica .....                       | 62  |
| Agentes De Trastorno De Sueño .....                               | 63  |
| Agentes Del Sistema Nervioso Central .....                        | 64  |
| Agentes Del Tracto Respiratorio .....                             | 68  |
| Agentes Dentales Y Orales .....                                   | 74  |
| Agentes Dermatológicos .....                                      | 74  |
| Agentes Gastrointestinales .....                                  | 79  |
| Agentes Genitourinarios .....                                     | 83  |
| Agentes Hormonales, Estimulante/Reemplazo/Modificador .....       | 84  |
| Agentes Inmunológicos .....                                       | 90  |
| Agentes Oftálmicos .....  | 104 |
| Agentes Para Los Ojos, Oídos, Nariz, Garganta .....               | 106 |
| Agentes Terapeuticos Misceláneos .....                            | 111 |
| Agentes Vasodilatadores .....                                     | 113 |
| Analgésicos .....   | 113 |
| Anestésicos .....   | 118 |
| Antagonistas De Metales Pesados .....                             | 118 |
| Anti Infecciosos (Membrana Cutánea Y Mucosa) .....                | 119 |
| Antibacterianos .....   | 119 |
| Anticonceptivos .....   | 127 |
| Anticonvulsivos .....   | 138 |
| Antidepresivos .....  | 144 |
| Antifúngicos .....  | 148 |
| Antihistamínicos .....  | 150 |

|   |     |
|---|-----|
| Antimicrobacteriales.....                                     | 150 |
| Antivirales (Sistémico).....                                  | 151 |
| Cofactores Enzimáticos/Otros.....                             | 159 |
| Dispositivos.....   | 159 |
| Preparaciones De Reemplazo.....                               | 213 |
| Productos Sanguíneos/Modificadores/Expansores De Volumen..... | 215 |
| Reemplazo/Modificadores De Enzima.....                        | 219 |
| Relajantes Musculares Esqueléticos.....                       | 220 |
| Vitaminas Y Minerales.....                                    | 220 |

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites        |
|---|-----------------------|-----------------------------------|
| <b>Agentes Anti Cáncer</b>  |                       |                                   |
| <b>Agentes Anti Cáncer</b>  |                       |                                   |
| <i>abiraterone oral tablet 250 mg</i> (Abirtega)                  | 5                     | PA NSO; NDS; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i> (Zytiga)                    | 5                     | PA NSO; NDS; QL (120 per 30 days) |
| <i>abirtega oral tablet 250 mg</i> (abiraterone)                  | 5                     | PA NSO; NDS; QL (120 per 30 days) |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil) | 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> (Arimidex)                    | 1                     |                                   |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML                      | 5                     | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG                                       | 5                     | PA NSO; NDS; QL (60 per 30 days)  |
| AUGTYRO ORAL CAPSULE 40 MG  | 5                     | PA NSO; NDS; QL (240 per 30 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG                       | 5                     | NDS                               |

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

05/01/2025

| <b>Nombre del Medicamento</b>                                      | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| 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> (Vidaza)            | 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> (Treanda) | 5                            | PA NSO; NDS                        |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)               | 5                            | PA NSO; NDS                        |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)               | 5                            | PA NSO; NDS                        |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                   | 5                            | PA NSO; NDS                        |
| <i>bexarotene topical gel 1 %</i> (Targretin)                      | 5                            | PA NSO; NDS                        |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)                    | 2                            |                                    |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)           | 5                            | PA NSO; NDS; QL (75 per 28 days)   |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>             | 2                            |                                    |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i>                | 4                            | PA NSO                             |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade)            | 4                            | PA NSO                             |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|--|------------------------------|--------------------------------------|
| BORUZU INJECTION SOLUTION<br>2.5 MG/ML   | 4                            | PA NSO                               |
| BOSULIF ORAL CAPSULE 100<br>MG   | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG   | 5                            | PA NSO; NDS; QL (30<br>per 30 days)  |
| BOSULIF ORAL TABLET 100 MG   | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| BOSULIF ORAL TABLET 400 MG,<br>500 MG  | 5                            | PA NSO; NDS; QL (30<br>per 30 days)  |
| BRAFTOVI ORAL CAPSULE 75<br>MG   | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| BRUKINSA ORAL CAPSULE 80<br>MG   | 5                            | PA NSO; NDS; QL (120<br>per 30 days) |
| CABOMETYX ORAL TABLET 20<br>MG, 60 MG  | 5                            | PA NSO; NDS; QL (30<br>per 30 days)  |
| CABOMETYX ORAL TABLET 40<br>MG   | 5                            | PA NSO; NDS; QL (60<br>per 30 days)  |
| CALQUENCE (ACALABRUTINIB<br>MAL) ORAL TABLET 100 MG                                  | 5                            | PA NSO; NDS; QL (60<br>per 30 days)  |
| CALQUENCE ORAL CAPSULE<br>100 MG   | 5                            | PA NSO; NDS; QL (60<br>per 30 days)  |
| CAPRELSA ORAL TABLET 100 (vandetanib)<br>MG  | 5                            | PA NSO; NDS; QL (60<br>per 30 days)  |
| CAPRELSA ORAL TABLET 300 (vandetanib)<br>MG  | 5                            | PA NSO; NDS; QL (30<br>per 30 days)  |
| COMETRIQ ORAL CAPSULE 100<br>MG/DAY(80 MG X1-20 MG X1),<br>60 MG/DAY (20 MG X 3/DAY) | 5                            | PA NSO; NDS                          |
| COMETRIQ ORAL CAPSULE 140<br>MG/DAY(80 MG X1-20 MG X3)                               | 5                            | PA NSO; NDS; QL (112<br>per 28 days) |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|--|------------------------------|--------------------------------------|
| 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</i>          | 5                            | PA BvD; NDS                          |
| <i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)         | 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                           |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML                                      | 5                            | PA NSO; NDS; QL (120 per 28 days)    |
| DANZITEN ORAL TABLET 71 MG, 95 MG  | 5                            | PA NSO; NDS; QL (112 per 28 days)    |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel) | 5                            | PA NSO; NDS; QL (30 per 30 days)     |
| <i>dasatinib oral tablet 20 mg</i> (Sprycel)                               | 5                            | PA NSO; NDS; QL (90 per 30 days)     |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG                                     | 5                            | PA NSO; 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                                  |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|---|------------------------------|--------------------------------------|
| <i>doxorubicin, peg-liposomal</i> (Caelyx)<br><i>intravenous suspension 2 mg/ml</i> | 5                            | PA BvD; NDS                          |
| ELAHERE INTRAVENOUS<br>SOLUTION 5 MG/ML   | 5                            | PA NSO; NDS                          |
| ELIGARD (3 MONTH)<br>SUBCUTANEOUS SYRINGE 22.5<br>MG                                | 4                            | PA NSO                               |
| ELIGARD (4 MONTH)<br>SUBCUTANEOUS SYRINGE 30<br>MG                                  | 4                            | PA NSO                               |
| ELIGARD (6 MONTH)<br>SUBCUTANEOUS SYRINGE 45<br>MG                                  | 4                            | PA NSO                               |
| ELIGARD SUBCUTANEOUS<br>SYRINGE 7.5 MG (1 MONTH)                                    | 4                            | PA NSO                               |
| ELREXFIO 44 MG/1.1 ML VIAL<br>INNER, SUV, P/F 40 MG/ML                              | 5                            | PA NSO; NDS                          |
| ELREXFIO SUBCUTANEOUS<br>SOLUTION 40 MG/ML  | 5                            | PA NSO; NDS; QL (9.5<br>per 28 days) |
| EMCYT ORAL CAPSULE 140 MG   | 5                            | NDS                                  |
| EPKINLY SUBCUTANEOUS<br>SOLUTION 4 MG/0.8 ML, 48<br>MG/0.8 ML                       | 5                            | PA NSO; NDS                          |
| ERBITUX INTRAVENOUS<br>SOLUTION 100 MG/50 ML, 200<br>MG/100 ML                      | 5                            | PA NSO; NDS                          |
| ERIVEDGE ORAL CAPSULE 150<br>MG   | 5                            | PA NSO; NDS; QL (28<br>per 28 days)  |
| ERLEADA ORAL TABLET 240<br>MG   | 5                            | PA NSO; NDS; QL (30<br>per 30 days)  |
| ERLEADA ORAL TABLET 60 MG   | 5                            | PA NSO; NDS; QL (90<br>per 30 days)  |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>erlotinib oral tablet 100 mg</i> (Tarceva)   | 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)   |
| <i>erlotinib oral tablet 25 mg</i>  | 5                            | PA NSO; NDS; QL (60 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> (Torpenz)                                    | 5                            | PA NSO; NDS; QL (56 per 28 days)   |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)                     | 5                            | PA NSO; NDS; QL (28 per 28 days)   |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 5                            | PA NSO; NDS; QL (112 per 28 days)  |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)  | 2                            |                                    |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG                                     | 5                            | PA BvD; NDS                        |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                                      | 3                            | 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                             |
| <i>flutamide oral capsule 125 mg</i> (Eulexin)  | 2                            |                                    |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG   | 5                            | PA NSO; NDS; QL (21 per 28 days)   |

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05/01/2025

| <b>Nombre del Medicamento</b>                                   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| 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> (Faslodex) | 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> (Iressa)                    | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                        | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| GLEOSTINE ORAL CAPSULE 10 MG (lomustine)                        | 4                            |                                    |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)                | 5                            | NDS                                |
| GOMEKLI ORAL CAPSULE 1 MG                                       | 5                            | PA NSO; NDS; QL (224 per 28 days)  |
| GOMEKLI ORAL CAPSULE 2 MG                                       | 5                            | PA NSO; NDS; QL (112 per 28 days)  |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG                         | 5                            | PA NSO; NDS; QL (224 per 28 days)  |
| 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> (Hydrea)                 | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>                                     | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| 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> (Ifex)            | 2                            |                                    |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 2                            |                                    |
| <i>imatinib oral tablet 100 mg</i> (Gleevec)                      | 2                            | PA NSO; QL (180 per 30 days)       |
| <i>imatinib oral tablet 400 mg</i> (Gleevec)                      | 2                            | PA NSO; QL (60 per 30 days)        |
| 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 (216 per 30 days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG              | 5                            | PA NSO; NDS; QL (28 per 28 days)   |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG                      | 5                            | PA NSO; NDS                        |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML                              | 5                            | PA NSO; NDS                        |
| IMKELDI ORAL SOLUTION 80 MG/ML                                    | 5                            | PA NSO; NDS; QL (280 per 28 days)  |

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05/01/2025

| <b>Nombre del Medicamento</b>                                    | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| 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)  |
| ITOVEBI ORAL TABLET 3 MG   | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| ITOVEBI ORAL TABLET 9 MG   | 5                            | PA NSO; NDS; QL (30 per 30 days)   |
| 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                         |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML                           | 5                            | PA NSO; NDS                        |
| 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)   |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|--|------------------------------|--------------------------------------|
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 400 MG/DAY(200<br>MG X 2)-2.5 MG                   | 5                            | PA NSO; NDS; QL (70<br>per 28 days)  |
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 600 MG/DAY(200<br>MG X 3)-2.5 MG                   | 5                            | PA NSO; NDS; QL (91<br>per 28 days)  |
| KISQALI ORAL TABLET 200<br>MG/DAY (200 MG X 1)   | 5                            | PA NSO; NDS; QL (21<br>per 28 days)  |
| KISQALI ORAL TABLET 400<br>MG/DAY (200 MG X 2)   | 5                            | PA NSO; NDS; QL (42<br>per 28 days)  |
| KISQALI ORAL TABLET 600<br>MG/DAY (200 MG X 3)   | 5                            | PA NSO; NDS; QL (63<br>per 28 days)  |
| KOSELUGO ORAL CAPSULE 10<br>MG   | 5                            | PA NSO; NDS; QL (300<br>per 30 days) |
| KOSELUGO ORAL CAPSULE 25<br>MG   | 5                            | PA NSO; NDS; QL (120<br>per 30 days) |
| KRAZATI ORAL TABLET 200 MG   | 5                            | PA NSO; NDS; QL (180<br>per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)   | 5                            | PA NSO; NDS                          |
| LAZCLUZE ORAL TABLET 240<br>MG   | 5                            | PA NSO; NDS; QL (30<br>per 30 days)  |
| LAZCLUZE ORAL TABLET 80<br>MG  | 5                            | PA NSO; NDS; QL (60<br>per 30 days)  |
| <i>lenalidomide oral capsule 10 mg, 15<br/>mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 5                            | PA NSO; NDS; QL (28<br>per 28 days)  |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5                            | PA NSO; NDS                        |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)  | 2                            |                                    |
| 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 240 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| LUMAKRAS ORAL TABLET 320 MG   | 5                            | PA NSO; NDS; QL (90 per 30 days)   |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| 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                        |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG  | 5                            | PA NSO; NDS                        |
| LYNPARZA ORAL TABLET 100 MG, 150 MG  | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| LYSODREN ORAL TABLET 500 MG  | 5                            | NDS                                |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5                            | PA NSO; 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                            | PA NSO-HRM; AGE (Max 64 Years)     |
| 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)   |

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05/01/2025

| <b>Nombre del Medicamento</b>                               | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| 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 suspension 20 mg/ml</i> (Purixan)    | 5                            | NDS                                |
| <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> (Nilandron)            | 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                        |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites        |
|---|-----------------------|-----------------------------------|
| OGSIVEO ORAL TABLET 100 MG, 150 MG  | 5                     | PA NSO; NDS; QL (60 per 30 days)  |
| 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                       |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 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>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)     | 5                     | PA BvD; NDS                       |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>pazopanib oral tablet 200 mg</i> (Votrient)                              | 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, 750 mg</i>          | 5                            | NDS                                |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i>                    | 5                            | NDS                                |
| <i>pemetrexed intravenous recon soln 100 mg, 500 mg</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)   |
| 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 (mercaptopurine)                           | 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)  |
| RETEVMO ORAL TABLET 120 MG, 160 MG  | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| RETEVMO ORAL TABLET 40 MG   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| RETEVMO ORAL TABLET 80 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| REVUFORJ ORAL TABLET 110 MG   | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| REVUFORJ ORAL TABLET 160 MG   | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| REVUFORJ ORAL TABLET 25 MG  | 5                            | PA NSO; NDS; QL (240 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                        |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG   | 5                            | PA NSO; NDS; QL (8 per 28 days)    |
| 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)  |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>   |
|--|------------------------------|--------------------------------------|
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG                                  | 5                            | PA NSO; NDS                          |
| SCEMBLIX ORAL TABLET 100 MG  | 5                            | PA NSO; NDS; QL (120 per 30 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> (Nexavar)                                | 5                            | PA NSO; NDS; QL (120 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> (Sutent) | 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 (thioguanine)                                      | 4                            |                                      |
| TABRECTA ORAL TABLET 150 MG, 200 MG  | 5                            | PA NSO; NDS; QL (112 per 28 days)    |
| 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                          |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| 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 (nilotinib hcl)                           | 5                            | PA NSO; NDS; QL (112 per 28 days)  |
| TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)                                    | 5                            | PA NSO; NDS; QL (120 per 30 days)  |
| TAZVERIK ORAL TABLET 200 MG   | 5                            | PA NSO; NDS; QL (240 per 30 days)  |
| 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)   |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML  | 5                            | PA NSO; NDS                        |
| 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> (etoposide)                      | 2                            |                                    |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                | 5                            | NDS                                |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))                | 5                            | PA NSO; NDS; QL (60 per 30 days)   |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic)) | 5                            | PA NSO; NDS; QL (30 per 30 days)   |

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05/01/2025



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|--|------------------------------|--|
| TRAZIMERA INTRAVENOUS<br>RECON SOLN 150 MG, 420 MG                                       | 5                            | PA NSO; NDS                              |
| TRELSTAR INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 11.25 MG,<br>22.5 MG, 3.75 MG | 4                            | PA NSO                                   |
| <i>tretinoin (antineoplastic) oral<br/>capsule 10 mg</i>                                 | 5                            | NDS                                      |
| TRUQAP ORAL TABLET 160 MG,<br>200 MG   | 5                            | PA NSO; NDS; QL (64<br>per 28 days)      |
| TRUXIMA INTRAVENOUS<br>SOLUTION 10 MG/ML   | 5                            | PA NSO; NDS                              |
| TUKYSA ORAL TABLET 150 MG  | 5                            | PA NSO; NDS; QL (120<br>per 30 days)     |
| TUKYSA ORAL TABLET 50 MG   | 5                            | PA NSO; NDS; QL (300<br>per 30 days)     |
| TURALIO ORAL CAPSULE 125<br>MG, 200 MG   | 5                            | PA NSO; NDS; QL (120<br>per 30 days)     |
| VANFLYTA ORAL TABLET 17.7<br>MG, 26.5 MG   | 5                            | PA NSO; NDS                              |
| VEGZELMA INTRAVENOUS<br>SOLUTION 25 MG/ML  | 5                            | PA NSO; NDS                              |
| VENCLEXTA ORAL TABLET 10<br>MG   | 3                            | PA NSO; LA; QL (60<br>per 30 days)       |
| VENCLEXTA ORAL TABLET 100<br>MG  | 5                            | PA NSO; LA; NDS; QL<br>(180 per 30 days) |
| VENCLEXTA ORAL TABLET 50<br>MG   | 5                            | PA NSO; LA; NDS; QL<br>(30 per 30 days)  |
| VENCLEXTA STARTING PACK<br>ORAL TABLETS,DOSE PACK 10<br>MG-50 MG- 100 MG                 | 5                            | PA NSO; LA; NDS                          |

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05/01/2025

| <b>Nombre del Medicamento</b>                                | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG           | 5                            | PA NSO; NDS; QL (56 per 28 days)   |
| <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)  |
| VORANIGO ORAL TABLET 10 MG, 40 MG                            | 5                            | PA NSO; NDS                        |
| VYLOY INTRAVENOUS RECON SOLN 100 MG                          | 5                            | PA NSO; NDS                        |
| 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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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| 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 (10 MG X 4)   | 5                            | PA NSO; NDS; QL (16 per 28 days)   |
| XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 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)   |

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05/01/2025

| <b>Nombre del Medicamento</b>                                      | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| ZELBORAF ORAL TABLET 240 MG  | 5                            | PA NSO; NDS; QL (240 per 30 days)  |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG                              | 5                            | PA NSO; NDS                        |
| 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)   |
| <b>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</b> |                              |                                    |
| <b>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</b> |                              |                                    |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>     | 2                            |                                    |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>              | 2                            | QL (90 per 30 days)                |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)   | 2                            | QL (60 per 30 days)                |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)                       | 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<br>SPRAY, NON-AEROSOL 8<br>MG/ACTUATION  | 3                            | QL (4 per 30 days)                 |
| <i>naloxone injection solution 0.4 mg/ml</i>  | 2                            |                                    |
| <i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>                     | 2                            |                                    |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)  | 2                            | QL (4 per 30 days)                 |
| <i>naltrexone oral tablet 50 mg</i>   | 2                            |                                    |
| NICOTROL NS NASAL<br>SPRAY, NON-AEROSOL 10<br>MG/ML   | 4                            | QL (240 per 180 days)              |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)  | 2                            | QL (336 per 365 days)              |
| <i>varenicline tartrate oral tablet 1 mg (56 pack)</i>  | 2                            | QL (336 per 365 days)              |
| <i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box) | 2                            |                                    |
| <b>Agentes Antiansiedad</b>   |                              |                                    |
| <b>Benzodiacepinas</b>  |                              |                                    |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)   | 1                            | QL (120 per 30 days)               |

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05/01/2025

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|---|------------------------------|------------------------------------|
| <i>alprazolam oral tablet 2 mg</i> (Xanax)                                    | 1                            | QL (150 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> (Klonopin)                         | 1                            | QL (90 per 30 days)                |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin)                                 | 1                            | QL (300 per 30 days)               |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 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> (diazepam)                  | 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> (Valium)                        | 1                            | QL (120 per 30 days)               |
| <i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)                    | 2                            | QL (150 per 30 days)               |
| <i>lorazepam 4 mg/ml vial inner</i> (Ativan)                                  | 1                            |                                    |
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan)                          | 1                            | QL (2 per 30 days)                 |
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan)                          | 4                            | QL (2 per 30 days)                 |
| <i>lorazepam injection syringe 2 mg/ml</i>                                    | 1                            | QL (2 per 30 days)                 |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)                | 2                            | QL (150 per 30 days)               |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)                            | 1                            | QL (90 per 30 days)                |
| <i>lorazepam oral tablet 2 mg</i> (Ativan)                                    | 1                            | QL (150 per 30 days)               |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)                         | 1                            | QL (30 per 30 days)                |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| <i>temazepam oral capsule 22.5 mg</i> (Restoril)   | 2                     | QL (30 per 30 days)        |
| <i>temazepam oral capsule 7.5 mg</i> (Restoril)  | 2                     | QL (120 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> (Halcion)   | 2                     | QL (60 per 30 days)        |
| <b>Agentes Antidemencia</b>  |                       |                            |
| <b>Agentes Antidemencia</b>  |                       |                            |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)   | 1                     | QL (30 per 30 days)        |
| <i>donepezil oral tablet 23 mg</i> (Aricept)   | 2                     | QL (30 per 30 days)        |
| <i>donepezil oral tablet, disintegrating 10 mg</i>   | 2                     |                            |
| <i>donepezil oral tablet, disintegrating 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)        |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>   | 2                     | ST; QL (30 per 30 days)    |
| <i>memantine oral capsule, sprinkle, er 24hr 7 mg</i> (Namenda XR)   | 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)        |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>   | 2                     |                            |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | 2                     | QL (30 per 30 days)        |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| <b>Agentes Antidiabetico</b>                                       |                       |                            |
| <b>Agentes Antidiabeticos, Varios</b>                              |                       |                            |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)         | 2                     |                            |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)        | 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> (Riomet)                | 2                     | QL (765 per 30 days)       |
| <i>metformin oral tablet 1,000 mg</i>                              | 1                     | QL (75 per 30 days)        |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>metformin oral tablet 500 mg</i>  | 1                            | QL (150 per 30 days)               |
| <i>metformin oral tablet 750 mg</i>  | 1                            | QL (60 per 30 days)                |
| <i>metformin oral tablet 850 mg</i>  | 1                            | QL (90 per 30 days)                |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>   | 1                            | QL (120 per 30 days)               |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>   | 1                            | QL (60 per 30 days)                |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)  | 5                            | PA; NDS; QL (112 per 28 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; 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), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3                            | PA; QL (3 per 28 days)             |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)  | 1                            | QL (30 per 30 days)                |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>  | 2                            | QL (90 per 30 days)                |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)   | 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)               |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG   | 3                            | PA; QL (30 per 30 days)            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| 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)                |
| 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; QL (2 per 28 days)             |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)    | 3                            | QL (30 per 30 days)                |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG                                       | 3                            | QL (30 per 30 days)                |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG                          | 3                            | QL (60 per 30 days)                |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)     | 3                            | QL (60 per 30 days)                |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento                 | Requerimientos/<br>Límites                                 |  |
|--|---------------------------------------|--|--|
| <b>Insulinas</b>   |                                       |  |  |
| FIASP FLEXTOUCH U-100<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3<br>ML)                     | 3                                     | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |  |
| FIASP PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE<br>100 UNIT/ML (3 ML)                            | 3                                     | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |  |
| FIASP U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML  | 3                                     | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |  |
| HUMULIN R U-500 (CONC)<br>INSULIN SUBCUTANEOUS<br>SOLUTION 500 UNIT/ML                                 | 3                                     | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |  |
| HUMULIN R U-500 (CONC)<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 500 UNIT/ML (3<br>ML)                    | 3                                     | max \$35 copay per<br>month supply; QL (24<br>per 28 days) |  |
| <i>insulin asp prt-insulin aspart</i><br><i>subcutaneous insulin pen 100 unit/ml</i><br><i>(70-30)</i> | (Novolog Mix 70-<br>30FlexPen U-100)  | 2  | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin asp prt-insulin aspart</i><br><i>subcutaneous solution 100 unit/ml</i><br><i>(70-30)</i>    | (Novolog Mix 70-30 U-<br>100 Insulin) | 2  | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i><br><i>cartridge 100 unit/ml</i>                               | (Novolog PenFill U-100<br>Insulin)    | 2  | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i><br><i>insulin pen 100 unit/ml (3 ml)</i>                      | (Novolog FlexPen U-<br>100 Insulin)   | 2  | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i><br><i>solution 100 unit/ml</i>                                | (Novolog U-100 Insulin<br>aspart)     | 2  | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |

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05/01/2025

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|--|------------------------------|--|
| LANTUS SOLOSTAR U-100 (insulin glargine)<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3<br>ML)        | 3                            | max \$35 copay per<br>month supply                         |
| LANTUS U-100 INSULIN (insulin glargine)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                              | 3                            | max \$35 copay per<br>month supply                         |
| NOVOLIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION<br>100 UNIT/ML (70-30)                                | 3                            | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT/ML (70-30)                               | 3                            | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| NOVOLIN N FLEXPEN<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT/ML (3 ML)  | 3                            | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| NOVOLIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION<br>100 UNIT/ML  | 3                            | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| NOVOLIN R FLEXPEN<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT/ML (3 ML)  | 3                            | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| NOVOLIN R REGULAR U100<br>INSULIN INJECTION SOLUTION<br>100 UNIT/ML  | 3                            | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| SEMGLEE(INSULIN GLARGINE- (insulin glargine-yfgn)<br>YFGN) SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML              | 3                            | max \$35 copay per<br>month supply                         |
| SEMGLEE(INSULIN GLARG- (insulin glargine-yfgn)<br>YFGN)PEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3<br>ML) | 3                            | max \$35 copay per<br>month supply                         |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites                                 |
|--|-----------------------|--|
| SOLIQUA 100/33<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-33 MCG/ML   | 3                     | max \$35 copay per<br>month supply; QL (30<br>per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300<br>SUBCUTANEOUS INSULIN PEN conc)<br>300 UNIT/ML (3 ML)          | 3                     | max \$35 copay per<br>month supply                         |
| TOUJEO SOLOSTAR U-300 (insulin glargine u-300<br>INSULIN SUBCUTANEOUS conc)<br>INSULIN PEN 300 UNIT/ML (1.5<br>ML) | 3                     | max \$35 copay per<br>month supply                         |
| TRESIBA FLEXTOUCH U-100 (insulin degludec)<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT/ML (3 ML)                       | 3                     | max \$35 copay per<br>month supply                         |
| TRESIBA FLEXTOUCH U-200 (insulin degludec)<br>SUBCUTANEOUS INSULIN PEN<br>200 UNIT/ML (3 ML)                       | 3                     | max \$35 copay per<br>month supply                         |
| TRESIBA U-100 INSULIN (insulin degludec)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                   | 3                     | max \$35 copay per<br>month supply                         |
| XULTOPHY 100/3.6<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-3.6 MG /ML (3 ML)   | 3                     | max \$35 copay per<br>month supply; QL (15<br>per 28 days) |
| <b>Sulfonilureas</b>   |                       |  |
| <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>  | 1                     | QL (60 per 30 days)  |
| <i>glipizide oral tablet 5 mg</i>  | 1                     | QL (240 per 30 days)                                       |
| <i>glipizide oral tablet extended release (Glucotrol XL)<br/>24hr 10 mg</i>  | 1                     | QL (60 per 30 days)  |
| <i>glipizide oral tablet extended release (Glucotrol XL)<br/>24hr 2.5 mg, 5 mg</i>                                 | 1                     | QL (30 per 30 days)  |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <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                            | PA-HRM; AGE (Max 64 Years)         |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                      | 1                            | PA-HRM; AGE (Max 64 Years)         |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                | 1                            | PA-HRM; AGE (Max 64 Years)         |
| <b>Agentes Antigota</b>   |                              |                                    |
| <b>Agentes Antigota, Otros</b>  |                              |                                    |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim)  | 1                            |                                    |
| <i>allopurinol oral tablet 300 mg</i>   | 1                            |                                    |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare)  | 2                            | QL (60 per 30 days)                |
| <i>colchicine oral tablet 0.6 mg</i> (Colcris)  | 2                            | QL (120 per 30 days)               |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)                                     | 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                            |                                    |
| <b>Agentes Antimigraña</b>  |                              |                                    |
| <b>Agentes Antimigraña</b>  |                              |                                    |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 225 MG/1.5 ML                      | 3                            | PA; QL (1.5 per 30 days)           |
| AJOVY SYRINGE<br>SUBCUTANEOUS SYRINGE 225<br>MG/1.5 ML                                  | 3                            | PA; QL (1.5 per 30 days)           |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 5                            | ST; NDS; QL (8 per 28 days)        |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| EMGALITY PEN<br>SUBCUTANEOUS PEN INJECTOR<br>120 MG/ML                                    | 3                            | PA; QL (2 per 30 days)             |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120<br>MG/ML                                     | 3                            | PA; QL (2 per 30 days)             |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300<br>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<br>TABLET,DISINTEGRATING 75<br>MG   | 3                            | PA; QL (18 per 30 days)            |
| QULIPTA ORAL TABLET 10 MG,<br>30 MG, 60 MG  | 3                            | PA; QL (30 per 30 days)            |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)   | 2                            | QL (18 per 30 days)                |
| <i>rizatriptan oral tablet 5 mg</i>   | 2                            | QL (18 per 30 days)                |
| <i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)                          | 2                            | QL (18 per 30 days)                |
| <i>rizatriptan oral tablet,disintegrating 5 mg</i>  | 2                            | QL (18 per 30 days)                |
| <i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen)                   | 2                            | QL (4 per 28 days)                 |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>                | 2                            | QL (12 per 30 days)                |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)                                 | 2                            | QL (9 per 30 days)                 |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)                           | 2                            | QL (18 per 30 days)                |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 2                            | QL (4 per 28 days)                 |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen) | 4                            | QL (4 per 28 days)                 |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 2                            | QL (4 per 28 days)                 |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)                  | 2                            | QL (5 per 28 days)                 |
| UBRELVY ORAL TABLET 100 MG, 50 MG   | 3                            | PA; QL (16 per 30 days)            |
| <b>Agentes Antinausea</b>   |                              |                                    |
| <b>Agentes Antinausea</b>   |                              |                                    |
| <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> (Emend)  | 2                            | PA BvD; QL (4 per 28 days)         |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)                   | 2                            | PA BvD                             |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine)                                 | 2                            |                                    |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)                              | 2                            | PA; QL (60 per 30 days)            |
| <i>meclizine oral tablet 12.5 mg</i>  | 1                            |                                    |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))                                | 1                            |                                    |
| <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                            |                                    |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>              |
|--|------------------------------|---|
| <i>prochlorperazine maleate oral tablet</i> (Compazine)<br>10 mg, 5 mg               | 2                            |   |
| <i>prochlorperazine rectal suppository</i> (Compro)<br>25 mg                         | 2                            |   |
| <i>promethazine injection solution</i> 25 (Phenergan)<br>mg/ml                       | 2                            | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethazine oral tablet</i> 12.5 mg, 25 mg, 50 mg                                | 1                            | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethazine rectal suppository</i> 25 (Promethegan)<br>mg                        | 2                            | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethegan rectal suppository</i> 12.5 (promethazine)<br>mg, 25 mg               | 2                            | PA-HRM; AGE (Max 64 Years)                      |
| <i>scopolamine base transdermal patch</i> (Transderm-Scop)<br>3 day 1 mg over 3 days | 2                            | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| <b>Agentes Antiparasitarios</b>  |                              |   |
| <b>Agentes Antiparasitarios</b>  |                              |   |
| <i>albendazole oral tablet</i> 200 mg  | 5                            | NDS   |
| <i>atovaquone oral suspension</i> 750 (Mepron)<br>mg/5 ml                            | 2                            |   |
| <i>atovaquone-proguanil oral tablet</i> (Malarone)<br>250-100 mg                     | 2                            |   |
| <i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric)<br>62.5-25 mg           | 2                            |   |
| <i>chloroquine phosphate oral tablet</i><br>250 mg, 500 mg                           | 2                            |   |
| COARTEM ORAL TABLET 20-120 MG  | 4                            |   |
| <i>hydroxychloroquine oral tablet</i> 100 mg   | 2                            | QL (180 per 30 days)                            |

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05/01/2025

| <b>Nombre del Medicamento</b>                              | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)   | 2                            | QL (90 per 30 days)                |
| <i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)      | 2                            | QL (60 per 30 days)                |
| <i>hydroxychloroquine oral tablet 400 mg</i>               | 2                            | QL (60 per 30 days)                |
| IMPAVIDO ORAL CAPSULE 50 MG                                | 5                            | PA; NDS; QL (84 per 28 days)       |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)            | 2                            |                                    |
| <i>ivermectin oral tablet 6 mg</i>                         | 2                            |                                    |
| <i>mefloquine oral tablet 250 mg</i>                       | 2                            |                                    |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)            | 5                            | NDS; QL (60 per 30 days)           |
| <i>paromomycin oral capsule 250 mg</i> (Humatin)           | 2                            |                                    |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | 2                            | PA BvD                             |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam)    | 2                            |                                    |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide)        | 2                            |                                    |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)                | 4                            |                                    |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)          | 5                            | PA; NDS                            |
| <i>quinine sulfate oral capsule 324 mg</i> (Qulaquin)      | 2                            | PA                                 |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>               | 2                            |                                    |
| <b>Agentes Antiparkinson</b>                               |                              |                                    |
| <b>Agentes Antiparkinson</b>                               |                              |                                    |
| <i>amantadine hcl oral capsule 100 mg</i>                  | 2                            |                                    |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>             | 2                            |                                    |
| <i>amantadine hcl oral tablet 100 mg</i>                   | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                                     | 2                            |                                    |
| <i>bromocriptine oral tablet 2.5 mg</i>   | 2                            |                                    |
| <i>cabergoline oral tablet 0.5 mg</i>   | 2                            |                                    |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)                             | 2                            |                                    |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)                               | 2                            |                                    |
| <i>carbidopa-levodopa oral tablet 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>entacapone oral tablet 200 mg</i>  | 2                            |                                    |
| 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                            |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML  | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>       | 2                            |                                    |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                                  | 2                            |                                    |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>           | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites    |
|---|-----------------------|-------------------------------|
| <i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>                       | 2                     |                               |
| <i>selegiline hcl oral capsule 5 mg</i>   | 2                     |                               |
| <i>selegiline hcl oral tablet 5 mg</i>  | 2                     |                               |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>   | 2                     |                               |
| VYALEV CONTIN.<br>SUBCUTANEOUS INFUSION<br>SOLUTION 12-240 MG/ML                      | 5                     | PA; NDS; QL (560 per 28 days) |
| <b>Agentes Antipsicóticos</b>   |                       |                               |
| <b>Agentes Antipsicóticos</b>   |                       |                               |
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 720 MG/2.4 ML | 5                     | NDS; QL (2.4 per 42 days)     |
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 960 MG/3.2 ML | 5                     | NDS; QL (3.2 per 42 days)     |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 300 MG, 400 MG  | 5                     | NDS; QL (1 per 26 days)       |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>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> (Abilify)      | 2                     |                               |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i>                                 | 2                     | ST; QL (90 per 30 days)       |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>aripiprazole oral tablet, disintegrating 15 mg</i>                                | 2                            | ST; QL (60 per 30 days)            |
| ARISTADA INITIO<br>INTRAMUSCULAR<br>SUSPENSION, EXTENDED REL<br>SYRING 675 MG/2.4 ML | 5                            | NDS; QL (4.8 per 365 days)         |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION, EXTENDED REL<br>SYRING 1,064 MG/3.9 ML         | 5                            | NDS; QL (3.9 per 14 days)          |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION, EXTENDED REL<br>SYRING 441 MG/1.6 ML           | 5                            | NDS; QL (1.6 per 14 days)          |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION, EXTENDED REL<br>SYRING 662 MG/2.4 ML           | 5                            | NDS; QL (2.4 per 14 days)          |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION, EXTENDED REL<br>SYRING 882 MG/3.2 ML           | 5                            | NDS; QL (3.2 per 14 days)          |
| <i>asenapine maleate sublingual tablet</i> (Saphris)<br><i>10 mg, 2.5 mg, 5 mg</i>   | 2                            | QL (60 per 30 days)                |
| CAPLYTA ORAL CAPSULE 10.5<br>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> (Clozaril)                 | 2                            |                                    |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>                  | 2                            | ST; QL (90 per 30 days)            |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>clozapine oral tablet, disintegrating 150 mg</i>                    | 2                            | ST; QL (180 per 30 days)           |
| <i>clozapine oral tablet, disintegrating 200 mg</i>                    | 2                            | ST; QL (120 per 30 days)           |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG                    | 5                            | ST; NDS; QL (60 per 30 days)       |
| COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG | 5                            | ST; NDS                            |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                           | 5                            | NDS; QL (0.75 per 21 days)         |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML                                | 5                            | NDS; QL (1 per 21 days)            |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                            | 5                            | NDS; QL (1.5 per 21 days)          |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML                           | 5                            | NDS; QL (2.25 per 21 days)         |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                            | 5                            | NDS; QL (0.25 per 21 days)         |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                             | 5                            | NDS; QL (0.5 per 21 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)       |
| 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                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <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 (1 ml), 50 mg/ml(1ml)</i>        | 2                            |                                    |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate) | 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<br>INTRAMUSCULAR SYRINGE<br>1,092 MG/3.5 ML                                 | 5                            | NDS; QL (3.5 per 166 days)         |
| INVEGA HAFYERA<br>INTRAMUSCULAR SYRINGE<br>1,560 MG/5 ML                                   | 5                            | NDS; QL (5 per 166 days)           |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 117<br>MG/0.75 ML                                 | 5                            | NDS; QL (0.75 per 21 days)         |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML                                      | 5                            | NDS; QL (1 per 21 days)            |

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05/01/2025

| <b>Nombre del Medicamento</b>                                      | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML          | 5                            | NDS; QL (1.5 per 21 days)          |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML          | 3                            | QL (0.25 per 21 days)              |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML           | 5                            | NDS; QL (0.5 per 21 days)          |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 273<br>MG/0.88 ML           | 5                            | NDS; QL (0.88 per 70 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 410<br>MG/1.32 ML           | 5                            | NDS; QL (1.32 per 70 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 546<br>MG/1.75 ML           | 5                            | NDS; QL (1.75 per 70 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 819<br>MG/2.63 ML           | 5                            | NDS; QL (2.63 per 70 days)         |
| <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> (Latuda) | 2                            | QL (30 per 30 days)                |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)                       | 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)               |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>molindone oral tablet 5 mg</i>   | 5                            | NDS; 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, 5 mg, 7.5 mg</i>                      | 2                            |                                    |
| <i>olanzapine oral tablet 20 mg</i> (Zyprexa)   | 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</i>                          | 2                            | QL (30 per 30 days)                |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)             | 2                            | QL (30 per 30 days)                |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)                   | 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> (Seroquel) | 2                            |                                    |
| <i>quetiapine oral tablet 150 mg</i>  | 2                            | QL (30 per 30 days)                |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites   |
|--|-----------------------|------------------------------|
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)             | 2                     |                              |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 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</i> (Risperdal Consta)         | 2                     | QL (2 per 28 days)           |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)                    | 2                     | QL (2 per 28 days)           |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)      | 5                     | NDS; QL (2 per 28 days)      |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)   | 2                     |                              |
| <i>risperidone oral tablet 0.25 mg</i>   | 2                     |                              |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)  | 2                     |                              |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                               | 2                     |                              |
| RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres) | 5                     | NDS; QL (2 per 28 days)      |
| 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                     |                              |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>thiothixene oral capsule 1 mg, 10 mg,<br/>2 mg, 5 mg</i>            | 2                            |                                    |
| <i>trifluoperazine oral tablet 1 mg, 10<br/>mg, 2 mg, 5 mg</i>         | 2                            |                                    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 100 MG/0.28 ML | 5                            | NDS; QL (0.28 per 28<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 125 MG/0.35 ML | 5                            | NDS; QL (0.35 per 28<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 150 MG/0.42 ML | 5                            | NDS; QL (0.42 per 56<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 200 MG/0.56 ML | 5                            | NDS; QL (0.56 per 56<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 250 MG/0.7 ML  | 5                            | NDS; QL (0.7 per 56<br>days)       |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 50 MG/0.14 ML  | 5                            | NDS; QL (0.14 per 28<br>days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 75 MG/0.21 ML  | 5                            | NDS; QL (0.21 per 28<br>days)      |
| VERSACLOZ ORAL<br>SUSPENSION 50 MG/ML                                  | 5                            | ST; NDS; QL (540 per<br>30 days)   |
| VRAYLAR ORAL CAPSULE 1.5<br>MG, 3 MG, 4.5 MG, 6 MG                     | 5                            | ST; NDS; QL (30 per 30<br>days)    |
| VRAYLAR ORAL<br>CAPSULE,DOSE PACK 1.5 MG<br>(1)- 3 MG (6)              | 4                            | ST                                 |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)              | 2                            |                                    |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon) | 2                            | QL (6 per 28 days)                 |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 210 MG            | 4                            | QL (2 per 28 days)                 |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 300 MG            | 5                            | NDS; QL (2 per 28 days)            |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 405 MG            | 5                            | NDS; QL (1 per 28 days)            |
| <b>Agentes Calóricos</b>   |                              |                                    |
| <b>Agentes Calóricos</b>   |                              |                                    |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %                 | 4                            | PA BvD                             |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %                | 4                            | PA BvD                             |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %                | 4                            | PA BvD                             |
| CLINIMIX E 8%-D10W<br>SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %             | 4                            | PA BvD                             |
| CLINIMIX E 8%-D14W<br>SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %             | 4                            | PA BvD                             |
| <i>dextrose 5 % in water (d5w)<br/>intravenous parenteral solution</i>               | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| PROCALAMINE 3%<br>INTRAVENOUS PARENTERAL<br>SOLUTION 3 %                | 4                            | PA BvD                             |
| <b>Agentes Cardiovasculares</b>   |                              |                                    |
| <b>Agentes Alfa-Adrenérgicos</b>  |                              |                                    |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                 | 1                            |                                    |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | 2                            |                                    |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | 2                            |                                    |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | 2                            |                                    |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)           | 1                            |                                    |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)         | 5                            | PA; NDS; QL (180 per 30 days)      |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                | 2                            |                                    |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                        | 2                            |                                    |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                           | 2                            |                                    |
| <b>Agentes Antiarrítmicos</b>   |                              |                                    |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)         | 2                            |                                    |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)      | 2                            |                                    |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                     | 2                            |                                    |
| MULTAQ ORAL TABLET 400 MG   | 3                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)   | 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 sulfate oral tablet 200 mg, 300 mg</i>   | 2                            |                                    |
| <b>Agentes Bloqueadores Beta-Adrenérgicos</b>   |                              |                                    |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>   | 2                            |                                    |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)   | 1                            |                                    |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)                                    | 2                            |                                    |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                                      | 2                            |                                    |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>  | 2                            |                                    |
| <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> (Coreg)                                 | 1                            |                                    |
| <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> (Toprol XL) | 1                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)                                    | 1                            |                                    |
| <i>metoprolol tartrate oral tablet 25 mg</i>  | 1                            |                                    |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                  | 2                            |                                    |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)   | 2                            |                                    |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                    | 2                            |                                    |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)                                   | 2                            |                                    |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)                                       | 2                            |                                    |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)                                       | 2                            |                                    |
| <i>sotalol oral tablet 240 mg</i> (Betapace)  | 2                            |                                    |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>   | 2                            |                                    |
| <b>Agentes Bloqueadores Da Canal De Calcio</b>  |                              |                                    |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl) | 2                            |                                    |
| <i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)                                  | 2                            |                                    |
| <i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)  | 2                            |                                    |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>                      | 2                            |                                    |
| <i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)               | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)                   | 2                            |                                    |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)   | 2                            |                                    |
| <i>diltiazem hcl oral tablet 90 mg</i>   | 2                            |                                    |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)                            | 2                            |                                    |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)          | 2                            |                                    |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 2                            |                                    |
| <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                            |                                    |
| <b>Agentes Cardiovasculares, Varios</b>  |                              |                                    |
| CORLANOR ORAL SOLUTION 5 MG/5 ML   | 3                            | QL (600 per 30 days)               |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>   | 2                            |                                    |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)   | 2                            |                                    |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)  | 2                            |                                    |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)                              | 3                            | QL (4 per 30 days)                 |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)                            | 2                            | QL (4 per 30 days)                 |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>   | 3                            | QL (4 per 30 days)                 |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)                                | 2                            | QL (4 per 30 days)                 |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                       | 1                            |                                    |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)                                       | 5                            | PA; NDS; QL (18 per 30 days)       |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)  | 3                            | QL (60 per 30 days)                |
| <i>metyrosine oral capsule 250 mg</i> (Demser)   | 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)               |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG  | 4                            | PA; QL (30 per 30 days)            |
| <b>Antagonistas De Receptores De Angiotensina Ii</b>   |                              |                                    |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)                                | 2                            |                                    |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 2                            |                                    |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)                        | 3                            | QL (60 per 30 days)                |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG  | 3                            | QL (240 per 30 days)               |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)   | 2                            |                                    |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)   | 2                            |                                    |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)  | 1                            |                                    |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                                      | 1                            |                                    |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)   | 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> (Tribenzor) | 2                            |                                    |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                 | 2                            |                                    |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)  | 2                            |                                    |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                                | 2                            |                                    |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)   | 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> (Diovan HCT)         | 2                            |                                    |
| <b>Dihidropiridinas</b>  |                              |                                    |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)  | 1                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>amlodipine-benazepril oral capsule</i> (Lotrel)<br>10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg   | 1                            |                                    |
| <i>amlodipine-benazepril oral capsule</i><br>2.5-10 mg, 5-40 mg  | 1                            |                                    |
| <i>amlodipine-olmesartan oral tablet</i> (Azor)<br>10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg  | 2                            |                                    |
| <i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)   | 2                            |                                    |
| <i>amlodipine-valsartan-hcthiazyd oral tablet</i> 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT) | 2                            |                                    |
| <i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg   | 2                            |                                    |
| <i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg, 90 mg (Procardia XL)   | 2                            |                                    |
| <i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg   | 2                            |                                    |
| <b>Dislipidémicos</b>  |                              |                                    |
| <i>amlodipine-atorvastatin oral tablet</i> 10-10 mg, 5-10 mg (Caduet)  | 2                            |                                    |
| <i>amlodipine-atorvastatin oral tablet</i> 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)                            | 2                            | QL (30 per 30 days)                |
| <i>amlodipine-atorvastatin oral tablet</i><br>2.5-10 mg, 2.5-20 mg, 2.5-40 mg  | 2                            |                                    |
| <i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)   | 1                            | QL (30 per 30 days)                |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)      | 2                            |                                    |
| <i>cholestyramine light oral powder in packet 4 gram</i>                        | 2                            |                                    |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)                    | 2                            |                                    |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                 | 2                            |                                    |
| <i>colestipol oral packet 5 gram</i>  | 2                            |                                    |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                                 | 2                            |                                    |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia)                                      | 2                            | QL (30 per 30 days)                |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)               | 2                            | QL (30 per 30 days)                |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)               | 2                            | QL (30 per 30 days)                |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)               | 2                            | QL (30 per 30 days)                |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)               | 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> (Tricor)          | 2                            |                                    |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)                        | 2                            |                                    |
| <i>fenofibrate oral tablet 160 mg</i>   | 1                            |                                    |
| <i>fenofibrate oral tablet 54 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> (Lescol XL)         | 2                            |                                    |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)                                   | 1                            |                                    |
| <i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)                          | 2                            | QL (240 per 30 days)               |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)                      | 2                            | QL (120 per 30 days)               |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                         | 1                            |                                    |
| NEXLETOL ORAL TABLET 180 MG   | 3                            | ST; QL (30 per 30 days)            |
| NEXLIZET ORAL TABLET 180-10 MG  | 3                            | ST; QL (30 per 30 days)            |
| <i>niacin oral tablet 500 mg</i> (Niacor)                                 | 2                            |                                    |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 2                            |                                    |
| <i>niacor oral tablet 500 mg</i> (niacin)                                 | 2                            |                                    |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)             | 2                            | ST; QL (120 per 30 days)           |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)         | 2                            | QL (30 per 30 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                            | ST; QL (7 per 28 days)             |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML                     | 3                            | ST; QL (6 per 28 days)             |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                            | 3                            | ST; QL (6 per 28 days)             |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)       | 1                            | QL (30 per 30 days)                |

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05/01/2025

| <b>Nombre del Medicamento</b>                                      | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)         | 1                            | QL (30 per 30 days)                |
| <i>simvastatin oral tablet 5 mg, 80 mg</i>                         | 1                            | QL (30 per 30 days)                |
| <b>Diuréticos</b>  |                              |                                    |
| <i>amiloride oral tablet 5 mg</i>                                  | 1                            |                                    |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>           | 2                            |                                    |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                   | 2                            |                                    |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                     | 2                            |                                    |
| <i>furosemide injection solution 10 mg/ml</i>                      | 1                            |                                    |
| <i>furosemide injection syringe 10 mg/ml</i>                       | 1                            |                                    |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>     | 2                            |                                    |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)          | 1                            |                                    |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                    | 1                            |                                    |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>       | 1                            |                                    |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                      | 1                            |                                    |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                  | 2                            |                                    |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | 1                            |                                    |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>         | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>  | 1                            |                                    |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                                     | 1                            |                                    |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>                            | 1                            |                                    |
| <b>Inhibidores De Enzima<br/>Convertidoras De Angiotensina</b>                                    |                              |                                    |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)                                      | 1                            |                                    |
| <i>benazepril oral tablet 5 mg</i>  | 1                            |                                    |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 2                            |                                    |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>                                       | 2                            |                                    |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>  | 2                            |                                    |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)                         | 1                            |                                    |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)                             | 1                            |                                    |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>  | 1                            |                                    |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>   | 1                            |                                    |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                          | 2                            |                                    |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)                  | 1                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)          | 1                            |                                    |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>   | 2                            |                                    |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>   | 2                            |                                    |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)  | 1                            |                                    |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)            | 2                            |                                    |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)                                       | 1                            |                                    |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>   | 1                            |                                    |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 2                            |                                    |
| <b>Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona</b>  |                              |                                    |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)   | 2                            |                                    |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)  | 2                            |                                    |
| KERENDIA ORAL TABLET 10 MG, 20 MG  | 3                            | PA; QL (30 per 30 days)            |
| <b>Vasodilatadores</b>   |                              |                                    |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>  | 2                            |                                    |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)  | 2                            |                                    |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)   | 2                            |                                    |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>   | 2                            |                                    |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | 1                            |                                    |
| <i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)  | 2                            |                                    |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>  | 2                            |                                    |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | 2                            |                                    |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2                            |                                    |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>  |                              |                                    |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>  |                              |                                    |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)  | 2                            |                                    |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)  | 2                            |                                    |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>   | 2                            |                                    |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)   | 2                            |                                    |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)   | 2                            |                                    |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)                                     | 2                            |                                    |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)                             | 2                            |                                    |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)                              | 2                            | QL (120 per 30 days)               |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)  | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites  |
|---|-----------------------|-----------------------------|
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs) | 4                     |                             |
| <b>Agentes De Enfermedad Ósea Metabólica</b>  |                       |                             |
| <b>Agentes De Enfermedad Ósea Metabólica</b>  |                       |                             |
| <i>alendronate oral solution 70 mg/75 ml</i>  | 2                     | QL (300 per 28 days)        |
| <i>alendronate oral tablet 10 mg</i>  | 1                     | QL (30 per 30 days)         |
| <i>alendronate oral tablet 35 mg</i>  | 1                     | QL (4 per 28 days)          |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)  | 1                     | QL (4 per 28 days)          |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>                | 2                     |                             |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                      | 2                     |                             |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)                                 | 2                     | QL (60 per 30 days)         |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)  | 5                     | NDS; QL (120 per 30 days)   |
| <i>ibandronate oral tablet 150 mg</i>   | 2                     | 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>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                               | 2                     |                             |
| <i>paricalcitol oral capsule 4 mcg</i>  | 2                     |                             |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML  | 4                     | QL (1 per 180 days)         |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG                                  | 3                     | QL (60 per 30 days)         |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites        |
|---|-----------------------|-----------------------------------|
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>       | 5                     | PA; NDS; QL (2.48 per 28 days)    |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)                     | 5                     | PA; NDS; QL (1.56 per 30 days)    |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                            | 5                     | PA; NDS                           |
| <b>Agentes De Trastorno De Sueño</b>  |                       |                                   |
| <b>Agentes De Trastorno De Sueño</b>  |                       |                                   |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)          | 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> (Lunesta)                       | 2                     | QL (30 per 30 days)               |
| <i>modafinil oral tablet 100 mg</i> (Provigil)                                  | 2                     | PA; QL (30 per 30 days)           |
| <i>modafinil oral tablet 200 mg</i> (Provigil)                                  | 2                     | PA; QL (60 per 30 days)           |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)                           | 5                     | PA; LA; NDS; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>  | 2                     | QL (30 per 30 days)               |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)                                | 1                     | QL (30 per 30 days)               |
| <i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR) | 2                     | QL (30 per 30 days)               |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites    |
|--|-----------------------|-------------------------------|
| <b>Agentes Del Sistema Nervioso Central</b>  |                       |                               |
| <b>Agentes Del Sistema Nervioso Central</b>  |                       |                               |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)   | 2                     | QL (60 per 30 days)           |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)   | 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 18 MG, 24 MG   | 5                     | PA; NDS; QL (60 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG   | 5                     | PA; NDS; QL (30 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG   | 5                     | PA; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 5                     | PA; NDS                       |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML  | 5                     | PA; NDS; QL (1 per 28 days)   |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML  | 5                            | PA; NDS; QL (1 per 28 days)        |
| AVONEX PEN 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>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)  | 2                            | PA; QL (60 per 30 days)            |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)     | 2                            | QL (30 per 30 days)                |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)    | 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> (Adderall) | 2                            | QL (60 per 30 days)                |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)                              | 5                            | PA; NDS; QL (14 per 7 days)        |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)            | 5                            | PA; NDS                            |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)                              | 5                            | PA; NDS; QL (60 per 30 days)       |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya)  | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)   | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)   | 5                            | PA; NDS; QL (12 per 28 days)       |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)                                | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)                                | 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> (Intuniv ER) | 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                            |                                    |
| <i>lithium carbonate oral tablet 300 mg</i>  | 1                            |                                    |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)                  | 2                            |                                    |
| <i>lithium carbonate oral tablet extended release 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                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| MAVENCLAD (5 TABLET PACK)<br>ORAL TABLET 10 MG                                | 5                            | PA; NDS                            |
| MAVENCLAD (6 TABLET PACK)<br>ORAL TABLET 10 MG                                | 5                            | PA; NDS                            |
| MAVENCLAD (7 TABLET PACK)<br>ORAL TABLET 10 MG                                | 5                            | PA; NDS                            |
| MAVENCLAD (8 TABLET PACK)<br>ORAL TABLET 10 MG                                | 5                            | PA; NDS                            |
| MAVENCLAD (9 TABLET PACK)<br>ORAL TABLET 10 MG                                | 5                            | PA; NDS                            |
| MAYZENT ORAL TABLET 0.25<br>MG  | 5                            | PA; NDS; QL (112 per<br>28 days)   |
| MAYZENT ORAL TABLET 1 MG,<br>2 MG   | 5                            | PA; NDS; QL (30 per 30<br>days)    |
| MAYZENT STARTER(FOR 1MG<br>MAINT) ORAL TABLETS,DOSE<br>PACK 0.25 MG (7 TABS)  | 3                            | PA                                 |
| MAYZENT STARTER(FOR 2MG<br>MAINT) ORAL TABLETS,DOSE<br>PACK 0.25 MG (12 TABS) | 5                            | PA; NDS                            |
| <i>methylphenidate hcl oral solution 10</i> (Methylin)<br><i>mg/5 ml</i>      | 2                            | QL (900 per 30 days)               |
| <i>methylphenidate hcl oral tablet 10</i> (Ritalin)<br><i>mg, 20 mg, 5 mg</i> | 2                            | QL (90 per 30 days)                |
| OCREVUS INTRAVENOUS<br>SOLUTION 30 MG/ML                                      | 5                            | PA; NDS; QL (20 per<br>180 days)   |
| OCREVUS ZUNOVO<br>SUBCUTANEOUS SOLUTION 920<br>MG-23,000 UNIT/23 ML           | 5                            | PA; NDS; QL (23 per<br>180 days)   |
| PLEGRIDY SUBCUTANEOUS<br>PEN INJECTOR 125 MCG/0.5 ML                          | 5                            | PA; NDS; QL (1 per 28<br>days)     |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| PLEGRIDY SUBCUTANEOUS<br>PEN INJECTOR 63 MCG/0.5 ML-<br>94 MCG/0.5 ML | 5                            | PA; NDS                            |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML                       | 5                            | PA; NDS; QL (1 per 28<br>days)     |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 63 MCG/0.5 ML- 94<br>MCG/0.5 ML      | 5                            | PA; NDS                            |
| <i>riluzole oral tablet 50 mg</i> (Rilutek)                           | 2                            |                                    |
| SAVELLA ORAL TABLET 100<br>MG, 12.5 MG, 25 MG, 50 MG                  | 3                            | QL (60 per 30 days)                |
| SAVELLA ORAL TABLETS,DOSE<br>PACK 12.5 MG (5)-25 MG(8)-50<br>MG(42)   | 3                            |                                    |
| <i>tetrabenazine oral tablet 12.5 mg, 25<br/>mg</i> (Xenazine)        | 5                            | PA; NDS; QL (112 per<br>28 days)   |
| VUMERITY ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 231 MG             | 5                            | PA; NDS; QL (120 per<br>30 days)   |
| <b>Agentes Del Tracto<br/>Respiratorio</b>                            |                              |                                    |
| <b>Agentes Del Tracto Respiratorio,<br/>Otros</b>                     |                              |                                    |
| <i>acetylcysteine solution 100 mg/ml (10<br/>%), 200 mg/ml (20 %)</i> | 2                            | PA BvD                             |
| ALYFTREK ORAL TABLET 10-<br>50-125 MG                                 | 5                            | PA; NDS; QL (60 per 30<br>days)    |
| ALYFTREK ORAL TABLET 4-20-<br>50 MG                                   | 5                            | PA; NDS; QL (90 per 30<br>days)    |
| BRONCHITOL INHALATION<br>CAPSULE, W/INHALATION<br>DEVICE 40 MG        | 5                            | NDS; QL (560 per 28<br>days)       |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML                                 | 5                            | PA; NDS                            |
| <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 TABLET 100-125 MG, 200-125 MG                            | 5                            | PA; NDS; QL (112 per 28 days)      |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)                      | 5                            | PA; NDS; QL (270 per 30 days)      |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet)                       | 5                            | PA; NDS; QL (270 per 30 days)      |
| <i>pirfenidone oral tablet 534 mg</i>                                 | 5                            | PA; NDS; QL (90 per 30 days)       |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites   |
|--|-----------------------|------------------------------|
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet)  | 5                     | PA; NDS; QL (90 per 30 days) |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp)  | 2                     | QL (28 per 28 days)          |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp)  | 2                     | QL (30 per 30 days)          |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)  | 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                      |
| <b>Antiinflamatorios, Corticoesteroides Inhalados</b>  |                       |                              |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | 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 (fluticasone furoate-vilanterol)                              | 3                     | QL (60 per 30 days)          |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| BREO ELLIPTA INHALATION<br>BLISTER WITH DEVICE 50-25<br>MCG/DOSE  | 3                            | QL (60 per 30 days)                |
| <i>breyana inhalation hfa aerosol inhaler</i> (budesonide-formoterol)<br>160-4.5 mcg/actuation, 80-4.5<br>mcg/actuation                           | 2                            | QL (30.9 per 30 days)              |
| <i>budesonide inhalation suspension for<br/>nebulization 0.25 mg/2 ml, 0.5 mg/2<br/>ml, 1 mg/2 ml</i> (Pulmicort)                                 | 2                            | PA BvD; QL (120 per 30<br>days)    |
| <i>budesonide-formoterol inhalation hfa<br/>aerosol inhaler 160-4.5<br/>mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)                          | 2                            | QL (30.6 per 30 days)              |
| <i>fluticasone propionate inhalation hfa<br/>aerosol inhaler 110 mcg/actuation</i>  | 2                            | QL (12 per 30 days)                |
| <i>fluticasone propionate inhalation hfa<br/>aerosol inhaler 220 mcg/actuation</i>  | 2                            | QL (24 per 30 days)                |
| <i>fluticasone propionate inhalation hfa<br/>aerosol inhaler 44 mcg/actuation</i>   | 2                            | QL (21.2 per 30 days)              |
| <i>fluticasone propion-salmeterol<br/>inhalation blister with device 100-50<br/>mcg/dose, 250-50 mcg/dose, 500-50<br/>mcg/dose</i> (Wixela Inhub) | 2                            | QL (60 per 30 days)                |
| <i>wixela inhub inhalation blister with<br/>device 100-50 mcg/dose, 250-50<br/>mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-<br>salmeterol) | 2                            | QL (60 per 30 days)                |
| <b>Antileucotrinicos</b>  |                              |                                    |
| <i>montelukast oral tablet 10 mg</i> (Singulair)  | 1                            |                                    |
| <i>montelukast oral tablet, chewable 4<br/>mg, 5 mg</i> (Singulair)   | 2                            |                                    |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)  | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| <b>Broncodilatadores</b>  |                       |                            |
| AIRSUPRA INHALATION HFA<br>AEROSOL INHALER 90-80<br>MCG/ACTUATION   | 3                     | QL (32.1 per 30 days)      |
| <i>albuterol sulfate inhalation hfa</i><br><i>aerosol inhaler 90 mcg/actuation</i><br>(Ventolin HFA)  | 2                     | QL (17 per 30 days)        |
| <i>albuterol sulfate inhalation hfa</i><br><i>aerosol inhaler 90 mcg/actuation</i><br>(nda020503)   | 2                     | QL (13.4 per 30 days)      |
| <i>albuterol sulfate inhalation hfa</i><br><i>aerosol inhaler 90 mcg/actuation</i><br>(nda020983)   | 2                     | QL (36 per 30 days)        |
| <i>albuterol sulfate inhalation solution</i><br><i>for nebulization 0.63 mg/3 ml, 1.25</i><br><i>mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5</i><br><i>mg/0.5 ml</i> | 2                     | PA BvD                     |
| ANORO ELLIPTA INHALATION<br>BLISTER WITH DEVICE 62.5-25<br>MCG/ACTUATION<br>(umeclidinium-<br>vilanterol)   | 3                     | QL (60 per 30 days)        |
| ATROVENT HFA INHALATION<br>HFA AEROSOL INHALER 17<br>MCG/ACTUATION  | 4                     | QL (25.8 per 28 days)      |
| BREZTRI AEROSPHERE<br>INHALATION HFA AEROSOL<br>INHALER 160-9-4.8<br>MCG/ACTUATION  | 3                     | QL (10.7 per 30 days)      |
| COMBIVENT RESPIMAT<br>INHALATION MIST 20-100<br>MCG/ACTUATION   | 3                     | QL (8 per 30 days)         |
| <i>ipratropium bromide inhalation</i><br><i>solution 0.02 %</i>   | 2                     | PA BvD                     |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <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)       |
| SEREVENT DISKUS<br>INHALATION BLISTER WITH<br>DEVICE 50 MCG/DOSE                                   | 3                            | QL (60 per 30 days)                |
| SPIRIVA RESPIMAT<br>INHALATION MIST 1.25<br>MCG/ACTUATION  | 3                            | QL (4 per 30 days)                 |
| SPIRIVA RESPIMAT<br>INHALATION MIST 2.5<br>MCG/ACTUATION   | 3                            | QL (4 per 30 days)                 |
| STIOLTO RESPIMAT<br>INHALATION MIST 2.5-2.5<br>MCG/ACTUATION                                       | 3                            | QL (4 per 30 days)                 |
| STRIVERDI RESPIMAT<br>INHALATION MIST 2.5<br>MCG/ACTUATION   | 3                            | QL (4 per 28 days)                 |
| <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                            |                                    |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler) | 2                            | QL (30 per 30 days)                |
| TRELEGY ELLIPTA<br>INHALATION BLISTER WITH<br>DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG              | 3                            | QL (60 per 30 days)                |

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05/01/2025

| Nombre del Medicamento  |                             | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------------|-----------------------|----------------------------|
| <b>Agentes Dentales Y Orales</b>                                |                             |                       |                            |
| <b>Agentes Dentales Y Orales</b>                                |                             |                       |                            |
| <i>cevimeline oral capsule 30 mg</i>                            | (Evoxac)                    | 2                     |                            |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | (Periogard)                 | 1                     |                            |
| <i>denta 5000 plus dental cream 1.1 %</i>                       | (fluoride (sodium))         | 1                     |                            |
| <i>dentagel dental gel 1.1 %</i>                                | (fluoride (sodium))         | 1                     |                            |
| <i>fluoride (sodium) dental solution 0.2 %</i>                  | (PreviDent)                 | 1                     |                            |
| <i>periogard mucous membrane mouthwash 0.12 %</i>               | (chlorhexidine gluconate)   | 1                     |                            |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                 | (Salagen (pilocarpine))     | 2                     |                            |
| <i>sf 5000 plus dental cream 1.1 %</i>                          | (fluoride (sodium))         | 1                     |                            |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>         | (Denta 5000 Plus Sensitive) | 1                     |                            |
| <i>triamcinolone acetonide dental paste 0.1 %</i>               | (Kourzeq)                   | 2                     |                            |
| <b>Agentes Dermatológicos</b>                                   |                             |                       |                            |
| <b>Agentes Antiinflamatorios Dermatológicos</b>                 |                             |                       |                            |
| <i>ala-cort topical cream 1 %</i>                               | (hydrocortisone)            | 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                     |                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <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> (Diprolene (augmented)) | 2                            |                                    |
| <i>clobetasol scalp solution 0.05 %</i>   | 2                            |                                    |
| <i>clobetasol topical cream 0.05 %</i>  | 2                            |                                    |
| <i>clobetasol topical gel 0.05 %</i>  | 2                            |                                    |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | 2                            |                                    |
| <i>clobetasol topical ointment 0.05 %</i>                                       | 2                            |                                    |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | 2                            |                                    |
| <i>clobetasol-emollient topical cream 0.05 %</i>                                | 2                            |                                    |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)                        | 2                            |                                    |
| EUCRISA TOPICAL OINTMENT 2 %  | 3                            |                                    |
| <i>fluocinolone topical cream 0.01 %</i>  | 2                            |                                    |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar)                             | 2                            |                                    |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar)                          | 2                            |                                    |
| <i>fluocinonide topical cream 0.05 %</i>  | 2                            |                                    |
| <i>fluocinonide topical cream 0.1 %</i> (Vanos)                                 | 2                            |                                    |

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05/01/2025

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|--|------------------------------|------------------------------------|
| <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>fluticasone propionate topical cream 0.05 %</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>   | 2                            |                                    |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                                 | 2                            |                                    |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | 2                            |                                    |
| <i>hydrocortisone topical lotion 2.5 %</i>   | 2                            |                                    |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))                        | 1                            |                                    |
| <i>hydrocortisone topical ointment 2.5 %</i>                                       | 1                            |                                    |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                                 | 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> (Elidel)                                     | 2                            | QL (100 per 30 days)               |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2                            |                                    |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)  | 2                            |                                    |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2                            |                                    |

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05/01/2025



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|---|------------------------------|------------------------------------|
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                      | 2                            | QL (100 per 30 days)               |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>           | 1                            |                                    |
| <i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)          | 1                            |                                    |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>          | 2                            |                                    |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2                            |                                    |
| <i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)      | 2                            |                                    |
| <b>Agentes Dermatológicos, Otros</b>                                  |                              |                                    |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                   | 2                            |                                    |
| <i>acyclovir topical ointment 5 %</i> (Zovirax)                       | 2                            | QL (30 per 30 days)                |
| <i>ammonium lactate topical cream 12 %</i>                            | 2                            |                                    |
| <i>ammonium lactate topical lotion 12 %</i> (AmLactin)                | 2                            |                                    |
| <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)               |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                        | 2                            |                                    |
| <i>fluorouracil topical solution 2 %, 5 %</i>                         | 2                            |                                    |
| <i>imiquimod topical cream in packet 5 %</i>                          | 2                            | QL (24 per 30 days)                |
| ISOPROPYL ALCOHOL TOPICAL SWAB 70 %                                   | 1                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| KLISYRI (250 MG) 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 (60 per 28 days)   |
| <i>podofilox topical solution 0.5 %</i>                                       | 2                     |                            |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM   | 4                     | QL (180 per 30 days)       |
| VALCHLOR TOPICAL GEL 0.016 %  | 5                     | PA NSO; NDS                |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)        | 2                     |                            |
| <b>Antibacterianos Dermatológicos</b>   |                       |                            |
| <i>clindamycin phosphate topical solution 1 %</i>                             | 2                     | QL (180 per 30 days)       |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)                 | 2                     |                            |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>                         | 2                     |                            |
| <i>erythromycin with ethanol topical solution 2 %</i>                         | 2                     |                            |
| <i>gentamicin topical cream 0.1 %</i>   | 2                     | QL (90 per 30 days)        |
| <i>gentamicin topical ointment 0.1 %</i>                                      | 2                     | QL (120 per 30 days)       |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan)                           | 2                     |                            |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)                             | 2                     |                            |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                               | 2                     |                            |
| <i>mupirocin topical ointment 2 %</i> (Centany)                               | 1                     | QL (220 per 30 days)       |
| <i>neuac topical gel 1.2 % (1 % base) -5 %</i> (clindamycin-benzoyl peroxide) | 1                     |                            |
| <i>rosadan topical cream 0.75 %</i> (metronidazole)                           | 2                     |                            |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>selenium sulfide topical lotion 2.5 %</i>   | 2                            |                                    |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD)   | 2                            |                                    |
| <i>ssd topical cream 1 %</i> (silver sulfadiazine)   | 4                            |                                    |
| <b>Escabicidas Y Pediculicidas</b>   |                              |                                    |
| <i>malathion topical lotion 0.5 %</i> (Ovide)  | 2                            |                                    |
| <i>permethrin topical cream 5 %</i> (Elimite)  | 2                            | QL (60 per 30 days)                |
| <b>Retinoides Dermatológicos</b>   |                              |                                    |
| <i>adapalene topical cream 0.1 %</i> (Differin)  | 2                            |                                    |
| ALTRENO TOPICAL LOTION 0.05 %  | 4                            | PA                                 |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)  | 2                            |                                    |
| <i>tretinoin topical cream 0.025 %</i> (Avita)   | 2                            | PA                                 |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)   | 2                            | PA                                 |
| <b>Agentes Gastrointestinales</b>  |                              |                                    |
| <b>Agentes Antiúlceras Y Supresores De Ácidos</b>  |                              |                                    |
| <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>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole)) | 2                            | QL (30 per 30 days)                |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)                      | 2                            | QL (60 per 30 days)                |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)         | 2                            | ST; QL (30 per 30 days)            |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)                | 2                            | ST; QL (60 per 30 days)            |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)  | 1                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>famotidine oral tablet 40 mg</i> (Pepcid)   | 1                            |                                    |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole)) | 2                            | QL (30 per 30 days)                |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)                    | 2                            | QL (60 per 30 days)                |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)                                    | 2                            |                                    |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>                   | 1                            |                                    |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)                    | 1                            | QL (30 per 30 days)                |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)                    | 1                            | QL (60 per 30 days)                |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)                      | 2                            | QL (30 per 30 days)                |
| <i>sucralfate oral tablet 1 gram</i> (Carafate)  | 2                            |                                    |
| <b>Agentes Gastrointestinales, Otros</b>   |                              |                                    |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)                             | 5                            | PA; NDS                            |
| <i>constulose oral solution 10 gram/15 ml</i> (lactulose)                                    | 2                            |                                    |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)                                    | 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 tablet 2.5-0.025 mg</i> (Lomotil)                             | 2                            | PA-HRM; AGE (Max 64 Years)         |
| <i>enulose oral solution 10 gram/15 ml</i> (lactulose)                                       | 2                            |                                    |
| <i>generlac oral solution 10 gram/15 ml</i> (lactulose)                                      | 2                            |                                    |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul)   | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)                             | 2                            |                                    |
| <i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i> | 2                            |                                    |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)                          | 2                            |                                    |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                      | 3                            | QL (30 per 30 days)                |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                                      | 3                            |                                    |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))                  | 2                            |                                    |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)                           | 2                            | QL (60 per 30 days)                |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                  | 2                            |                                    |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)                         | 1                            |                                    |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG  | 3                            | QL (30 per 30 days)                |
| <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 200 mg, 400 mg</i> (Reltone)                              | 5                            | NDS                                |
| <i>ursodiol oral capsule 300 mg</i>  | 2                            |                                    |
| <i>ursodiol oral tablet 250 mg</i>   | 2                            |                                    |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                                    | 2                            |                                    |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM              | 3                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites   |
|---|-----------------------|------------------------------|
| XERMELO ORAL TABLET 250 MG  | 5                     | PA; NDS; QL (84 per 28 days) |
| <b>Enlaces De Fosfato</b>   |                       |                              |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                                       | 2                     |                              |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>  | 2                     |                              |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)                   | 2                     |                              |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)   | 2                     |                              |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>   | 2                     |                              |
| <b>Laxantes</b>   |                       |                              |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML            | 3                     |                              |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)             | 2                     |                              |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)             | 2                     |                              |
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)                               | 2                     |                              |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)             | 2                     |                              |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)                               | 2                     |                              |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 3                     |                              |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>          | 2                     |                              |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM                                       | 3                     |                            |
| <b>Agentes Genitourinarios</b>  |                       |                            |
| <b>Agentes Genitourinarios, Varios</b>  |                       |                            |
| <i>alfuzosin oral tablet extended release</i> (Uroxatral)<br>24 hr 10 mg        | 2                     | QL (30 per 30 days)        |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)                                | 2                     |                            |
| <i>finasteride oral tablet 5 mg</i> (Proscar)                                   | 1                     |                            |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax)                                  | 1                     |                            |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                           | 1                     |                            |
| <b>Antiespasmódicos, Urinario</b>   |                       |                            |
| <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> (Toviaz)      | 2                     |                            |
| <i>flavoxate oral tablet 100 mg</i>   | 2                     |                            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)          | 2                     |                            |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                 | 2                     |                            |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                     | 2                     |                            |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 2                     |                            |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)                           | 1                     |                            |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>               | 2                     |                            |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                       | 2                     |                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>tropium oral capsule, extended release 24hr 60 mg</i>  | 2                            |                                    |
| <i>tropium oral tablet 20 mg</i>  | 2                            |                                    |
| <b>Agentes Hormonales, Estimulante/Reemplazo/Modificador</b>  |                              |                                    |
| <b>Agentes Tiroideos Y Antitiroideos</b>  |                              |                                    |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1                            |                                    |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)   | 1                            |                                    |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)   | 2                            |                                    |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  | 1                            |                                    |
| <i>propylthiouracil oral tablet 50 mg</i>   | 2                            |                                    |
| <b>Andrógenos</b>   |                              |                                    |
| <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</i> (Depo-Testosterone)  | 2                            | PA                                 |
| <i>testosterone cypionate intramuscular oil 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> (Vogelxo)   | 2                            | PA; QL (300 per 30 days)           |

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05/01/2025



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|---|------------------------------|--|
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)   | 2                            | PA; QL (150 per 30 days)                       |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)  | 2                            | PA; QL (300 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)                         |
| <b>Estrógenos Y Antiestrógenos</b>  |                              |  |
| DUAVEE ORAL TABLET 0.45-20 MG   | 3                            | PA-HRM; AGE (Max 64 Years)                     |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)   | 1                            | PA-HRM; AGE (Max 64 Years)                     |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)              | 2                            | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara) | 2                            | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)   | 2                            |  |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)   | 2                            | QL (18 per 28 days)                            |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>  | 2                            | PA-HRM; AGE (Max 64 Years)                     |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)   | 2                            | PA-HRM; AGE (Max 64 Years)                     |
| <i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)   | 2                            | PA-HRM; AGE (Max 64 Years)                     |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG                                     | 3                     | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)                    | 3                     | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM   | 3                     |                            |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                             | 3                     | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG            | 3                     | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg</i> (Evista)                                     | 2                     |                            |
| <i>yuvafem vaginal tablet 10 mcg</i> (estradiol)                                 | 2                     | QL (18 per 28 days)        |
| <b>Glucocorticoides/Mineralocorticoides</b>                                      |                       |                            |
| <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 phosphate injection solution 10 mg/ml, 4 mg/ml</i>       | 1                     |                            |
| <i>fludrocortisone oral tablet 0.1 mg</i>  | 2                     |                            |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                    | 2                     |                            |
| <i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)    | 2                     |                            |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                 | 2                     |                            |
| <i>methylprednisolone oral tablet 32 mg</i>                                      | 2                     |                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))                        | 1                            |                                    |
| <i>prednisolone 15 mg/5 ml soln d/f 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)</i>                     | 2                            | PA BvD                             |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 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                            |                                    |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)                      | 2                            |                                    |
| <b>Pituitario</b>   |                              |                                    |
| ACTHAR INJECTION GEL 80 UNIT/ML   | 5                            | PA; NDS; QL (35 per 28 days)       |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML                                    | 5                            | PA; NDS; QL (15 per 30 days)       |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML  | 5                            | PA; NDS; QL (30 per 30 days)       |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>                                 | 2                            |                                    |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>                           | 2                            |                                    |

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05/01/2025

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|---|------------------------------|------------------------------------|
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)  | 2                            |                                    |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML   | 5                            | PA; NDS                            |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)   | 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  | 5                            | PA NSO; NDS                        |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG  | 5                            | PA; NDS                            |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG  | 5                            | PA; NDS                            |
| NORDITROPIN FLEXPPO 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, 200 mcg/ml</i>   | 2                            |                                    |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)  | 2                            |                                    |
| ORGOVYX ORAL TABLET 120 MG  | 5                            | PA NSO; NDS                        |
| ORLISSA ORAL TABLET 150 MG  | 5                            | PA; NDS; QL (28 per 28 days)       |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites        |
|---|-----------------------|-----------------------------------|
| 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 (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML                     | 5                     | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT (lanreotide) 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                           |
| <b>Progestinas</b>  |                       |                                   |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML                           | 3                     | QL (0.65 per 84 days)             |
| <i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)                           | 2                     |                                   |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)        | 2                     | QL (1 per 84 days)                |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)           | 2                     | QL (1 per 84 days)                |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)                | 1                     |                                   |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>   | 2                     | PA-HRM; AGE (Max 64 Years)        |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)                           | 2                     |                                   |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites      |
|---|-----------------------|---------------------------------|
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)                                       | 2                     |                                 |
| <b>Agentes Inmunológicos</b>  |                       |                                 |
| <b>Agentes Inmunológicos</b>  |                       |                                 |
| ACTEMRA ACTPEN<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML  | 5                     | PA; NDS                         |
| ACTEMRA INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20<br>MG/ML), 80 MG/4 ML (20 MG/ML) | 5                     | PA; NDS                         |
| ACTEMRA SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML   | 5                     | PA; NDS                         |
| ARCALYST SUBCUTANEOUS<br>RECON SOLN 220 MG  | 5                     | PA; NDS                         |
| ASTAGRAF XL ORAL (tacrolimus)<br>CAPSULE,EXTENDED RELEASE<br>24HR 0.5 MG, 1 MG                                | 4                     | PA BvD                          |
| ASTAGRAF XL ORAL (tacrolimus)<br>CAPSULE,EXTENDED RELEASE<br>24HR 5 MG  | 5                     | PA BvD; NDS                     |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)  | 2                     | PA BvD                          |
| <i>azathioprine sodium injection recon soln 100 mg</i>  | 2                     | PA BvD                          |
| BENLYSTA SUBCUTANEOUS<br>AUTO-INJECTOR 200 MG/ML  | 5                     | PA; NDS; QL (8 per 28 days)     |
| BENLYSTA SUBCUTANEOUS<br>SYRINGE 200 MG/ML  | 5                     | PA; NDS; QL (8 per 28 days)     |
| BESREMI SUBCUTANEOUS<br>SYRINGE 500 MCG/ML  | 5                     | PA NSO; NDS; QL (2 per 28 days) |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG<br>(200 MG X 2 VIALS)   | 5                            | PA; NDS                            |
| CIMZIA SUBCUTANEOUS<br>SYRINGE KIT 400 MG/2 ML (200<br>MG/ML X 2)  | 5                            | PA; NDS                            |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150<br>MG/ML   | 5                            | PA; NDS                            |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR<br>150 MG/ML  | 5                            | PA; NDS                            |
| COSENTYX SUBCUTANEOUS<br>SYRINGE 75 MG/0.5 ML  | 5                            | PA; NDS                            |
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR<br>300 MG/2 ML  | 5                            | PA; NDS                            |
| <i>cyclosporine intravenous solution</i> (Sandimmune)<br><i>250 mg/5 ml</i>  | 2                            | PA BvD                             |
| <i>cyclosporine modified oral capsule</i> (Gengraf)<br><i>100 mg, 25 mg</i>  | 2                            | PA BvD                             |
| <i>cyclosporine modified oral capsule</i><br><i>50 mg</i>  | 2                            | PA BvD                             |
| <i>cyclosporine modified oral solution</i> (Gengraf)<br><i>100 mg/ml</i>   | 2                            | PA BvD                             |
| <i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune)<br><i>mg</i>  | 2                            | PA BvD                             |
| CYLTEZO(CF) PEN CROHN'S-UC- (adalimumab-adbm)<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.4 ML, 40<br>MG/0.8 ML | 5                            | PA; NDS                            |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)       | 5                     | PA; NDS                    |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)                    | 5                     | PA; NDS                    |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | 5                     | PA; NDS                    |
| 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 (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                   | 5                     | PA BvD; NDS                |

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05/01/2025



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

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>     |
|--|------------------------------|--|
| 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 |
| <i>infliximab intravenous recon soln 100 mg</i> (Remicade)                                 | 5                            | PA; NDS                                |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML  | 5                            | PA; NDS                                |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)  | 2                            |  |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)    | 2                            | PA BvD                                 |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)                                | 2                            | PA BvD                                 |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)       | 5                            | PA BvD; NDS                            |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)                                 | 2                            | PA BvD                                 |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic) | 2                            | PA BvD                                 |
| NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML   | 5                            | PA NSO; NDS                            |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG  | 5                            | PA BvD; NDS                            |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG                                       | 5                            | PA; NDS                                |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML                                     | 5                            | PA; NDS                                |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML   | 5                            | PA; NDS                            |
| OTEZLA ORAL TABLET 20 MG, 30 MG  | 5                            | PA; NDS                            |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)  | 5                            | PA; NDS                            |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML   | 4                            | PA BvD                             |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG   | 4                            | PA BvD                             |
| 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 | 4                            | ST                                 |
| REZUROCK ORAL TABLET 200 MG  | 5                            | PA NSO; NDS                        |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML  | 5                            | PA; NDS; QL (360 per 30 days)      |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG  | 5                            | PA; NDS                            |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML   | 5                            | PA; NDS                            |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML   | 5                            | PA; NDS                            |
| <i>sirolimus oral solution 1 mg/ml</i>   | 5                            | PA BvD; NDS                        |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites    |
|---|-----------------------|-------------------------------|
| <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 (ustekinumab)                                     | 5                     | PA; NDS                       |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)                                    | 5                     | PA; NDS                       |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)                           | 5                     | PA; NDS                       |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)                                 | 2                     | PA BvD                        |
| TAVNEOS ORAL CAPSULE 10 MG  | 5                     | PA; NDS; QL (180 per 30 days) |
| TREMIFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)                                       | 5                     | PA; NDS                       |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| TREMFYA PEN<br>SUBCUTANEOUS PEN INJECTOR<br>200 MG/2 ML  | 5                            | PA; NDS                            |
| TREMFYA SUBCUTANEOUS<br>AUTO-INJECTOR 100 MG/ML  | 5                            | PA; NDS                            |
| TREMFYA SUBCUTANEOUS<br>SYRINGE 100 MG/ML, 200 MG/2<br>ML  | 5                            | PA; NDS                            |
| TYENNE AUTOINJECTOR<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML  | 5                            | PA; NDS                            |
| TYENNE INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20<br>MG/ML), 80 MG/4 ML (20 MG/ML) | 5                            | PA; NDS                            |
| TYENNE SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML   | 5                            | PA; NDS                            |
| XELJANZ ORAL SOLUTION 1<br>MG/ML   | 5                            | PA; NDS                            |
| XELJANZ ORAL TABLET 10 MG,<br>5 MG   | 5                            | PA; NDS                            |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11<br>MG, 22 MG   | 5                            | PA; NDS                            |
| YESINTEK INTRAVENOUS<br>SOLUTION 130 MG/26 ML  | 5                            | PA; NDS                            |
| YESINTEK SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML   | 5                            | PA; NDS                            |
| YESINTEK SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90<br>MG/ML   | 5                            | PA; NDS                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| YUFLYMA(CF) AI CROHN'S-UC- (adalimumab-aaty)<br>HS SUBCUTANEOUS AUTO-<br>INJECTOR, KIT 80 MG/0.8 ML             | 5                            | PA; NDS                            |
| YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty)<br>SUBCUTANEOUS AUTO-<br>INJECTOR, KIT 40 MG/0.4 ML, 80<br>MG/0.8 ML | 5                            | PA; NDS                            |
| YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty)<br>SYRINGE KIT 20 MG/0.2 ML, 40<br>MG/0.4 ML                         | 5                            | PA; NDS                            |
| <b>Vacunas</b>  |                              |                                    |
| ABRYSVO (PF)<br>INTRAMUSCULAR RECON SOLN<br>120 MCG/0.5 ML  | 3                            | \$0 copay                          |
| ACTHIB (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML   | 3                            |                                    |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION<br>2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML                | 3                            | \$0 copay                          |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2<br>LF-(2.5-5-3-5 MCG)-5LF/0.5 ML                   | 3                            | \$0 copay                          |
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 120 MCG/0.5<br>ML                                 | 3                            | \$0 copay                          |
| AREXVY ANTIGEN<br>COMPONENT 120 MCG   | 3                            | \$0 copay                          |
| BCG VACCINE, LIVE (PF)<br>PERCUTANEOUS SUSPENSION<br>FOR RECONSTITUTION 50 MG                                   | 3                            | \$0 copay                          |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML                               | 3                            | \$0 copay                          |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML                     | 3                            | \$0 copay                          |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                        | 3                            | \$0 copay                          |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML    | 3                            |                                    |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 3                            | QL (3 per 365 days)                |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML                                  | 3                            | PA BvD; \$0 copay                  |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML                                     | 3                            | PA BvD; \$0 copay                  |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML                       | 3                            | PA BvD; \$0 copay                  |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML                                    | 3                            | \$0 copay                          |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML                                       | 3                            | \$0 copay                          |

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05/01/2025

| <b>Nombre del Medicamento</b>                                       | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML               | 3                            | \$0 copay                          |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML             | 3                            |                                    |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML                 | 3                            | PA BvD; \$0 copay                  |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                 | 3                            |                                    |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT        | 3                            | PA BvD; \$0 copay                  |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 3                            |                                    |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML                       | 3                            | \$0 copay                          |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML            | 3                            | \$0 copay                          |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML                      | 3                            | \$0 copay                          |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5  | 3                            | \$0 copay                          |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML         | 3                            |                                    |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML                   | 3                            | \$0 copay                          |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| MENQUADFI (PF)<br>INTRAMUSCULAR SOLUTION 10<br>MCG/0.5 ML   | 3                            | \$0 copay                          |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5<br>MCG/0.5 ML                                   | 3                            | \$0 copay                          |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500<br>TCID50/0.5 ML                                | 3                            | \$0 copay                          |
| MRESVIA (PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML  | 3                            | \$0 copay                          |
| PEDIARIX (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG-25LF-25 MCG-10LF/0.5 ML                              | 3                            |                                    |
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION<br>7.5 MCG/0.5 ML   | 3                            |                                    |
| PENBRAYA (PF)<br>INTRAMUSCULAR KIT 5-120<br>MCG/0.5 ML  | 3                            | \$0 copay                          |
| PENBRAYA MENACWY<br>COMPONENT(PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 5<br>MCG/0.5 ML   | 3                            | \$0 copay                          |
| PENBRAYA MENB COMPONENT<br>(PF) INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                               | 3                            | \$0 copay                          |
| PENTACEL (PF)<br>INTRAMUSCULAR KIT 15 LF<br>UNIT-20 MCG-5 LF/0.5 ML, 15LF-<br>20MCG-5LF- 62 DU/0.5 ML | 3                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| PREHEVBRIO (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML                                       | 3                            | PA BvD; \$0 copay                  |
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3.4-4.2-<br>3.3CCID50/0.5ML | 3                            | \$0 copay                          |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3-4.3-3-<br>3.99 TCID50/0.5 | 3                            |                                    |
| QUADRACEL (PF)<br>INTRAMUSCULAR SUSPENSION<br>15 LF-48 MCG- 5 LF UNIT/0.5ML                    | 3                            |                                    |
| QUADRACEL (PF)<br>INTRAMUSCULAR SYRINGE 15<br>LF-48 MCG- 5 LF UNIT/0.5ML                       | 3                            |                                    |
| RABAVERT (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 2.5 UNIT                       | 3                            | PA BvD; \$0 copay                  |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML, 40 MCG/ML, 5<br>MCG/0.5 ML        | 3                            | PA BvD; \$0 copay                  |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML                         | 3                            | PA BvD; \$0 copay                  |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML   | 3                            |                                    |
| ROTARIX ORAL SUSPENSION<br>FOR RECONSTITUTION 10EXP6<br>CCID50/ML                              | 3                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| ROTATEQ VACCINE ORAL SOLUTION 2 ML  | 3                            |                                    |
| SHINGRIX (PF)<br>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 (tetanus-diphtheria toxoids-td) | 3                            | \$0 copay                          |
| TENIVAC (PF)<br>INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML               | 3                            | \$0 copay                          |
| TENIVAC (PF)<br>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                            |                                    |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML                                      | 3                            | \$0 copay                          |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML                                     | 3                            | \$0 copay                          |
| TWINRIX (PF)<br>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 (typhoid vi polysacch vaccine)      | 3                            | \$0 copay                          |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML   | 3                            |                                    |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 50 UNIT/ML   | 3                            | \$0 copay                          |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML  | 3                            |                                    |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 50 UNIT/ML  | 3                            | \$0 copay                          |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350<br>UNIT/0.5 ML  | 3                            | \$0 copay                          |
| VAXCHORA VACCINE ORAL<br>SUSPENSION FOR<br>RECONSTITUTION 4X10EXP8 TO<br>2X 10EXP9 CF UNIT  | 3                            | \$0 copay                          |
| VIMKUNYA INTRAMUSCULAR<br>SYRINGE 40 MCG/0.8 ML   | 3                            | \$0 copay                          |
| VIVOTIF ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 2 BILLION<br>UNIT   | 3                            | \$0 copay                          |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML, 10 EXP4.74<br>UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3                            | \$0 copay                          |
| <b>Agentes Oftálmicos</b>   |                              |                                    |
| <b>Agentes Antiglaucoma</b>   |                              |                                    |
| <i>acetazolamide oral capsule, extended<br/>release 500 mg</i>  | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <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 %</i> (Alphagan P)      | 2                            |                                    |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                           | 2                            |                                    |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)    | 2                            |                                    |
| <i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i> (Azopt)        | 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> (Cosopt) | 2                            |                                    |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)               | 1                            | QL (2.5 per 25 days)               |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                           | 2                            |                                    |
| <b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>                              | 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                            |                                    |

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05/01/2025

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|--|------------------------------|------------------------------------|
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %  | 3                            | QL (2.5 per 25 days)               |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %  | 3                            | QL (2.5 per 25 days)               |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                                    | 3                            |                                    |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))            | 2                            | QL (30 per 30 days)                |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                            | 1                            |                                    |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)                                  | 1                            |                                    |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                          | 2                            | QL (2.5 per 25 days)               |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %   | 4                            | QL (5 per 30 days)                 |
| <b>Agentes Para Los Ojos, Oídos, Nariz, Garganta</b>                                   |                              |                                    |
| <b>Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta</b>                        |                              |                                    |
| <i>acetic acid otic (ear) solution 2 %</i>   | 2                            |                                    |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                              | 2                            |                                    |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin) | 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)                |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <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>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)  | 2                            |                                    |
| <b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>  | 4                            |                                    |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)       | 2                            |                                    |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)      | 2                            |                                    |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 2                            |                                    |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)          | 2                            |                                    |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/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                            |                                    |

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05/01/2025

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|--|------------------------------|------------------------------------|
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)  | 2                            |                                    |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin) | 2                            |                                    |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)  | 2                            |                                    |
| <i>ofloxacin otic (ear) drops 0.3 %</i>  | 2                            |                                    |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)                     | 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>   | 1                            |                                    |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                                | 2                            |                                    |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>   | 2                            |                                    |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %   | 5                            | PA; NDS; QL (10 per 42 days)       |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %   | 4                            |                                    |

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05/01/2025



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|--|-----------------------|----------------------------|
| ZYLET OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3-0.5 %                                     | 3                     |                            |
| <b>Agentes Antiinflamatorios De Ojos,<br/>Oídos, Nariz Y Garganta</b>                    |                       |                            |
| ALREX OPHTHALMIC (EYE) (loteprednol etabonate)<br>DROPS,SUSPENSION 0.2 %                 | 3                     | ST                         |
| <i>bromfenac ophthalmic (eye) drops</i> (Prolensa)<br>0.07 %                             | 2                     |                            |
| <i>bromfenac ophthalmic (eye) drops</i> (BromSite)<br>0.075 %                            | 2                     |                            |
| <i>bromfenac ophthalmic (eye) drops</i><br>0.09 %  | 2                     |                            |
| <i>cyclosporine ophthalmic (eye)</i> (Restasis)<br><i>dropperette</i> 0.05 %             | 2                     | QL (60 per 30 days)        |
| <i>dexamethasone sodium phosphate</i><br><i>ophthalmic (eye) drops</i> 0.1 %             | 2                     |                            |
| <i>diclofenac sodium ophthalmic (eye)</i><br><i>drops</i> 0.1 %                          | 2                     |                            |
| <i>difluprednate ophthalmic (eye) drops</i> (Durezol)<br>0.05 %                          | 2                     |                            |
| EYSUVIS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                                      | 3                     | QL (8.3 per 14 days)       |
| <i>flunisolide nasal spray,non-aerosol</i><br>25 mcg (0.025 %)                           | 2                     | QL (50 per 25 days)        |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil)<br><i>drops</i> 0.01 %       | 2                     |                            |
| <i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm)<br><i>drops,suspension</i> 0.1 % | 4                     |                            |
| <i>flurbiprofen sodium ophthalmic (eye)</i><br><i>drops</i> 0.03 %                       | 2                     |                            |

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05/01/2025

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|--|------------------------------|------------------------------------|
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | 1                            | QL (16 per 30 days)                |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %   | 3                            |                                    |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %   | 3                            | QL (5.6 per 14 days)               |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)   | 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> (Lotemax)                        | 2                            | QL (10 per 14 days)                |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)                   | 2                            | ST                                 |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>                           | 2                            | QL (15 per 19 days)                |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))        | 2                            | QL (34 per 30 days)                |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)                 | 4                            |                                    |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %  | 3                            | QL (60 per 30 days)                |
| <b>Agentes De Ojos, Oídos, Nariz Y Garganta, Varios</b>  |                              |                                    |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                                   | 2                            |                                    |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>                                      | 2                            | QL (60 per 30 days)                |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)                 | 2                            | QL (30 per 25 days)                |

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05/01/2025

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|--|------------------------------------|----------------------------------|
| <i>azelastine ophthalmic (eye) drops</i><br>0.05 %                                   | 2                                  |                                  |
| <i>cromolyn ophthalmic (eye) drops</i> 4 %   | 2                                  |                                  |
| <i>epinastine ophthalmic (eye) drops</i><br>0.05 %                                   | 2                                  |                                  |
| <i>ipratropium bromide nasal</i><br><i>spray,non-aerosol</i> 21 mcg (0.03 %)         | 2                                  | QL (30 per 28 days)              |
| <i>ipratropium bromide nasal</i><br><i>spray,non-aerosol</i> 42 mcg (0.06 %)         | 2                                  | QL (15 per 10 days)              |
| <i>olopatadine ophthalmic (eye) drops</i><br>0.1 %                                   | (Eye Allergy Itch-<br>Redness Rlf) | 2                                |
| <i>olopatadine ophthalmic (eye) drops</i><br>0.2 %                                   | (Eye Allergy Itch Relief)          | 2                                |
| <b>Agentes Terapeuticos</b>  |                                    |                                  |
| <b>Misceláneos</b>   |                                    |                                  |
| <b>Agentes Terapeuticos Misceláneos</b>  |                                    |                                  |
| ACTIMMUNE SUBCUTANEOUS<br>SOLUTION 100 MCG/0.5 ML                                    | 5                                  | PA; NDS                          |
| <i>betaine oral powder</i> 1 gram/scoop (Cystadane)                                  | 5                                  | PA; NDS                          |
| <i>bupirone oral tablet</i> 10 mg, 15 mg,<br>30 mg, 5 mg, 7.5 mg                     | 2                                  |                                  |
| COSENTYX INTRAVENOUS<br>SOLUTION 25 MG/ML  | 5                                  | PA; NDS                          |
| <i>diazoxide oral suspension</i> 50 mg/ml (Proglycem)                                | 2                                  |                                  |
| <i>glutamine (sickle cell) oral powder in</i><br><i>packet</i> 5 gram (Endari)       | 5                                  | PA; NDS; QL (180 per<br>30 days) |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-<br>INJECTOR 0.5 MG/0.1 ML, 1<br>MG/0.2 ML | 3                                  |                                  |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>  |
|--|------------------------------|-------------------------------------|
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1<br>MG/0.2 ML        | 3                            |                                     |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 0.5<br>MG/0.1 ML      | 3                            |                                     |
| GVOKE SUBCUTANEOUS<br>SOLUTION 1 MG/0.2 ML                             | 3                            |                                     |
| <i>hydroxyzine pamoate oral capsule 25<br/>mg, 50 mg</i>               | 1                            |                                     |
| <i>leucovorin calcium oral tablet 10 mg,<br/>15 mg, 25 mg, 5 mg</i>    | 2                            |                                     |
| <i>mesna oral tablet 400 mg</i> (Mesnex)                               | 5                            | NDS                                 |
| <i>nitroglycerin rectal ointment 0.4 %<br/>(w/w)</i> (Rectiv)          | 2                            | QL (30 per 30 days)                 |
| <i>pyridostigmine bromide oral tablet<br/>60 mg</i> (Mestinon)         | 2                            |                                     |
| THALOMID ORAL CAPSULE 100<br>MG, 150 MG, 200 MG, 50 MG                 | 5                            | PA NSO; NDS; QL (56<br>per 28 days) |
| TYBOST ORAL TABLET 150 MG  | 3                            | QL (30 per 30 days)                 |
| VEOZAH ORAL TABLET 45 MG   | 4                            | PA; QL (30 per 30 days)             |
| VOWST ORAL CAPSULE   | 5                            | PA; NDS; QL (12 per 30<br>days)     |
| ZEGALOGUE AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 0.6 MG/0.6 ML | 3                            |                                     |
| ZEGALOGUE SYRINGE<br>SUBCUTANEOUS SYRINGE 0.6<br>MG/0.6 ML             | 3                            |                                     |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites       |
|---|-----------------------|----------------------------------|
| <b>Agentes Vasodilatadores</b>  |                       |                                  |
| <b>Agentes Vasodilatadores</b>  |                       |                                  |
| 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> (tadalafil (pulm. hypertension))                            | 2                     | PA; QL (60 per 30 days)          |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)                                    | 5                     | PA; LA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG   | 5                     | PA; NDS; QL (30 per 30 days)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                         | 2                     | PA; QL (360 per 30 days)         |
| <i>tadalafil oral tablet 2.5 mg</i>   | 2                     | PA                               |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)  | 2                     | PA                               |
| 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                          |
| <b>Analgésicos</b>  |                       |                                  |
| <b>Agentes Antiinflamatorios No Esteroides</b>  |                       |                                  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)                    | 2                     | QL (60 per 30 days)              |

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05/01/2025

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|--|------------------------------|------------------------------------|
| <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                            |                                    |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>                                  | 2                            |                                    |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>                                  | 2                            | QL (120 per 30 days)               |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>                                  | 2                            | 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> (Arthritis Pain (diclofenac))                               | 2                            | QL (1000 per 30 days)              |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid) | 5                            | PA; NDS; QL (224 per 28 days)      |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)    | 2                            |                                    |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)    | 2                            |                                    |
| <i>etodolac oral capsule 200 mg, 300 mg</i>  | 2                            |                                    |
| <i>etodolac oral tablet 400 mg</i> (Lodine)  | 2                            |                                    |
| <i>etodolac oral tablet 500 mg</i>   | 2                            |                                    |
| <i>flurbiprofen oral tablet 100 mg</i>   | 2                            |                                    |
| <i>ibu oral tablet 400 mg</i> (ibuprofen)  | 1                            | QL (240 per 30 days)               |
| <i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)  | 1                            |                                    |
| <i>ibuprofen oral tablet 400 mg</i> (IBU)  | 1                            | QL (240 per 30 days)               |

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05/01/2025

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|---|------------------------------|--|
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)   | 1                            |  |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>   | 2                            | PA-HRM; AGE (Max 64 Years)                       |
| <i>ketorolac oral tablet 10 mg</i>  | 2                            | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)  |
| <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</i>  | 1                            |  |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)   | 1                            |  |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)   | 2                            |  |
| <i>sulindac oral tablet 150 mg, 200 mg</i>  | 2                            |  |
| <b>Analgésicos, Varios</b>  |                              |  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>   | 1                            | QL (4500 per 30 days)                            |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>   | 2                            | QL (360 per 30 days)                             |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 2                            | QL (180 per 30 days)                             |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans) | 2                            | QL (4 per 28 days)                               |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>   | 2                            | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)   | 2                            | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b>               |
|--|------------------------------|--|
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>                                     | 2                            | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                                      | 2                            | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)                                     | 2                            | QL (180 per 30 days)                             |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)                          | 2                            | QL (360 per 30 days)                             |
| <i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)                                    | 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 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>                   | 2                            | QL (2700 per 30 days)                            |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                                 | 2                            | QL (180 per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>  | 2                            | QL (240 per 30 days)                             |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)                                       | 2                            | QL (180 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)                             |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>morphine concentrate oral solution<br/>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</i>               | 2                            | QL (60 per 30 days)                |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)     | 2                            | QL (90 per 30 days)                |
| <i>morphine oral tablet extended release 60 mg</i> (MS Contin)            | 2                            | QL (60 per 30 days)                |
| <i>oxycodone oral capsule 5 mg</i>  | 2                            | QL (180 per 30 days)               |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>                                  | 2                            | QL (180 per 30 days)               |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)                    | 2                            | QL (120 per 30 days)               |
| <i>oxycodone oral tablet 20 mg</i>  | 2                            | QL (120 per 30 days)               |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)            | 2                            | QL (180 per 30 days)               |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 2                            | QL (360 per 30 days)               |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)           | 2                            | QL (240 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)               |

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

05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites    |
|--|-----------------------|-------------------------------|
| <b>Anestésicos</b>   |                       |                               |
| <b>Anestesia Local</b>   |                       |                               |
| <i>dermacinrx lidocan 5% patch outer</i> (lidocaine)                               | 2                     | PA; QL (90 per 30 days)       |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)               | 2                     | QL (30 per 30 days)           |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)               | 2                     | QL (30 per 30 days)           |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)         | 2                     | PA; QL (90 per 30 days)       |
| <i>lidocaine topical ointment 5 %</i>  | 2                     | PA; QL (240 per 30 days)      |
| <i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)              | 2                     |                               |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                                | 2                     | PA; QL (30 per 30 days)       |
| <i>lidocan iii topical adhesive patch,medicated 5 %</i> (lidocaine)                | 2                     | PA; QL (90 per 30 days)       |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %                                      | 3                     | PA; QL (90 per 30 days)       |
| <b>Antagonistas De Metales Pesados</b>   |                       |                               |
| <b>Antagonistas De Metales Pesados</b>   |                       |                               |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | 5                     | PA; NDS                       |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)                      | 2                     | PA                            |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)                          | 5                     | PA; NDS                       |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                     | 5                     | PA; NDS; QL (240 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

05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites      |
|--|-----------------------|---------------------------------|
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                          |                       |                                 |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                          |                       |                                 |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)                     | 2                     |                                 |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)          | 2                     |                                 |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                | 2                     |                                 |
| <i>terconazole vaginal suppository 80 mg</i>                                 | 2                     |                                 |
| <b>Antibacterianos</b>   |                       |                                 |
| <b>Aminoglicósidos</b>   |                       |                                 |
| <i>amikacin injection solution 500 mg/2 ml</i>                               | 2                     |                                 |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                | 5                     | PA; NDS; QL (235.2 per 28 days) |
| <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                             |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                  | 5                     | NDS; QL (224 per 28 days)       |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 5                            | PA BvD; NDS                        |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>                           | 2                            |                                    |
| <b>Antibacteriales, Misceláneos</b>   |                              |                                    |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)                   | 2                            |                                    |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)                       | 2                            |                                    |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | 5                            | NDS                                |
| <i>daptomycin intravenous recon soln 350 mg, 500 mg</i>                                   | 5                            | NDS                                |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)               | 2                            |                                    |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                   | 5                            | NDS                                |
| <i>linezolid oral tablet 600 mg</i> (Zyvox)   | 2                            |                                    |
| <i>methenamine hippurate oral tablet 1 gram</i>   | 2                            |                                    |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)    | 2                            |                                    |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>   | 1                            |                                    |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                             | 2                            | QL (120 per 30 days)               |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)                      | 2                            | QL (60 per 30 days)                |
| <i>trimethoprim oral tablet 100 mg</i>  | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>vancomycin intravenous recon soln</i><br>1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg | 2                            |                                    |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin)   | 2                            | QL (56 per 14 days)                |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin)   | 2                            | QL (112 per 14 days)               |
| 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)       |
| <b>Antibióticos B-Lactam Misceláneos</b>   |                              |                                    |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)                                   | 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</i>   | 2                            |                                    |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)                           | 2                            |                                    |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i>   | 2                            |                                    |
| <b>Cefalosporinas</b>  |                              |                                    |
| <i>cefaclor oral capsule 250 mg, 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>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                                    | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <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>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>                 | 2                            |                                    |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                   | 2                            |                                    |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                     | 2                            |                                    |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)        | 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 suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>   | 2                            |                                    |
| <i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)        | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| TEFLARO INTRAVENOUS<br>RECON SOLN 400 MG, 600 MG  | 5                            | NDS                                |
| <b>Macrólidos</b>   |                              |                                    |
| <i>azithromycin intravenous recon soln</i> (Zithromax)<br>500 mg  | 2                            |                                    |
| <i>azithromycin oral suspension for<br/>reconstitution 100 mg/5 ml, 200 mg/5<br/>ml</i> (Zithromax)         | 2                            |                                    |
| <i>azithromycin oral tablet 250 mg (6<br/>pack), 500 mg (3 pack), 600 mg</i>                                | 1                            |                                    |
| <i>azithromycin oral tablet 250 mg, 500<br/>mg</i> (Zithromax)  | 1                            |                                    |
| <i>clarithromycin oral suspension for<br/>reconstitution 125 mg/5 ml, 250 mg/5<br/>ml</i>                   | 2                            |                                    |
| <i>clarithromycin oral tablet 250 mg,<br/>500 mg</i>  | 2                            |                                    |
| DIFICID ORAL TABLET 200 MG  | 5                            | NDS; QL (20 per 10<br>days)        |
| <i>erythromycin ethylsuccinate oral<br/>suspension for reconstitution 200<br/>mg/5 ml</i> (E.E.S. Granules) | 2                            |                                    |
| <i>erythromycin ethylsuccinate oral<br/>suspension for reconstitution 400<br/>mg/5 ml</i> (EryPed 400)      | 2                            |                                    |
| <i>erythromycin oral tablet 250 mg, 500<br/>mg</i>  | 2                            |                                    |
| <b>Penicilinas</b>  |                              |                                    |
| <i>amoxicillin oral capsule 250 mg, 500<br/>mg</i>  | 1                            |                                    |

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05/01/2025

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

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05/01/2025



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

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 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 sub, p/f, outer</i>  | 2                            |                                    |
| <i>moxifloxacin oral tablet 400 mg</i>   | 2                            |                                    |
| <i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic)) | 2                            |                                    |
| <b>Sulfonamidas</b>  |                              |                                    |
| <i>sulfadiazine oral tablet 500 mg</i>   | 2                            |                                    |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)                          | 2                            |                                    |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                                     | 1                            |                                    |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)                                 | 1                            |                                    |
| <b>Tetraciclinas</b>   |                              |                                    |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>   | 2                            |                                    |
| <i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)                                      | 2                            |                                    |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)                                      | 2                            |                                    |
| <i>doxycycline hyclate oral capsule 100 mg</i>   | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)                     | 2                            |                                    |
| <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>          | 2                            |                                    |
| <i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)                      | 2                            |                                    |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)            | 2                            |                                    |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                           | 2                            | QL (60 per 30 days)                |
| <i>doxycycline monohydrate oral capsule 50 mg</i>                            | 2                            |                                    |
| <i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)             | 2                            | QL (60 per 30 days)                |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 2                            |                                    |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                  | 2                            |                                    |
| <i>doxycycline monohydrate oral tablet 50 mg</i>                             | 2                            |                                    |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                         | 2                            |                                    |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                              | 2                            |                                    |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)                    | 5                            | NDS                                |
| <b>Anticonceptivos</b>   |                              |                                    |
| <b>Anticonceptivos</b>   |                              |                                    |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)   | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   |                                  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|----------------------------------|------------------------------|------------------------------------|
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                           | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                        | (norethindrone-ethin estradiol)  | 2                            |                                    |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>             |                                  | 2                            |                                    |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i>                         | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>apri oral tablet 0.15-0.03 mg</i>                                    | (desogestrel-ethinyl estradiol)  | 2                            |                                    |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                               | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                   | (norethindrone ac-eth estradiol) | 2                            |                                    |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                       | (norethindrone ac-eth estradiol) | 2                            |                                    |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>            | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>     | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                 | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>ayuna oral tablet 0.15-0.03 mg</i>                                   | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>           | (desog-e.estradiol/e.estradiol)  | 2                            |                                    |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>             | (norethindrone-e.estradiol-iron) | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   |                                  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|----------------------------------|------------------------------|------------------------------------|
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>        | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>            | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>camila oral tablet 0.35 mg</i>   | (norethindrone (contraceptive))  | 2                            |                                    |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                               | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                | (norgestrel-ethinyl estradiol)   | 2                            |                                    |
| <i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>                             | (norethindrone-ethin estradiol)  | 2                            |                                    |
| <i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                  |                                  | 2                            |                                    |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                      | (desogestrel-ethinyl estradiol)  | 2                            |                                    |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | (norethindrone-ethin estradiol)  | 2                            |                                    |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   |                                  | 2                            |                                    |
| <i>deblitane oral tablet 0.35 mg</i>  | (norethindrone (contraceptive))  | 2                            |                                    |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28))                  | 2                            |                                    |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>                 | (Apri)                           | 2                            |                                    |
| <i>dolishale oral tablet 90-20 mcg (28)</i>                                   | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                      | (norgestrel-ethinyl estradiol)   | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)                                    | 2                     | QL (1 per 28 days)         |
| <i>emoquette oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)   | 2                     |                            |
| <i>emzahh oral tablet 0.35 mg</i> (norethindrone (contraceptive))   | 2                     |                            |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)                                 | 2                     | QL (1 per 28 days)         |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)                          | 2                     |                            |
| <i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)   | 2                     |                            |
| <i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))  | 2                     |                            |
| <i>estarylla oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)   | 2                     |                            |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))                                     | 2                     |                            |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28))                                     | 2                     |                            |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)                                    | 2                     | QL (1 per 28 days)         |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                                       | 2                     |                            |
| <i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2                     |                            |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)  | 1                     |                            |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)                         | 2                     |                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   |                                  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|----------------------------------|------------------------------|------------------------------------|
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>     | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>                      | (etonogestrel-ethinyl estradiol) | 2                            | QL (1 per 28 days)                 |
| <i>heather oral tablet 0.35 mg</i>                                    | (norethindrone (contraceptive))  | 2                            |                                    |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>     | (levonorgestrel-ethinyl estrad)  | 2                            | QL (91 per 84 days)                |
| <i>incassia oral tablet 0.35 mg</i>                                   | (norethindrone (contraceptive))  | 2                            |                                    |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                              | (desogestrel-ethinyl estradiol)  | 2                            |                                    |
| <i>jencycla oral tablet 0.35 mg</i>                                   | (norethindrone (contraceptive))  | 2                            |                                    |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>     | (levonorgestrel-ethinyl estrad)  | 2                            | QL (91 per 84 days)                |
| <i>juleber oral tablet 0.15-0.03 mg</i>                               | (desogestrel-ethinyl estradiol)  | 2                            |                                    |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                    | (norethindrone ac-eth estradiol) | 2                            |                                    |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>                        | (norethindrone ac-eth estradiol) | 2                            |                                    |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>  | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>      | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>             | (norethindrone-e.estradiol-iron) | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  |                                  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|----------------------------------|------------------------------|------------------------------------|
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                    | (desog-e.estradiol/e.estradiol)  | 2                            |                                    |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>                                | (ethynodiol diac-eth estradiol)  | 2                            |                                    |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>                                | (ethynodiol diac-eth estradiol)  | 2                            |                                    |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>                                   | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG</b> |                                  | 4                            |                                    |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                             | (norethindrone ac-eth estradiol) | 2                            |                                    |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                 | (norethindrone ac-eth estradiol) | 2                            |                                    |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                      | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>           | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>               | (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>larissia oral tablet 0.1-20 mg-mcg</i>                                      | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                       | (levonorgestrel-ethinyl estrad)  | 2                            |                                    |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                | (levonorg-eth estrad triphasic)  | 2                            |                                    |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> | (Balcoltra)                      | 2                            |                                    |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                 | (Afirmelle)                      | 2                            |                                    |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))                     | 2                            |                                    |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))                   | 2                            |                                    |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia) | 2                            | QL (91 per 84 days)                |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)        | 2                            |                                    |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                         | 2                            |                                    |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG                             | 3                            |                                    |
| <i>lillow (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                       | 2                            |                                    |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)                 | 2                            |                                    |
| <i>lutera (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                      | 2                            |                                    |
| <i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                  | 2                            |                                    |
| <i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                   | 2                            |                                    |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                     | 2                            |                                    |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)         | 2                            |                                    |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)             | 2                            |                                    |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)  | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2                            |                                    |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)     | 2                            |                                    |
| <i>mili oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)                                      | 2                            |                                    |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG                                     | 4                            |                                    |
| <i>mono-linyah oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)                               | 2                            |                                    |
| NEXPLANON SUBDERMAL IMPLANT 68 MG   | 3                            |                                    |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)                    | 2                            | QL (3 per 28 days)                 |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)   | 2                            |                                    |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))        | 2                            |                                    |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))    | 2                            |                                    |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)                 | 2                            |                                    |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla)            | 2                            |                                    |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Estarylla)           | 2                            |                                    |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Estarylla)                                 | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  |                                       | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|---------------------------------------|------------------------------|------------------------------------|
| <i>norlyda oral tablet 0.35 mg</i>                                       | (norethindrone<br>(contraceptive))    | 1                            |                                    |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-<br/>mcg (21)</i>               |                                       | 2                            |                                    |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-<br/>mcg</i>                    | (norethindrone-ethin<br>estradiol)    | 2                            |                                    |
| <i>nortrel 7/7/7 (28) oral tablet<br/>0.5/0.75/1 mg- 35 mcg</i>          |                                       | 2                            |                                    |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-<br/>mcg</i>                      | (norethindrone-ethin<br>estradiol)    | 2                            |                                    |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1<br/>mg- 35 mcg</i>            |                                       | 2                            |                                    |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i>                                  | (norgestimate-ethinyl<br>estradiol)   | 2                            |                                    |
| <i>pimtreea (28) oral tablet 0.15-0.02<br/>mgx21 /0.01 mg x 5</i>        | (desog-<br>e.estradiol/e.estradiol)   | 2                            |                                    |
| <i>pirmella oral tablet 0.5/0.75/1 mg-<br/>35 mcg</i>                    |                                       | 2                            |                                    |
| <i>pirmella oral tablet 1-35 mg-mcg</i>                                  | (norethindrone-ethin<br>estradiol)    | 2                            |                                    |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                | (levonorgestrel-ethinyl<br>estradiol) | 2                            |                                    |
| <i>previfem oral tablet 0.25-35 mg-mcg</i>                               | (norgestimate-ethinyl<br>estradiol)   | 1                            |                                    |
| <i>reclipsen (28) oral tablet 0.15-0.03<br/>mg</i>                       | (desogestrel-ethinyl<br>estradiol)    | 2                            |                                    |
| <i>setlakin oral tablets, dose pack, 3<br/>month 0.15 mg-30 mcg (91)</i> | (levonorgestrel-ethinyl<br>estradiol) | 2                            | QL (91 per 84 days)                |
| <i>sharobel oral tablet 0.35 mg</i>                                      | (norethindrone<br>(contraceptive))    | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)          | 2                     |                            |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG                                   | 4                     |                            |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)                       | 2                     |                            |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                               | 2                     |                            |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)           | 2                     |                            |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2                     |                            |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)           | 2                     |                            |
| <i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)        | 2                     |                            |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (norgestimate-ethinyl estradiol)     | 2                     |                            |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)      | 2                     |                            |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (norgestimate-ethinyl estradiol)        | 2                     |                            |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (norgestimate-ethinyl estradiol)      | 2                     |                            |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (norgestimate-ethinyl estradiol)         | 2                     |                            |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (norgestimate-ethinyl estradiol)           | 2                     |                            |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (norgestimate-ethinyl estradiol)       | 2                     |                            |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (norgestimate-ethinyl estradiol)          | 2                     |                            |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)          | 2                     |                            |
| <i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)  | 1                     |                            |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (norgestimate-ethinyl estradiol) | 2                     |                            |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)        | 2                     |                            |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (norgestimate-ethinyl estradiol)        | 2                     |                            |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (norgestimate-ethinyl estradiol)       | 2                     |                            |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)                           | 2                     |                            |
| <i>valtya oral tablet 1-50 mg-mcg</i> (ethynodiol diac-eth estradiol)                                 | 2                     |                            |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                               | 2                     |                            |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)          | 2                     |                            |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)           | 2                     |                            |
| <i>vylibra oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)                             | 2                     |                            |
| <i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)           | 2                     |                            |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> (norelgestromin-ethin.estradiol)              | 2                     | QL (3 per 28 days)         |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites        |
|--|-----------------------|-----------------------------------|
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> (norelgestromin-ethin.estradiol)     | 2                     | QL (3 per 28 days)                |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> (ethynodiol diac-eth estradiol)               | 2                     |                                   |
| <b>Anticonvulsivos</b>   |                       |                                   |
| <b>Anticonvulsivos</b>   |                       |                                   |
| 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> (Carbatrol)    | 2                     |                                   |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)                                  | 2                     |                                   |
| <i>carbamazepine oral tablet 200 mg</i> (Eptol)  | 2                     |                                   |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | 2                     |                                   |
| <i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>                                    | 2                     |                                   |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)   | 2                     | QL (480 per 30 days)              |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)  | 2                     | QL (60 per 30 days)               |
| DIACOMIT ORAL CAPSULE 250 MG   | 5                     | PA NSO; NDS; QL (360 per 30 days) |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| 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                            |                                    |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)         | 2                            |                                    |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)        | 2                            |                                    |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote) | 2                            |                                    |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML  | 5                            | PA NSO; NDS                        |
| <i>epitol oral tablet 200 mg</i> (carbamazepine)   | 2                            |                                    |
| EPRONTIA ORAL SOLUTION 25 MG/ML  | 4                            | ST                                 |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)                                       | 2                            |                                    |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                                 | 2                            |                                    |
| <i>felbamate oral suspension 600 mg/5 ml</i>   | 2                            |                                    |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)                                   | 2                            |                                    |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML   | 5                            | PA NSO; NDS                        |
| <i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)         | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| FYCOMPA ORAL SUSPENSION<br>0.5 MG/ML   | 5                            | ST; NDS; QL (720 per<br>30 days)   |
| FYCOMPA ORAL TABLET 10<br>MG, 12 MG, 8 MG  | 5                            | ST; NDS; QL (30 per 30<br>days)    |
| FYCOMPA ORAL TABLET 2 MG   | 4                            | ST; QL (30 per 30 days)            |
| FYCOMPA ORAL TABLET 4 MG,<br>6 MG  | 5                            | ST; NDS; QL (60 per 30<br>days)    |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)                                  | 2                            | QL (360 per 30 days)               |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin)  | 2                            | QL (270 per 30 days)               |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                                    | 2                            | QL (2160 per 30 days)              |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin)   | 2                            | QL (180 per 30 days)               |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin)   | 2                            | QL (120 per 30 days)               |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)                               | 2                            | QL (200 per 5 days)                |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)  | 2                            | QL (1200 per 30 days)              |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)                       | 2                            | QL (60 per 30 days)                |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)                   | 1                            |                                    |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)                | 2                            |                                    |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT) | 2                            |                                    |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)                             | 2                            |                                    |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra)                                      | 2                            |                                    |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)                 | 2                            |                                    |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)               | 2                            |                                    |
| <i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)                                 | 2                            | ST                                 |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG  | 4                            | QL (10 per 30 days)                |
| <i>methsuximide oral capsule 300 mg</i> (Celontin)   | 2                            |                                    |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)  | 4                            | QL (10 per 30 days)                |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)                          | 2                            |                                    |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)                              | 2                            |                                    |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | 2                            | PA NSO-HRM; AGE (Max 64 Years)     |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2                            | PA NSO-HRM; AGE (Max 64 Years)     |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)                                 | 4                            |                                    |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)                                      | 2                            |                                    |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)                                 | 2                            |                                    |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)                         | 2                            |                                    |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)                          | 2                            |                                    |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>  | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <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> (Lyrica) | 2                            | QL (90 per 30 days)                |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)                              | 2                            | QL (60 per 30 days)                |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)                                   | 2                            | QL (900 per 30 days)               |
| <i>primidone oral tablet 125 mg</i>   | 2                            |                                    |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)                               | 2                            |                                    |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel)                                 | 5                            | ST; NDS                            |
| <i>rufinamide oral tablet 200 mg</i> (Banzel)                                       | 2                            | ST                                 |
| <i>rufinamide oral tablet 400 mg</i> (Banzel)                                       | 5                            | ST; NDS                            |
| SEZABY INTRAVENOUS RECON SOLN 100 MG  | 5                            | PA BvD; NDS                        |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG                         | 4                            | ST                                 |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)                           | 4                            | ST                                 |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)            | 1                            |                                    |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG   | 5                            | PA NSO; NDS; 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> (Topamax)                     | 2                            |                                    |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                                      | 2                            |                                    |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)                | 1                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <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), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 5                            | NDS; QL (10 per 30 days)           |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone)   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin)   | 5                            | PA NSO; NDS; QL (180 per 30 days)  |
| <i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)  | 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)            |

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05/01/2025

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

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)   | 2                            |                                    |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                       | 2                            |                                    |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 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>  | 2                            |                                    |
| 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(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)             | 2                            | QL (60 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> (Lexapro)                              | 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)            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)                                 | 1                            |                                    |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>  | 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                            |                                    |
| MARPLAN ORAL TABLET 10 MG   | 4                            |                                    |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                                       | 2                            |                                    |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>  | 2                            |                                    |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)         | 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> (Pamelor)                      | 1                            |                                    |
| <i>nortriptyline oral solution 10 mg/5 ml</i>   | 2                            |                                    |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                    | 2                            | PA NSO-HRM; AGE (Max 64 Years)     |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                        | 1                            | PA NSO-HRM; AGE (Max 64 Years)     |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 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> (Nardil)  | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                       | 2                            |                                    |
| RALDESY ORAL SOLUTION 10 MG/ML   | 5                            | PA NSO; NDS; QL (1200 per 30 days) |
| <i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>                               | 2                            |                                    |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)</i>                        | 1                            |                                    |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)      | 5                            | PA NSO; NDS                        |
| <i>tranylcypromine oral tablet 10 mg (Parnate)</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 oral capsule, extended release 24hr 150 mg (Effexor XR)</i>         | 2                            | QL (30 per 30 days)                |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg (Effexor XR)</i> | 2                            | QL (90 per 30 days)                |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                | 2                            |                                    |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)</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)   |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| <b>Antifúngicos</b>   |                       |                            |
| <b>Antifúngicos</b>   |                       |                            |
| ABELCET INTRAVENOUS<br>SUSPENSION 5 MG/ML   | 4                     | PA BvD                     |
| <i>amphotericin b injection recon soln<br/>50 mg</i>  | 2                     | PA BvD                     |
| <i>amphotericin b liposome intravenous<br/>suspension for reconstitution 50 mg</i> (AmBisome)   | 5                     | PA BvD; NDS                |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)   | 2                     | QL (180 per 30 days)       |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)   | 2                     | QL (19.8 per 30 days)      |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))                               | 2                     | QL (180 per 30 days)       |
| <i>clotrimazole mucous membrane<br/>troche 10 mg</i>  | 2                     |                            |
| <i>clotrimazole topical cream 1 %</i> (Antifungal<br>(clotrimazole))                            | 2                     |                            |
| <i>clotrimazole topical solution 1 %</i> (Athlete's Foot<br>(clotrimazole))                     | 2                     |                            |
| <i>clotrimazole-betamethasone topical<br/>cream 1-0.05 %</i>                                    | 2                     | QL (90 per 30 days)        |
| <i>econazole nitrate topical cream 1 %</i>  | 2                     | QL (170 per 30 days)       |
| <i>fluconazole in nacl (iso-osm)<br/>intravenous piggyback 200 mg/100<br/>ml, 400 mg/200 ml</i> | 2                     |                            |
| <i>fluconazole oral suspension for<br/>reconstitution 10 mg/ml</i>                              | 2                     |                            |
| <i>fluconazole oral suspension for<br/>reconstitution 40 mg/ml</i> (Diflucan)                   | 2                     |                            |
| <i>fluconazole oral tablet 100 mg, 200<br/>mg</i> (Diflucan)                                    | 2                     |                            |
| <i>fluconazole oral tablet 150 mg, 50<br/>mg</i>  | 2                     |                            |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)             | 5                            | NDS                                |
| <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>griseofulvin ultramicrosize oral tablet 165 mg</i> (Fulvicin P/G) | 2                            |                                    |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                   | 2                            |                                    |
| <i>ketoconazole oral tablet 200 mg</i>                               | 2                            |                                    |
| <i>ketoconazole topical cream 2 %</i>                                | 2                            | QL (180 per 30 days)               |
| <i>ketoconazole topical shampoo 2 %</i>                              | 2                            | QL (360 per 30 days)               |
| <i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)    | 2                            |                                    |
| <i>miconazole-3 vaginal suppository 200 mg</i>                       | 2                            |                                    |
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)            | 2                            | QL (60 per 30 days)                |
| <i>nystatin oral suspension 100,000 unit/ml</i>                      | 2                            |                                    |
| <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> (Nyamyc)            | 2                            | QL (60 per 30 days)                |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>     | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin)                             | 2                     | QL (60 per 30 days)        |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)             | 5                     | PA; NDS                    |
| <i>terbinafine hcl oral tablet 250 mg</i>   | 1                     |                            |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)                          | 5                     | PA BvD; NDS                |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 5                     | PA; NDS                    |
| <i>voriconazole oral tablet 200 mg</i>  | 2                     |                            |
| <i>voriconazole oral tablet 50 mg</i> (Vfend)   | 2                     |                            |
| <b>Antihistamínicos</b>   |                       |                            |
| <b>Antihistamínicos</b>   |                       |                            |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                | 2                     |                            |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)                          | 1                     |                            |
| <b>Antimicobacteriales</b>  |                       |                            |
| <b>Antimicobacteriales</b>  |                       |                            |
| <i>dapsone oral tablet 100 mg, 25 mg</i>  | 2                     |                            |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>  | 2                     |                            |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>   | 1                     |                            |
| 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> (Rifadin)                               | 2                     |                            |
| <i>rifampin oral capsule 150 mg, 300 mg</i>   | 2                     |                            |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| SIRTURO ORAL TABLET 100 MG, 20 MG  | 5                     | PA; NDS                    |
| TRECTOR ORAL TABLET 250 MG   | 4                     |                            |
| <b>Antivirales (Sitémico)</b>  |                       |                            |
| <b>Antirretrovirales</b>   |                       |                            |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)  | 2                     |                            |
| <i>abacavir oral tablet 300 mg</i>   | 2                     |                            |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>  | 2                     |                            |
| APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)             | 5                     | NDS; QL (24 per 365 days)  |
| APTIVUS ORAL CAPSULE 250 MG  | 5                     | NDS                        |
| <i>atazanavir oral capsule 150 mg</i>  | 2                     |                            |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)  | 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)</i>                 | 5                     | NDS; QL (24 per 365 days)  |
| <i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)      | 5                     | NDS; QL (24 per 365 days)  |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| 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> (Prezista)  | 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(dr/ec) 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</i> (Symfi Lo) | 5                            | NDS                                |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)    | 5                            | NDS                                |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)  | 2                            |                                    |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)   | 5                            | NDS                                |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)                           | 2                            |                                    |
| EMTRIVA ORAL SOLUTION 10 MG/ML  | 4                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>                               | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)               | 4                            |                                    |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelligence) | 5                            | NDS                                |
| EVOTAZ ORAL TABLET 300-150 MG                               | 5                            | NDS                                |
| <i>fosamprenavir oral tablet 700 mg</i>                     | 5                            | NDS                                |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                        | 5                            | NDS                                |
| GENVOYA ORAL TABLET 150-150-200-10 MG                       | 5                            | NDS                                |
| INTELENCE ORAL TABLET 25 MG                                 | 4                            |                                    |
| 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                        | 3                            |                                    |
| JULUCA ORAL TABLET 50-25 MG                                 | 5                            | NDS                                |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)           | 2                            |                                    |
| <i>lamivudine oral tablet 100 mg</i>                        | 2                            |                                    |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)       | 2                            |                                    |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>         | 2                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>                                      | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| LEXIVA ORAL SUSPENSION 50 MG/ML                                    | 4                            |                                    |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 2                            | QL (480 per 30 days)               |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)         | 2                            | QL (300 per 30 days)               |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)         | 2                            | QL (120 per 30 days)               |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)            | 5                            | NDS                                |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                       | 2                            | QL (1200 per 30 days)              |
| <i>nevirapine oral tablet 200 mg</i>                               | 2                            | QL (60 per 30 days)                |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>        | 2                            | QL (90 per 30 days)                |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>        | 2                            | QL (30 per 30 days)                |
| 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                                |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML   | 4                            |                                    |
| 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> (Norvir)   | 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                        |
| SYM TUZA 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> (Viread)   | 2                            |                                    |

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05/01/2025

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

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05/01/2025



| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites   |
|---|-----------------------|------------------------------|
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG                                | 5                     | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG   | 5                     | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) 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   | 5                     | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG                   | 5                     | PA; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG                                       | 5                     | PA; NDS; QL (28 per 28 days) |
| <b>Antivirales, Varios</b>  |                       |                              |
| LIVTENCITY ORAL TABLET 200 MG   | 5                     | PA; NDS                      |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                         | 2                     | QL (84 per 180 days)         |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu)                         | 2                     | QL (48 per 180 days)         |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu)                         | 2                     | QL (42 per 180 days)         |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 2                     | QL (540 per 180 days)        |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)                | 2                     | QL (20 per 5 days)           |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG              | 2                     | QL (30 per 5 days)           |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| 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)               |
| <b>Interferones</b>  |                              |                                    |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 5                            | NDS                                |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML   | 5                            | PA; NDS                            |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML  | 5                            | PA; NDS                            |
| <b>Nucleósidos Y Nucleótidos</b>   |                              |                                    |
| <i>acyclovir oral capsule 200 mg</i>   | 1                            |                                    |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)   | 2                            |                                    |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>  | 2                            |                                    |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>  | 2                            | PA BvD                             |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)  | 2                            |                                    |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)  | 2                            |                                    |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>  | 2                            |                                    |
| <i>ribavirin oral tablet 200 mg</i>  | 2                            |                                    |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)   | 2                            |                                    |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)   | 5                            | NDS                                |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)   | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites   |
|---|-----------------------|------------------------------|
| <b>Cofactores Enzimáticos/Otros</b>   |                       |                              |
| <b>Cofactores Enzimáticos/Otros</b>   |                       |                              |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG   | 5                     | PA; NDS; QL (90 per 30 days) |
| <b>Dispositivos</b>   |                       |                              |
| <b>Dispositivos</b>   |                       |                              |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)  | 2                     | PA; ST                       |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)  | 2                     | PA; ST                       |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)   | 2                     | PA; ST                       |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" (pen needle, diabetic)                               | 2                     | PA; ST                       |
| 1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)  | 2                     | PA; ST                       |
| 1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)   | 2                     | PA; ST                       |
| 1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)   | 2                     | PA; ST                       |
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | 2                     | PA; ST                       |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                                      | 2                     | PA; ST                       |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)                                      | 2                     | PA; ST                       |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| ADVOCATE INS 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2                     | PA; ST                     |
| ADVOCATE INS 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2                     | PA; ST                     |
| ADVOCATE INS 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16 (insulin syringe-needle<br>u-100)         | 2                     | PA; ST                     |
| ADVOCATE INS SYR 0.3 ML<br>29GX1/2 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle<br>u-100)   | 2                     | PA; ST                     |
| ADVOCATE INS SYR 0.5 ML<br>29GX1/2 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle<br>u-100)   | 2                     | PA; ST                     |
| ADVOCATE INS SYR 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle<br>u-100)      | 2                     | PA; ST                     |
| ADVOCATE INS SYR 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16 (insulin syringe-needle<br>u-100)      | 2                     | PA; ST                     |
| ADVOCATE PEN NDL 12.7MM<br>29G 29 GAUGE X 1/2" (pen needle, diabetic)                         | 2                     | PA; ST                     |
| ADVOCATE PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32" (pen needle, diabetic)                        | 2                     | PA; ST                     |
| ADVOCATE PEN NEEDLE 4MM<br>33G 33 GAUGE X 5/32" (pen needle, diabetic)                        | 2                     | PA; ST                     |
| ADVOCATE PEN NEEDLES 5MM<br>31G 31 GAUGE X 3/16" (pen needle, diabetic)                       | 2                     | PA; ST                     |
| ADVOCATE PEN NEEDLES 8MM<br>31G 31 GAUGE X 5/16" (pen needle, diabetic)                       | 2                     | PA; ST                     |
| ALCOHOL 70% SWABS (Alcohol Pads)  | 1                     | PA; ST                     |
| ALCOHOL PADS TOPICAL PADS,<br>MEDICATED (alcohol swabs)                                       | 1                     | PA; ST                     |
| ALCOHOL PREP SWABS<br>TOPICAL PADS, MEDICATED (alcohol swabs)                                 | 1                     | PA; ST                     |

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

05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)                          | 1                            | PA; ST                             |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)            | 2                            | PA; ST                             |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)            | 2                            | PA; ST                             |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)  | 2                            | PA; ST                             |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"                                | 2                            | PA; ST                             |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"                                | 2                            | PA; ST                             |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"                          | 2                            | PA; ST                             |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"                                | 2                            | PA; ST                             |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"                                | 2                            | PA; ST                             |
| ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety) | 2                            | PA; ST                             |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"                                 | 2                            | PA; ST                             |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"                      | 2                            | PA; ST                             |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"                       | 2                            | PA; ST                             |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"                           | 2                            | PA; ST                             |
| AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"                                | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b>      | <b>Requerimientos/<br/>Límites</b> |
|--|-----------------------------------|------------------------------------|
| BD AUTOSHIELD DUO NDL<br>5MMX30G 30 GAUGE X 3/16"                                | 2                                 | PA; ST                             |
| BD ECLIPSE 30GX1/2" SYRINGE<br>1 ML 30 GAUGE X 1/2"                              | (insulin syringe-needle<br>u-100) | 2                                  |
| BD ECLIPSE NEEDLE 30GX1/2"<br>(OTC) 30 X 1/2 "                                   | 2                                 | PA; ST                             |
| BD INS SYR 0.3 ML<br>8MMX31G(1/2) 0.3 ML 31 GAUGE<br>X 5/16"                     | 2                                 | PA; ST                             |
| BD INS SYR UF 0.3 ML<br>12.7MMX30G 0.3 ML 30 GAUGE<br>X 1/2"                     | (insulin syringe-needle<br>u-100) | 2                                  |
| BD INS SYR UF 0.5 ML<br>12.7MMX30G NOT FOR RETAIL<br>SALE 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 2                                  |
| BD INS SYRN UF 1 ML<br>12.7MMX30G NOT FOR RETAIL<br>SALE 1 ML 30 GAUGE X 1/2"    | (insulin syringe-needle<br>u-100) | 2                                  |
| BD INS SYRNG UF 0.3 ML<br>8MMX31G 0.3 ML 31 GAUGE X<br>5/16"                     | (insulin syringe-needle<br>u-100) | 2                                  |
| BD INS SYRNG UF 0.5 ML<br>8MMX31G 0.5 ML 31 GAUGE X<br>5/16"                     | (insulin syringe-needle<br>u-100) | 2                                  |
| BD INSULIN SYR 1 ML 25GX1" 1<br>ML 25 X 1"                                       | 2                                 | PA; ST                             |
| BD INSULIN SYR 1 ML 25GX5/8"<br>1 ML 25 GAUGE X 5/8"                             | (insulin syringe-needle<br>u-100) | 2                                  |
| BD INSULIN SYR 1 ML 26GX1/2"<br>1 ML 26 X 1/2"                                   | 2                                 | PA; ST                             |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"<br>(insulin syringe-needle u-100)          | 2                     | PA; ST                     |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"<br>(insulin syringe-needle u-100) | 2                     | PA; ST                     |
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML<br>(insulin syringe needleless)                       | 2                     | PA; ST                     |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"<br>(insulin u-500 syringe-needle)    | 2                     | PA; ST                     |
| BD LUER-LOK SYRINGE 1 ML<br>(Easy Touch Luer Lock Insulin)                                     | 2                     | PA; ST                     |
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"<br>(pen needle, diabetic)                       | 2                     | PA; ST                     |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"   | 2                     | PA; ST                     |
| BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"<br>(insulin syringe-needle u-100)       | 2                     | PA; ST                     |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"  | 2                     | PA; ST                     |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"  | 2                     | PA; ST                     |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"  | 2                     | PA; ST                     |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"  | 2                     | PA; ST                     |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"<br>(insulin syringe-needle u-100)          | 2                     | PA; ST                     |

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

05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| BD SAFTYGLD INS 0.3 ML<br>6MMX31G 0.3 ML 31 GAUGE X<br>15/64"                                | 2                            | PA; ST                             |
| BD SAFTYGLD INS 0.5 ML 29G<br>13MM 0.5 ML 29 GAUGE X 1/2"                                    | 2                            | PA; ST                             |
| BD SAFTYGLD INS 0.5 ML<br>6MMX31G 0.5 ML 31 GAUGE X<br>15/64"                                | 2                            | PA; ST                             |
| BD SINGLE USE SWAB (alcohol swabs)   | 1                            | PA; ST                             |
| BD UF MICRO PEN NEEDLE (pen needle, diabetic)<br>6MMX32G 32 GAUGE X 1/4"                     | 2                            | PA; ST                             |
| BD UF MINI PEN NEEDLE (pen needle, diabetic)<br>5MMX31G 31 GAUGE X 3/16"                     | 2                            | PA; ST                             |
| BD UF NANO PEN NEEDLE (pen needle, diabetic)<br>4MMX32G 32 GAUGE X 5/32"                     | 2                            | PA; ST                             |
| BD UF ORIG PEN NDL (pen needle, diabetic)<br>12.7MMX29G 29 GAUGE X 1/2"                      | 2                            | PA; ST                             |
| BD UF SHORT PEN NEEDLE (pen needle, diabetic)<br>8MMX31G 31 GAUGE X 5/16"                    | 2                            | PA; ST                             |
| BD VEO INS 0.3 ML 6MMX31G<br>(1/2) 0.3 ML 31 GAUGE X 15/64"                                  | 2                            | PA; ST                             |
| BD VEO INS SYRING 1 ML (insulin syringe-needle<br>6MMX31G 1 ML 31 GAUGE X u-100)<br>15/64"   | 2                            | PA; ST                             |
| BD VEO INS SYRN 0.3 ML (insulin syringe-needle<br>6MMX31G 0.3 ML 31 GAUGE X u-100)<br>15/64" | 2                            | PA; ST                             |
| BD VEO INS SYRN 0.5 ML (insulin syringe-needle<br>6MMX31G 1/2 ML 31 GAUGE X u-100)<br>15/64" | 2                            | PA; ST                             |
| BORDERED GAUZE 2"X2" 2 X 2 " (gauze bandage)   | 1                            | PA; ST                             |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| CAREFINE PEN NEEDLE 12.7MM (pen needle, diabetic)<br>29G 29 GAUGE X 1/2"                    | 2                            | PA; ST                             |
| CAREFINE PEN NEEDLE 4MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/32"                      | 2                            | PA; ST                             |
| CAREFINE PEN NEEDLE 5MM (pen needle, diabetic)<br>32G 32 GAUGE X 3/16"                      | 2                            | PA; ST                             |
| CAREFINE PEN NEEDLE 6MM (pen needle, diabetic)<br>31G 31 GAUGE X 1/4"                       | 2                            | PA; ST                             |
| CAREFINE PEN NEEDLE 8MM (pen needle, diabetic)<br>30G 30 GAUGE X 5/16"                      | 2                            | PA; ST                             |
| CAREFINE PEN NEEDLES 6MM (pen needle, diabetic)<br>32G 32 GAUGE X 1/4"                      | 2                            | PA; ST                             |
| CAREFINE PEN NEEDLES 8MM (pen needle, diabetic)<br>31G 31 GAUGE X 5/16"                     | 2                            | PA; ST                             |
| CARETOUCH ALCOHOL 70% (alcohol swabs)<br>PREP PAD   | 1                            | PA; ST                             |
| CARETOUCH PEN NEEDLE 29G (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2"                     | 2                            | PA; ST                             |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX1/4" 31 GAUGE X 1/4"                     | 2                            | PA; ST                             |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX3/16" 31 GAUGE X 3/16"                   | 2                            | PA; ST                             |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX5/16" 31 GAUGE X 5/16"                   | 2                            | PA; ST                             |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>32GX3/16" 32 GAUGE X 3/16"                   | 2                            | PA; ST                             |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                   | 2                            | PA; ST                             |
| CARETOUCH SYR 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16" | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| CARETOUCH SYR 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| CARETOUCH SYR 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| CARETOUCH SYR 1 ML<br>28GX5/16" 1 ML 28 X 5/16"  | 2                            | PA; ST                             |
| CARETOUCH SYR 1 ML<br>29GX5/16" 1 ML 29 GAUGE X 5/16   | 2                            | PA; ST                             |
| CARETOUCH SYR 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle<br>u-100)         | 2                            | PA; ST                             |
| CARETOUCH SYR 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle<br>u-100)         | 2                            | PA; ST                             |
| CLICKFINE 31G X 5/16"<br>NEEDLES 8MM, UNIVERSAL 31<br>GAUGE X 5/16" (pen needle, diabetic)     | 2                            | PA; ST                             |
| CLICKFINE PEN NEEDLE<br>32GX5/32" 32GX4MM, STERILE<br>32 GAUGE X 5/32" (pen needle, diabetic)  | 2                            | PA; ST                             |
| CLICKFINE UNIVERSAL 31G X<br>1/4" 6MM, STORE BRAND 31<br>GAUGE X 1/4" (pen needle, diabetic)   | 2                            | PA; ST                             |
| COMFORT EZ 0.3 ML 31G 15/64"<br>0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle<br>u-100)     | 2                            | PA; ST                             |
| COMFORT EZ 0.5 ML 31G 15/64"<br>1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle<br>u-100)     | 2                            | PA; ST                             |
| COMFORT EZ INS 0.3 ML<br>30GX1/2" 0.3 ML 30 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)  | 2                            | PA; ST                             |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                        | 2                     | PA; ST                     |
| COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)                          | 2                     | PA; ST                     |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)                            | 2                     | PA; ST                     |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)                          | 2                     | PA; ST                     |
| COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)   | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" (pen needle, diabetic)                      | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)  | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" (pen needle, diabetic)                                   | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" (pen needle, diabetic)                    | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" (pen needle, diabetic)  | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)   | 2                     | PA; ST                     |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)   | 2                     | PA; ST                     |

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05/01/2025

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

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05/01/2025

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

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

05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| CURAD GAUZE PADS 2" X 2" 2 X 2 " (gauze bandage)                                    | 1                            | PA; ST                             |
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM (alcohol swabs)                                   | 1                            | PA; ST                             |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "                                       | 1                            | PA; ST                             |
| CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 " (gauze bandage)                               | 1                            | PA; ST                             |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "                                   | 1                            | PA; ST                             |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "   | 1                            | PA; ST                             |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "  | 1                            | PA; ST                             |
| DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"                               | 2                            | PA; ST                             |
| DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"                               | 2                            | PA; ST                             |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"                               | 2                            | PA; ST                             |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"                               | 2                            | PA; ST                             |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                            | PA; ST                             |
| DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"                             | 2                            | PA; ST                             |

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

05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| DROPLET INS 0.3 ML<br>30GX12.5MM 0.3 ML 30 GAUGE<br>X 1/2" (insulin syringe-needle<br>u-100)     | 2                     | PA; ST                     |
| DROPLET INS 0.3 ML 31G<br>6MM(1/2) 0.3 ML 31 GAUGE X<br>1/4" (insulin syr/ndl u100<br>half mark) | 2                     | PA; ST                     |
| DROPLET INS 0.3 ML 31G<br>8MM(1/2) 0.3 ML 31 GAUGE X<br>5/16"                                    | 2                     | PA; ST                     |
| DROPLET INS 0.5 ML 29G<br>12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle<br>u-100)        | 2                     | PA; ST                     |
| DROPLET INS 0.5 ML 30G<br>12.7MM 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle<br>u-100)        | 2                     | PA; ST                     |
| DROPLET INS 0.5 ML<br>30GX6MM(1/2) 0.5ML 30 GAUGE<br>X 15/64"                                    | 2                     | PA; ST                     |
| DROPLET INS 0.5 ML<br>30GX8MM(1/2) 0.5 ML 30 GAUGE<br>X 5/16"                                    | 2                     | PA; ST                     |
| DROPLET INS 0.5 ML<br>31GX6MM(1/2) 0.5 ML 31 GAUGE<br>X 15/64"                                   | 2                     | PA; ST                     |
| DROPLET INS 0.5 ML<br>31GX8MM(1/2) 0.5 ML 31 GAUGE<br>X 5/16"                                    | 2                     | PA; ST                     |
| DROPLET INS SYR 0.3 ML<br>30GX6MM 0.3 ML 30 GAUGE X<br>15/64"                                    | 2                     | PA; ST                     |
| DROPLET INS SYR 0.3 ML<br>30GX8MM 0.3 ML 30 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100)   | 2                     | PA; ST                     |

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

05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| DROPLET INS SYR 0.3 ML<br>31GX6MM 0.3 ML 31 GAUGE X<br>15/64" (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| DROPLET INS SYR 0.3 ML<br>31GX8MM 0.3 ML 31 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100)  | 2                            | PA; ST                             |
| DROPLET INS SYR 0.5 ML 30G<br>8MM 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle<br>u-100)     | 2                            | PA; ST                             |
| DROPLET INS SYR 0.5 ML 31G<br>6MM 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle<br>u-100)      | 2                            | PA; ST                             |
| DROPLET INS SYR 0.5 ML 31G<br>8MM 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle<br>u-100)     | 2                            | PA; ST                             |
| DROPLET INS SYR 1 ML<br>29GX12.5MM 1 ML 29 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)    | 2                            | PA; ST                             |
| DROPLET INS SYR 1 ML<br>30GX12.5MM 1 ML 30 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)    | 2                            | PA; ST                             |
| DROPLET INS SYR 1 ML<br>30GX6MM 1 ML 30 GAUGE X<br>15/64" (insulin syringe-needle<br>u-100)     | 2                            | PA; ST                             |
| DROPLET INS SYR 1 ML<br>30GX8MM 1 ML 30 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100)      | 2                            | PA; ST                             |
| DROPLET INS SYR 1 ML 31G<br>6MM 1 ML 31 GAUGE X 1/4" (insulin syringe-needle<br>u-100)          | 2                            | PA; ST                             |
| DROPLET INS SYR 1 ML<br>31GX6MM 1 ML 31 GAUGE X<br>15/64" (insulin syringe-needle<br>u-100)     | 2                            | PA; ST                             |
| DROPLET INS SYR 1 ML<br>31GX8MM 1 ML 31 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100)      | 2                            | PA; ST                             |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| DROPLET MICRON 34G X 9/64"<br>34 GAUGE X 9/64"                        | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 29G<br>10MM 29 GAUGE X 3/8"                        | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 29G (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2" | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 30G (pen needle, diabetic)<br>8MM 30 GAUGE X 5/16" | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16" | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 31G (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"  | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16" | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32" | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 32G (pen needle, diabetic)<br>5MM 32 GAUGE X 3/16" | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 32G (pen needle, diabetic)<br>6MM 32 GAUGE X 1/4"  | 2                            | PA; ST                             |
| DROPLET PEN NEEDLE 32G (pen needle, diabetic)<br>8MM 32 GAUGE X 5/16" | 2                            | PA; ST                             |
| DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)                        | 1                            | PA; ST                             |
| DROPSAFE INS SYR 0.3 ML 31G<br>6MM 0.3 ML 31 GAUGE X 15/64"           | 2                            | PA; ST                             |
| DROPSAFE INS SYR 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"            | 2                            | PA; ST                             |
| DROPSAFE INS SYR 0.5 ML 31G<br>6MM 0.5 ML 31 GAUGE X 15/64"           | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| DROPSAFE INS SYR 0.5 ML 31G<br>8MM 0.5 ML 31 GAUGE X 5/16"   | 2                            | PA; ST                             |
| DROPSAFE INSUL SYR 1 ML 31G<br>6MM 1 ML 31 GAUGE X 15/64"  | 2                            | PA; ST                             |
| DROPSAFE INSUL SYR 1 ML 31G<br>8MM 1 ML 31 GAUGE X 5/16"   | 2                            | PA; ST                             |
| DROPSAFE INSULN 1 ML 29G<br>12.5MM 1 ML 29 GAUGE X 1/2"  | 2                            | PA; ST                             |
| DROPSAFE PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"  | 2                            | PA; ST                             |
| DROPSAFE PEN NEEDLE (pen needle, diabetic,<br>31GX3/16" 31 GAUGE X 3/16" safety)   | 2                            | PA; ST                             |
| DROPSAFE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| DRUG MART ULTRA COMFORT (insulin syringe-needle<br>SYR 0.3 ML 29 GAUGE X 1/2", 0.3 u-100)<br>ML 31 GAUGE X 5/16", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 29 GAUGE<br>X 1/2", 1 ML 30 GAUGE X 5/16" | 2                            | PA; ST                             |
| EASY CMFT SFTY PEN NDL 31G (pen needle, diabetic,<br>5MM 31 GAUGE X 3/16" safety)  | 2                            | PA; ST                             |
| EASY CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"  | 2                            | PA; ST                             |
| EASY CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"   | 2                            | PA; ST                             |
| EASY COMFORT 0.3 ML 31G 1/2"<br>0.3 ML 31 X 1/2"   | 2                            | PA; ST                             |
| EASY COMFORT 0.3 ML 31G (insulin syringe-needle<br>5/16" 0.3 ML 31 GAUGE X 5/16" u-100)  | 2                            | PA; ST                             |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                     | PA; ST                     |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)   | 2                     | PA; ST                     |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"                                | 2                     | PA; ST                     |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                     | PA; ST                     |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)     | 2                     | PA; ST                     |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"                                    | 2                     | PA; ST                     |
| EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)   | 1                     | PA; ST                     |
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                     | PA; ST                     |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)                 | 2                     | PA; ST                     |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)               | 2                     | PA; ST                     |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)               | 2                     | PA; ST                     |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)               | 2                     | PA; ST                     |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)                  | 2                            | PA; ST                             |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)                  | 2                            | PA; ST                             |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)                   | 2                            | PA; ST                             |
| EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 " (insulin syringe-needle u-100)      | 2                            | PA; ST                             |
| EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16                                    | 2                            | PA; ST                             |
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)    | 2                            | PA; ST                             |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 2                            | PA; ST                             |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 2                            | PA; ST                             |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)     | 2                            | PA; ST                             |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)                 | 2                            | PA; ST                             |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"                                 | 2                            | PA; ST                             |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)                          | 2                     | PA; ST                     |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"  | 2                     | PA; ST                     |
| EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)                              | 2                     | PA; ST                     |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"   | 2                     | PA; ST                     |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"   | 2                     | PA; ST                     |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)  | 1                     | PA; ST                     |
| EASY TOUCH FLIPLK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"   | 2                     | PA; ST                     |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"  | 2                     | PA; ST                     |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"  | 2                     | PA; ST                     |
| EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)         | 2                     | PA; ST                     |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)                   | 2                     | PA; ST                     |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| EASY TOUCH INSULN 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2"                   | 2                            | PA; ST                             |
| EASY TOUCH INSULN 1 ML<br>30GX1/2" 1 ML 30 GAUGE X 1/2"                   | 2                            | PA; ST                             |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16"                  | 2                            | PA; ST                             |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16"                  | 2                            | PA; ST                             |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X 5/16"                  | 2                            | PA; ST                             |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X 5/16"                  | 2                            | PA; ST                             |
| EASY TOUCH LUER LOK INSUL<br>1 ML (insulin syringe<br>needleless)         | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)  | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic) | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)  | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic) | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic) | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)  | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>32GX3/16 32 GAUGE X 3/16" (pen needle, diabetic) | 2                            | PA; ST                             |
| EASY TOUCH PEN NEEDLE<br>32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic) | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>                              | <b>Nivel del Medicamento</b>      | <b>Requerimientos/<br/>Límites</b> |        |
|--|-----------------------------------|------------------------------------|--------|
| EASY TOUCH SAF PEN NDL 29G<br>5MM 29 GAUGE X 3/16"         | 2                                 | PA; ST                             |        |
| EASY TOUCH SAF PEN NDL 29G<br>8MM 29 GAUGE X 5/16"         | 2                                 | PA; ST                             |        |
| EASY TOUCH SAF PEN NDL 30G<br>5MM 30 GAUGE X 3/16"         | 2                                 | PA; ST                             |        |
| EASY TOUCH SAF PEN NDL 30G<br>8MM 30 GAUGE X 5/16"         | 2                                 | PA; ST                             |        |
| EASY TOUCH SYR 0.5 ML 28G<br>12.7MM 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 2                                  | PA; ST |
| EASY TOUCH SYR 0.5 ML 29G<br>12.7MM 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 2                                  | PA; ST |
| EASY TOUCH SYR 1 ML 27G<br>16MM 1 ML 27 GAUGE X 5/8"       | (insulin syringe-needle<br>u-100) | 2                                  | PA; ST |
| EASY TOUCH SYR 1 ML 28G<br>12.7MM 1 ML 28 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 2                                  | PA; ST |
| EASY TOUCH SYR 1 ML 29G<br>12.7MM 1 ML 29 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 2                                  | PA; ST |
| EASY TOUCH UNI-SLIP SYR 1<br>ML                            | (insulin syringe<br>needleless)   | 2                                  | PA; ST |
| EASYTOUCH SAF PEN NDL 30G<br>6MM 30 GAUGE X 1/4"           | 2                                 | PA; ST                             |        |
| EMBRACE PEN NEEDLE 29G<br>12MM 29 GAUGE X 1/2"             | (pen needle, diabetic)            | 2                                  | PA; ST |
| EMBRACE PEN NEEDLE 30G<br>5MM 30 GAUGE X 3/16"             | (pen needle, diabetic)            | 2                                  | PA; ST |
| EMBRACE PEN NEEDLE 30G<br>8MM 30 GAUGE X 5/16"             | (pen needle, diabetic)            | 2                                  | PA; ST |
| EMBRACE PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"             | (pen needle, diabetic)            | 2                                  | PA; ST |

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05/01/2025

| <b>Nombre del Medicamento</b>  |                                    | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------------|------------------------------|------------------------------------|
| EMBRACE PEN NEEDLE 31G<br>6MM 31 GAUGE X 1/4"                                | (pen needle, diabetic)             | 2                            | PA; ST                             |
| EMBRACE PEN NEEDLE 31G<br>8MM 31 GAUGE X 5/16"                               | (pen needle, diabetic)             | 2                            | PA; ST                             |
| EMBRACE PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"                               | (pen needle, diabetic)             | 2                            | PA; ST                             |
| EQL INSULIN 0.3 ML SYRINGE<br>SHORT NEEDLE 0.3 ML 30                         | (Ultra Comfort Insulin<br>Syringe) | 2                            | PA; ST                             |
| EQL INSULIN 0.5 ML SYRINGE<br>SHORT NEEDLE 1/2 ML 30<br>GAUGE                | (Ultra Comfort Insulin<br>Syringe) | 2                            | PA; ST                             |
| EQL INSULIN 1 ML SYRINGE<br>SHORT NEEDLE 1 ML 30 GAUGE<br>X 7/16"            | (Ultra Comfort Insulin<br>Syringe) | 2                            | PA; ST                             |
| FIFTY50 INS SYR 1 ML<br>31GX5/16" SHORT NEEDLE<br>(OTC) 1 ML 31 GAUGE X 5/16 | (Advocate Syringes)                | 2                            | PA; ST                             |
| FIFTY50 PEN 31G X 3/16"<br>NEEDLE (OTC) 31 GAUGE X<br>3/16"                  | (pen needle, diabetic)             | 2                            | PA; ST                             |
| FP INSULIN 1 ML SYRINGE 1 ML<br>28 GAUGE                                     | (Ultra Comfort Insulin<br>Syringe) | 2                            | PA; ST                             |
| FREESTYLE PREC 0.5 ML<br>30GX5/16 0.5 ML 30 GAUGE X<br>5/16"                 | (insulin syringe-needle<br>u-100)  | 2                            | PA; ST                             |
| FREESTYLE PREC 0.5 ML<br>31GX5/16 0.5 ML 31 GAUGE X<br>5/16"                 | (insulin syringe-needle<br>u-100)  | 2                            | PA; ST                             |
| FREESTYLE PREC 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16                        | (insulin syringe-needle<br>u-100)  | 2                            | PA; ST                             |
| FREESTYLE PREC 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16                        | (insulin syringe-needle<br>u-100)  | 2                            | PA; ST                             |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)  | 1                            | PA; ST                             |
| GNP ULT C 0.3 ML 29GX1/2" (1/2)<br>1/2 UNIT 0.3 ML 29 GAUGE X 1/2"                                 | 2                            | PA; ST                             |
| GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)            | 2                            | PA; ST                             |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100) | 2                            | PA; ST                             |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE   | 2                            | PA; ST                             |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)                             | 2                            | PA; ST                             |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)             | 2                            | PA; ST                             |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)             | 2                            | PA; ST                             |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)             | 2                            | PA; ST                             |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)             | 2                            | PA; ST                             |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)                  | 2                            | PA; ST                             |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                  | 2                            | PA; ST                             |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                              | 2                            | PA; ST                             |

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

05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| HEALTHWISE PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"  | 2                            | PA; ST                             |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>4MM 32G 32 GAUGE X 5/32" | 2                            | PA; ST                             |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>5MM 31G 31 GAUGE X 3/16" | 2                            | PA; ST                             |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>6MM 31G 31 GAUGE X 1/4"  | 2                            | PA; ST                             |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>8MM 31G 31 GAUGE X 5/16" | 2                            | PA; ST                             |
| HEALTHY ACCENTS PENTIP<br>12MM 29G 29 GAUGE X 1/2"                        | 2                            | PA; ST                             |
| HEB INCONTROL ALCOHOL 70% (alcohol swabs)<br>PADS                         | 1                            | PA; ST                             |
| INCONTROL PEN NEEDLE 12MM (pen needle, diabetic)<br>29G 29 GAUGE X 1/2"   | 2                            | PA; ST                             |
| INCONTROL PEN NEEDLE 4MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/32"   | 2                            | PA; ST                             |
| INCONTROL PEN NEEDLE 5MM (pen needle, diabetic)<br>31G 31 GAUGE X 3/16"   | 2                            | PA; ST                             |
| INCONTROL PEN NEEDLE 6MM (pen needle, diabetic)<br>31G 31 GAUGE X 1/4"    | 2                            | PA; ST                             |
| INCONTROL PEN NEEDLE 8MM (pen needle, diabetic)<br>31G 31 GAUGE X 5/16"   | 2                            | PA; ST                             |
| INPEN (FOR HUMALOG) BLUE<br>SUBCUTANEOUS INSULIN PEN                      | 3                            |                                    |
| INPEN (NOVOLOG OR FIASP)<br>BLUE SUBCUTANEOUS INSULIN<br>PEN              | 3                            |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (Droplet Insulin Syr(half unit))       | 2                            | PA; ST                             |
| INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)       | 2                            | PA; ST                             |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)       | 2                            | PA; ST                             |
| INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)        | 2                            | PA; ST                             |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes) | 2                            | PA; ST                             |
| INSULIN SYRING 0.5 ML 27G 1/2" OUTER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)      | 2                            | PA; ST                             |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)                         | 2                            | PA; ST                             |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)          | 2                            | PA; ST                             |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)                               | 2                            | PA; ST                             |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Droplet Insulin Syringe)               | 2                            | PA; ST                             |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE  | 2                            | PA; ST                             |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)         | 2                            | PA; ST                             |
| INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" (BD SafetyGlide Syringe)                   | 2                            | PA; ST                             |
| INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)         | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| INSULIN SYRINGE 1 ML (BD Eclipse Luer-Lok)<br>30GX1/2" (RX) 1 ML 30 GAUGE X<br>1/2"               | 2                            | PA; ST                             |
| INSULIN SYRINGE 1 ML (Advocate Syringes)<br>30GX5/16" SHORT NEEDLE<br>(OTC) 1 ML 30 GAUGE X 5/16" | 2                            | PA; ST                             |
| INSULIN SYRINGE 1 ML (Droplet Insulin<br>Syringe)<br>31GX1/4" 1 ML 31 GAUGE X 1/4"                | 2                            | PA; ST                             |
| INSULIN SYRINGE-NEEDLE U-<br>100 SYRINGE 0.3 ML 29 GAUGE<br>(Ultilet Insulin Syringe)             | 2                            | PA; ST                             |
| INSULIN SYRINGE-NEEDLE U-<br>100 SYRINGE 1 ML 29 GAUGE X<br>1/2" (Comfort EZ Insulin<br>Syringe)  | 2                            | PA; ST                             |
| INSULIN SYRINGE-NEEDLE U-<br>100 SYRINGE 1/2 ML 28 GAUGE<br>(Monoject Syringe)                    | 2                            | PA; ST                             |
| INSUPEN 30G ULTRAFIN (pen needle, diabetic)<br>NEEDLE 30 GAUGE X 5/16"                            | 2                            | PA; ST                             |
| INSUPEN 31G ULTRAFIN (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4", 31<br>GAUGE X 5/16"        | 2                            | PA; ST                             |
| INSUPEN 32G 6MM PEN NEEDLE (pen needle, diabetic)<br>32 GAUGE X 1/4"                              | 2                            | PA; ST                             |
| INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic)<br>32 GAUGE X 5/16"                             | 2                            | PA; ST                             |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>29GX12MM 29 GAUGE X 1/2"                             | 2                            | PA; ST                             |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>31GX3/16" 31 GAUGE X 3/16"                           | 2                            | PA; ST                             |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>32GX4MM 32 GAUGE X 5/32"                             | 2                            | PA; ST                             |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>33GX4MM 33 GAUGE X 5/32"                             | 2                            | PA; ST                             |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| IV ANTISEPTIC WIPES (alcohol swabs)   | 1                     | PA; ST                     |
| KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)  | 1                     | PA; ST                     |
| LISCO SPONGES 100/BAG 2 X 2 "   | 1                     | PA; ST                     |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)                                     | 2                     | PA; ST                     |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)           | 2                     | PA; ST                     |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE   | 2                     | PA; ST                     |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                           | 2                     | PA; ST                     |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" (pen needle, diabetic)  | 2                     | PA; ST                     |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)                       | 2                     | PA; ST                     |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                       | 2                     | PA; ST                     |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                     | 2                     | PA; ST                     |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)                     | 2                     | PA; ST                     |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)                     | 2                     | PA; ST                     |

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05/01/2025

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

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)  | 2                     | PA; ST                     |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)  | 2                     | PA; ST                     |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"                                     | 2                     | PA; ST                     |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"                                     | 2                     | PA; ST                     |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)                 | 2                     | PA; ST                     |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)                | 2                     | PA; ST                     |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)                | 2                     | PA; ST                     |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"                              | 2                     | PA; ST                     |
| MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (1st Tier Unifine Pentips)                | 2                     | PA; ST                     |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" (CareFine Pen Needle)                     | 2                     | PA; ST                     |
| MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (CareFine Pen Needle)                      | 2                     | PA; ST                     |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" (Comfort EZ Pen Needles)                  | 2                     | PA; ST                     |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (Advocate Pen Needle)                     | 2                     | PA; ST                     |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" (Comfort EZ Pen Needles)                  | 2                     | PA; ST                     |

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05/01/2025

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|---|---------------------------------|------------------------------|------------------------------------|
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"                                     | (Comfort EZ Pen Needles)        | 2                            | PA; ST                             |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"                     | (pen needle, diabetic)          | 2                            | PA; ST                             |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE                               | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"                             | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"                      | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"                        | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"          | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"                           | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"       | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)                               | (insulin syringes (disposable)) | 2                            | PA; ST                             |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"                   | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"                         | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"                   | (insulin syringe-needle u-100)  | 2                            | PA; ST                             |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| MONOJECT INSULIN SYR 0.5 ML (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16" u-100)      | 2                            | PA; ST                             |
| MONOJECT INSULIN SYR 1 ML (insulin syringe-needle<br>3'S (OTC) 1 ML 30 GAUGE X 5/16 u-100) | 2                            | PA; ST                             |
| MONOJECT INSULIN SYR U-100 (insulin syringe-needle<br>0.5 ML 29 GAUGE X 1/2" u-100)        | 2                            | PA; ST                             |
| MONOJECT INSULIN SYR U-100<br>29 GAUGE X 1/2"  | 2                            | PA; ST                             |
| MONOJECT SYRINGE 0.3 ML 0.3 (insulin syringe-needle<br>ML 31 GAUGE X 5/16" u-100)          | 2                            | PA; ST                             |
| MONOJECT SYRINGE 0.5 ML 0.5 (insulin syringe-needle<br>ML 31 GAUGE X 5/16" u-100)          | 2                            | PA; ST                             |
| MONOJECT SYRINGE 1 ML 1 ML (insulin syringe-needle<br>31 GAUGE X 5/16 u-100)               | 2                            | PA; ST                             |
| NANO 2 GEN PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                   | 2                            | PA; ST                             |
| NOVOFINE 30 NEEDLE   | 2                            | PA; ST                             |
| NOVOFINE 32G NEEDLES 32 (pen needle, diabetic)<br>GAUGE X 1/4"                             | 2                            | PA; ST                             |
| NOVOFINE PLUS PEN NDL<br>32GX1/6" 32 GAUGE X 1/6"  | 2                            | PA; ST                             |
| NOVOTWIST NEEDLE 32G 5MM<br>32 GAUGE X 1/5"  | 2                            | PA; ST                             |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)<br>SUBCUTANEOUS CARTRIDGE                                      | 3                            | QL (10 per 30 days)                |
| OMNIPOD 5 G6-G7 INTRO<br>KT(GEN5) SUBCUTANEOUS<br>CARTRIDGE                                | 3                            | QL (1 per 365 days)                |
| OMNIPOD 5 G6-G7 PODS (GEN 5)<br>SUBCUTANEOUS CARTRIDGE                                     | 3                            | QL (10 per 30 days)                |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| OMNIPOD 5<br>INTRO(G6/LIBRE2PLUS)<br>SUBCUTANEOUS CARTRIDGE                       | 3                            | QL (1 per 365 days)                |
| OMNIPOD CLASSIC PDM<br>KIT(GEN 3)   | 3                            | QL (1 per 365 days)                |
| OMNIPOD CLASSIC PODS (GEN<br>3) SUBCUTANEOUS CARTRIDGE                            | 3                            | QL (10 per 30 days)                |
| OMNIPOD DASH INTRO KIT<br>(GEN 4) SUBCUTANEOUS<br>CARTRIDGE                       | 3                            | QL (1 per 365 days)                |
| OMNIPOD DASH PDM KIT (GEN<br>4)   | 3                            | QL (1 per 365 days)                |
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE                               | 3                            | QL (10 per 30 days)                |
| PC UNIFINE PENTIPS 8MM<br>NEEDLE SHORT 31 GAUGE X<br>5/16" (pen needle, diabetic) | 2                            | PA; ST                             |
| PEN NEEDLE 30G 5MM OUTER<br>30 GAUGE X 3/16" (Embrace Pen Needle)                 | 2                            | PA; ST                             |
| PEN NEEDLE 30G 8MM INNER 30<br>GAUGE X 5/16" (CareFine Pen Needle)                | 2                            | PA; ST                             |
| PEN NEEDLE 30G X 5/16" 30<br>GAUGE X 5/16" (pen needle, diabetic)                 | 2                            | PA; ST                             |
| PEN NEEDLE, DIABETIC<br>NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips<br>Plus) | 2                            | PA; ST                             |
| PEN NEEDLES 12MM 29G<br>29GX12MM,STRL 29 GAUGE X<br>1/2" (pen needle, diabetic)   | 2                            | PA; ST                             |
| PEN NEEDLES 4MM 32G 32<br>GAUGE X 5/32" (pen needle, diabetic)                    | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>                                       |                                   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|-----------------------------------|------------------------------|------------------------------------|
| PEN NEEDLES 6MM 31G<br>31GX6MM, STRL 31 GAUGE X<br>1/4"             | (1st Tier Unifine<br>Pentips)     | 2                            | PA; ST                             |
| PEN NEEDLES 8MM 31G<br>31GX8MM,STRL,SHORT (OTC) 31<br>GAUGE X 5/16" | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PENTIPS PEN NEEDLE 29G 1/2"<br>29 GAUGE X 1/2"                      | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PENTIPS PEN NEEDLE 31G 1/4"<br>31 GAUGE X 1/4"                      | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PENTIPS PEN NEEDLE 31GX3/16"<br>MINI, 5MM 31 GAUGE X 3/16"          | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PENTIPS PEN NEEDLE 31GX5/16"<br>SHORT, 8MM 31 GAUGE X 5/16"         | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PENTIPS PEN NEEDLE 32G 1/4"<br>32 GAUGE X 1/4"                      | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PENTIPS PEN NEEDLE 32GX5/32"<br>4MM 32 GAUGE X 5/32"                | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PIP PEN NEEDLE 31G X 5MM 31<br>GAUGE X 3/16"                        | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PIP PEN NEEDLE 32G X 4MM 32<br>GAUGE X 5/32"                        | (pen needle, diabetic)            | 2                            | PA; ST                             |
| PREVENT PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"                      |                                   | 2                            | PA; ST                             |
| PREVENT PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"                    |                                   | 2                            | PA; ST                             |
| PRO COMFORT 0.5 ML 30GX1/2"<br>0.5 ML 30 GAUGE X 1/2"               | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| PRO COMFORT 0.5 ML 30GX5/16"<br>0.5 ML 30 GAUGE X 5/16"             | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| PRO COMFORT 0.5 ML 31GX5/16"<br>0.5 ML 31 GAUGE X 5/16"             | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |

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

05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)          | 2                     | PA; ST                     |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)         | 2                     | PA; ST                     |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)         | 2                     | PA; ST                     |
| PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)   | 1                     | PA; ST                     |
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)                  | 2                     | PA; ST                     |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)                  | 2                     | PA; ST                     |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)                    | 2                     | PA; ST                     |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)                    | 2                     | PA; ST                     |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)      | 2                     | PA; ST                     |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)  | 2                     | PA; ST                     |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)         | 2                     | PA; ST                     |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"   | 2                     | PA; ST                     |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"  | 2                     | PA; ST                     |
| PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)  | 1                     | PA; ST                     |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                | 2                            | PA; ST                             |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)                | 2                            | PA; ST                             |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)                 | 2                            | PA; ST                             |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)                | 2                            | PA; ST                             |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"                                     | 2                            | PA; ST                             |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)            | 2                            | PA; ST                             |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"                                      | 2                            | PA; ST                             |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"                                      | 2                            | PA; ST                             |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe) | 2                            | PA; ST                             |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe) | 2                            | PA; ST                             |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe)  | 2                            | PA; ST                             |
| RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 (Ultilet Insulin Syringe)                      | 2                            | PA; ST                             |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"                                      | 2                            | PA; ST                             |
| RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" (pen needle, diabetic)               | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| SAFESNAP INS SYR UNITS-100<br>0.3 ML 30GX5/16",10X10 0.3 ML<br>30 GAUGE X 5/16" | 2                            | PA; ST                             |
| SAFESNAP INS SYR UNITS-100<br>0.5 ML 29GX1/2",10X10 0.5 ML 29<br>GAUGE X 1/2"   | 2                            | PA; ST                             |
| SAFESNAP INS SYR UNITS-100<br>0.5 ML 30GX5/16",10X10 0.5 ML<br>30 GAUGE X 5/16" | 2                            | PA; ST                             |
| SAFESNAP INS SYR UNITS-100 1<br>ML 28GX1/2",10X10 1 ML 28<br>GAUGE X 1/2"       | 2                            | PA; ST                             |
| SAFESNAP INS SYR UNITS-100 1<br>ML 29GX1/2",10X10 1 ML 29<br>GAUGE X 1/2"       | 2                            | PA; ST                             |
| SAFETY PEN NEEDLE 31G 4MM (Comfort EZ PRO<br>31 GAUGE X 5/32" Safety Pen Ndl)   | 2                            | PA; ST                             |
| SAFETY PEN NEEDLE 5MM X (pen needle, diabetic,<br>31G 31 GAUGE X 3/16" safety)  | 2                            | PA; ST                             |
| SAFETY SYRINGE 0.5 ML 30G<br>1/2" 0.5 ML 30 GAUGE X 1/2"                        | 2                            | PA; ST                             |
| SECURES SAFE PEN NDL<br>30GX5/16" OUTER 30 GAUGE X<br>5/16"                     | 2                            | PA; ST                             |
| SECURES SAFE SYR 0.5 ML 29G<br>1/2" OUTER 0.5 ML 29 GAUGE X<br>1/2"             | 2                            | PA; ST                             |
| SECURES SAFE SYRNG 1 ML 29G<br>1/2" OUTER 1 ML 29 GAUGE X<br>1/2"               | 2                            | PA; ST                             |
| SKY SAFETY PEN NEEDLE 30G<br>5MM 30 GAUGE X 3/16"                               | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| SKY SAFETY PEN NEEDLE 30G<br>8MM 30 GAUGE X 5/16"   | 2                            | PA; ST                             |
| SM ULT CFT 0.3 ML<br>31GX5/16(1/2) 0.3 ML 31 GAUGE<br>X 5/16"   | 2                            | PA; ST                             |
| STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)  | 1                            | PA; ST                             |
| SURE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"   | 2                            | PA; ST                             |
| SURE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"  | 2                            | PA; ST                             |
| NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)   | 2                            | PA; ST                             |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)           | 2                            | PA; ST                             |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2                            | PA; ST                             |
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)                                   | 2                            | PA; ST                             |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)   | 2                            | PA; ST                             |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)   | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| SURE COMFORT ALCOHOL (alcohol swabs)<br>PREP PADS  | 1                            | PA; ST                             |
| SURE COMFORT INS 0.3 ML (insulin syringe-needle<br>31GX1/4 0.3 ML 31 GAUGE X 1/4" u-100)   | 2                            | PA; ST                             |
| SURE COMFORT INS 0.5 ML (insulin syringe-needle<br>31GX1/4 1/2 ML 31 GAUGE X 1/4" u-100)   | 2                            | PA; ST                             |
| SURE COMFORT INS 1 ML (insulin syringe-needle<br>31GX1/4" 1 ML 31 GAUGE X 1/4" u-100)  | 2                            | PA; ST                             |
| SURE COMFORT PEN NDL (pen needle, diabetic)<br>29GX1/2" 12.7MM 29 GAUGE X<br>1/2"  | 2                            | PA; ST                             |
| SURE COMFORT PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"  | 2                            | PA; ST                             |
| SURE COMFORT PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| SURE COMFORT PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"  | 2                            | PA; ST                             |
| SURE COMFORT PEN NDL 32G (pen needle, diabetic)<br>6MM 32 GAUGE X 1/4"   | 2                            | PA; ST                             |
| SURE-FINE PEN NEEDLES (pen needle, diabetic)<br>12.7MM 29 GAUGE X 1/2"   | 2                            | PA; ST                             |
| SURE-FINE PEN NEEDLES 5MM (pen needle, diabetic)<br>31 GAUGE X 3/16"   | 2                            | PA; ST                             |
| SURE-FINE PEN NEEDLES 8MM (pen needle, diabetic)<br>31 GAUGE X 5/16"   | 2                            | PA; ST                             |
| SURE-JECT INSU SYR U100 0.3 (insulin syringe-needle<br>ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100)<br>ML 30 GAUGE X 5/16"                            | 2                            | PA; ST                             |
| SURE-JECT INSU SYR U100 0.5 (insulin syringe-needle<br>ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100)<br>ML 30 GAUGE X 5/16", 1/2 ML 28<br>GAUGE X 1/2" | 2                            | PA; ST                             |

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| SURE-JECT INSU SYR U100 1 ML (insulin syringe-needle<br>1 ML 28 GAUGE X 1/2" u-100)                           | 2                            | PA; ST                             |
| SURE-JECT INSUL SYR U100 1 (insulin syringe-needle<br>ML 1 ML 29 GAUGE X 1/2", 1 ML u-100)<br>30 GAUGE X 5/16 | 2                            | PA; ST                             |
| SURE-JECT INSULIN SYRINGE 1 (insulin syringe-needle<br>ML 1 ML 31 GAUGE X 5/16 u-100)                         | 2                            | PA; ST                             |
| SURE-PREP ALCOHOL PREP (alcohol swabs)<br>PADS  | 1                            | PA; ST                             |
| TECHLITE 0.3 ML 29GX12MM<br>(1/2) 0.3 ML 29 GAUGE X 1/2"  | 2                            | PA; ST                             |
| TECHLITE 0.3 ML 30GX8MM<br>(1/2) 0.3 ML 30 GAUGE X 5/16"  | 2                            | PA; ST                             |
| TECHLITE 0.3 ML 31GX6MM<br>(1/2) 0.3 ML 31 GAUGE X 15/64"   | 2                            | PA; ST                             |
| TECHLITE 0.3 ML 31GX8MM<br>(1/2) 0.3 ML 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| TECHLITE 0.5 ML 30GX12MM<br>(1/2) 0.5 ML 30 GAUGE X 1/2"  | 2                            | PA; ST                             |
| TECHLITE 0.5 ML 30GX8MM<br>(1/2) 0.5 ML 30 GAUGE X 5/16"  | 2                            | PA; ST                             |
| TECHLITE 0.5 ML 31GX6MM<br>(1/2) 0.5 ML 31 GAUGE X 15/64"   | 2                            | PA; ST                             |
| TECHLITE 0.5 ML 31GX8MM<br>(1/2) 0.5 ML 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| TECHLITE INS SYR 1 ML (insulin syringe-needle<br>29GX12MM 1 ML 29 GAUGE X u-100)<br>1/2"                      | 2                            | PA; ST                             |
| TECHLITE INS SYR 1 ML (insulin syringe-needle<br>30GX12MM 1 ML 30 GAUGE X u-100)<br>1/2"                      | 2                            | PA; ST                             |

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05/01/2025

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

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| TERUMO INS SYRINGE U100-1<br>ML 1 ML 30 GAUGE X 3/8" (Thinpro Insulin Syringe)  | 2                     | PA; ST                     |
| TERUMO INS SYRINGE U100-1/2<br>ML 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)   | 2                     | PA; ST                     |
| TERUMO INS SYRINGE U100-1/3<br>ML 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)   | 2                     | PA; ST                     |
| TERUMO INS SYRNG U100-1/2<br>ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 2                     | PA; ST                     |
| THINPRO INS SYRIN U100-0.3<br>ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)                              | 2                     | PA; ST                     |
| THINPRO INS SYRIN U100-0.3<br>ML 0.3 ML 31 X 3/8"   | 2                     | PA; ST                     |
| THINPRO INS SYRIN U100-0.5<br>ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)      | 2                     | PA; ST                     |
| THINPRO INS SYRIN U100-0.5<br>ML 0.5 ML 31 X 3/8"   | 2                     | PA; ST                     |
| THINPRO INS SYRIN U100-1 ML<br>1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" (insulin syringe-needle u-100)        | 2                     | PA; ST                     |
| THINPRO INS SYRIN U100-1 ML<br>1 ML 31 X 3/8"   | 2                     | PA; ST                     |
| TOPCARE CLICKFINE 31G X 1/4"<br>31 GAUGE X 1/4" (pen needle, diabetic)  | 2                     | PA; ST                     |
| TOPCARE CLICKFINE 31G X<br>5/16" 31 GAUGE X 5/16" (pen needle, diabetic)  | 2                     | PA; ST                     |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento               | Requerimientos/<br>Límites |
|--|-------------------------------------|----------------------------|
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100)<br>2 | PA; ST                     |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | PA; ST                     |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | PA; ST                     |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"  | 2                                   | PA; ST                     |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"  | (pen needle, diabetic, safety)<br>2 | PA; ST                     |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"   | 2                                   | PA; ST                     |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"  | 2                                   | PA; ST                     |
| TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"  | 2                                   | PA; ST                     |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"  | 2                                   | PA; ST                     |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"  | 2                                   | PA; ST                     |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | PA; ST                     |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100)<br>2 | PA; ST                     |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS                                       | 1                            | PA; ST                             |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)                | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)                 | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)                | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)                 | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)                | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)                | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)                | 2                            | PA; ST                             |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)                 | 2                            | PA; ST                             |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)  | 2                            | PA; ST                             |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 2                            | PA; ST                             |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2                            | PA; ST                             |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"                               | 2                            | PA; ST                             |
| TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS                                       | 1                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| TRUE COMFORT SFTY 1 ML 30G<br>1/2" 1 ML 30 GAUGE X 1/2"                                    | 2                            | PA; ST                             |
| TRUE COMFRT PRO 0.5 ML 30G (insulin syringe-needle<br>1/2" 0.5 ML 30 GAUGE X 1/2" u-100)   | 2                            | PA; ST                             |
| TRUE COMFRT SFTY 1 ML 30G<br>5/16" 1 ML 30 GAUGE X 5/16"                                   | 2                            | PA; ST                             |
| TRUE COMFRT SFTY 1 ML 31G<br>5/16" 1 ML 31 GAUGE X 5/16"                                   | 2                            | PA; ST                             |
| TRUE COMFRT SFTY 1 ML 32G<br>5/16" 1 ML 32 GAUGE X 5/16"                                   | 2                            | PA; ST                             |
| TRUEPLUS PEN NEEDLE (pen needle, diabetic)<br>29GX1/2" 29 GAUGE X 1/2"                     | 2                            | PA; ST                             |
| TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic)<br>1/4" 31 GAUGE X 1/4"                   | 2                            | PA; ST                             |
| TRUEPLUS PEN NEEDLE (pen needle, diabetic)<br>31GX3/16" 31 GAUGE X 3/16"                   | 2                            | PA; ST                             |
| TRUEPLUS PEN NEEDLE (pen needle, diabetic)<br>31GX5/16" 31 GAUGE X 5/16"                   | 2                            | PA; ST                             |
| TRUEPLUS PEN NEEDLE (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                   | 2                            | PA; ST                             |
| TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle<br>0.3 ML 29 GAUGE X 1/2" u-100)      | 2                            | PA; ST                             |
| TRUEPLUS SYR 0.3 ML (insulin syringe-needle<br>30GX5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16" | 2                            | PA; ST                             |
| TRUEPLUS SYR 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16" | 2                            | PA; ST                             |
| TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle<br>1/2 ML 28 GAUGE X 1/2" u-100)      | 2                            | PA; ST                             |
| TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle<br>0.5 ML 29 GAUGE X 1/2" u-100)      | 2                            | PA; ST                             |

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05/01/2025

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

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05/01/2025

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

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05/01/2025



| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| ULTIGUARD SAFE 1 ML 30G<br>12.7MM 1 ML 30 X 1/2"  | 2                            | PA; ST                             |
| ULTIGUARD SAFE0.3 ML 30G<br>12.7MM 0.3 ML 30 X 1/2"   | 2                            | PA; ST                             |
| ULTIGUARD SAFE0.5 ML 30G<br>12.7MM 1/2 ML 30 X 1/2"   | 2                            | PA; ST                             |
| ULTIGUARD SAFEPACK 1 ML<br>31G 8MM 1 ML 31 X 5/16"  | 2                            | PA; ST                             |
| ULTIGUARD SAFEPACK 29G<br>12.7MM 29 GAUGE X 1/2"  | 2                            | PA; ST                             |
| ULTIGUARD SAFEPACK 31G<br>5MM 31 GAUGE X 3/16"  | 2                            | PA; ST                             |
| ULTIGUARD SAFEPACK 31G<br>6MM 31 GAUGE X 1/4"   | 2                            | PA; ST                             |
| ULTIGUARD SAFEPACK 31G<br>8MM 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| ULTIGUARD SAFEPACK 32G<br>4MM 32 GAUGE X 5/32"  | 2                            | PA; ST                             |
| ULTIGUARD SAFEPACK 32G<br>6MM 32 GAUGE X 1/4"   | 2                            | PA; ST                             |
| ULTIGUARD SAFEPK 0.3 ML 31G<br>8MM 0.3 ML 31 X 5/16"  | 2                            | PA; ST                             |
| ULTIGUARD SAFEPK 0.5 ML 31G<br>8MM 1/2 ML 31 X 5/16"  | 2                            | PA; ST                             |
| ULTILET ALCOHOL STERL (alcohol swabs)<br>SWAB   | 1                            | PA; ST                             |
| ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle<br>ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100)<br>ML 30 GAUGE X 5/16", 0.3 ML 31<br>GAUGE X 5/16" | 2                            | PA; ST                             |

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05/01/2025

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

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05/01/2025

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

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05/01/2025

| <b>Nombre del Medicamento</b>                                |                                   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|-----------------------------------|------------------------------|------------------------------------|
| ULTRACARE INS 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| ULTRACARE INS 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| ULTRACARE INS 1 ML 30G X<br>5/16" 1 ML 30 GAUGE X 5/16       | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| ULTRACARE INS 1 ML 30GX1/2"<br>1 ML 30 GAUGE X 1/2"          | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| ULTRACARE INS 1 ML 31G X<br>5/16" 1 ML 31 GAUGE X 5/16       | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| ULTRACARE PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                            | PA; ST                             |
| ULTRACARE PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"           | (pen needle, diabetic)            | 2                            | PA; ST                             |
| ULTRACARE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"           | (pen needle, diabetic)            | 2                            | PA; ST                             |
| ULTRACARE PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4"             | (pen needle, diabetic)            | 2                            | PA; ST                             |
| ULTRACARE PEN NEEDLE<br>32GX3/16" 32 GAUGE X 3/16"           | (pen needle, diabetic)            | 2                            | PA; ST                             |
| ULTRACARE PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32"           | (pen needle, diabetic)            | 2                            | PA; ST                             |
| ULTRACARE PEN NEEDLE<br>33GX5/32" 33 GAUGE X 5/32"           | (pen needle, diabetic)            | 2                            | PA; ST                             |
| ULTRA-FINE 0.3 ML 30G 12.7MM<br>0.3 ML 30 GAUGE X 1/2"       | (insulin syringe-needle<br>u-100) | 2                            | PA; ST                             |
| ULTRA-FINE 0.3 ML 31G 6MM<br>(1/2) 0.3 ML 31 GAUGE X 15/64"  |                                   | 2                            | PA; ST                             |
| ULTRA-FINE 0.3 ML 31G 8MM<br>(1/2) 0.3 ML 31 GAUGE X 5/16"   |                                   | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| ULTRA-FINE 0.5 ML 30G 12.7MM (insulin syringe-needle u-100)<br>0.5 ML 30 GAUGE X 1/2"   | 2                            | PA; ST                             |
| ULTRA-FINE INS SYR 1 ML 31G (insulin syringe-needle u-100)<br>8MM 1 ML 31 GAUGE X 5/16  | 2                            | PA; ST                             |
| ULTRA-FINE PEN NDL 29G (pen needle, diabetic)<br>12.7MM 29 GAUGE X 1/2"                 | 2                            | PA; ST                             |
| ULTRA-FINE PEN NEEDLE 32G (pen needle, diabetic)<br>6MM 32 GAUGE X 1/4"                 | 2                            | PA; ST                             |
| ULTRA-FINE SYR 0.5 ML 31G (insulin syringe-needle u-100)<br>8MM 0.5 ML 31 GAUGE X 5/16" | 2                            | PA; ST                             |
| ULTRA-FINE SYR 1 ML 30G (insulin syringe-needle u-100)<br>12.7MM 1 ML 30 GAUGE X 1/2"   | 2                            | PA; ST                             |
| ULTRA-THIN II 1 ML 31GX5/16" 1 (insulin syringe-needle u-100)<br>ML 31 GAUGE X 5/16     | 2                            | PA; ST                             |
| ULTRA-THIN II INS 0.3 ML 30G (insulin syringe-needle u-100)<br>0.3 ML 30 GAUGE X 5/16"  | 2                            | PA; ST                             |
| ULTRA-THIN II INS 0.3 ML 31G (insulin syringe-needle u-100)<br>0.3 ML 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| ULTRA-THIN II INS 0.5 ML 29G (insulin syringe-needle u-100)<br>0.5 ML 29 GAUGE X 1/2"   | 2                            | PA; ST                             |
| ULTRA-THIN II INS 0.5 ML 30G (insulin syringe-needle u-100)<br>0.5 ML 30 GAUGE X 5/16"  | 2                            | PA; ST                             |
| ULTRA-THIN II INS 0.5 ML 31G (insulin syringe-needle u-100)<br>0.5 ML 31 GAUGE X 5/16"  | 2                            | PA; ST                             |
| ULTRA-THIN II INS SYR 1 ML (insulin syringe-needle u-100)<br>29G 1 ML 29 GAUGE X 1/2"   | 2                            | PA; ST                             |
| ULTRA-THIN II INS SYR 1 ML (insulin syringe-needle u-100)<br>30G 1 ML 30 GAUGE X 5/16   | 2                            | PA; ST                             |
| ULTRA-THIN II PEN NDL (pen needle, diabetic)<br>29GX1/2" 29 GAUGE X 1/2"                | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| ULTRA-THIN II PEN NDL (pen needle, diabetic)<br>31GX5/16 31 GAUGE X 5/16"                   | 2                            | PA; ST                             |
| UNIFINE OTC PEN NEEDLE 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                   | 2                            | PA; ST                             |
| UNIFINE OTC PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                   | 2                            | PA; ST                             |
| UNIFINE PEN NEEDLE 32G 4MM (pen needle, diabetic)<br>32 GAUGE X 5/32"                       | 2                            | PA; ST                             |
| UNIFINE PENTIPS 12MM 29G (pen needle, diabetic)<br>29GX12MM, STRL 29 GAUGE X<br>1/2"        | 2                            | PA; ST                             |
| UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic)<br>31GX5MM,STRL,MINI 31 GAUGE<br>X 3/16"   | 2                            | PA; ST                             |
| UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic)<br>GAUGE X 1/4"                          | 2                            | PA; ST                             |
| UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic)<br>32GX4MM, STRL, NANO 32<br>GAUGE X 5/32" | 2                            | PA; ST                             |
| UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic)<br>GAUGE X 5/32"                        | 2                            | PA; ST                             |
| UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic)<br>GAUGE X 1/4"                           | 2                            | PA; ST                             |
| UNIFINE PENTIPS MAX (pen needle, diabetic)<br>30GX3/16" 30 GAUGE X 3/16"                    | 2                            | PA; ST                             |
| UNIFINE PENTIPS NEEDLES 29G<br>29 GAUGE   | 2                            | PA; ST                             |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>29GX1/2" 12MM 29 GAUGE X 1/2"                | 2                            | PA; ST                             |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>30GX3/16" 30 GAUGE X 3/16"                   | 2                            | PA; ST                             |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX1/4" ULTRA SHORT, 6MM<br>31 GAUGE X 1/4" | 2                            | PA; ST                             |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX3/16" MINI 31 GAUGE X<br>3/16"           | 2                            | PA; ST                             |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX5/16" SHORT 31 GAUGE X<br>5/16"          | 2                            | PA; ST                             |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                   | 2                            | PA; ST                             |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>33GX5/32" 33 GAUGE X 5/32"                   | 2                            | PA; ST                             |
| UNIFINE PROTECT 30G 5MM 30<br>GAUGE X 3/16"   | 2                            | PA; ST                             |
| UNIFINE PROTECT 30G 8MM 30<br>GAUGE X 5/16"   | 2                            | PA; ST                             |
| UNIFINE PROTECT 32G 4MM 32<br>GAUGE X 5/32"   | 2                            | PA; ST                             |
| UNIFINE SAFECONTROL 30G<br>5MM 30 GAUGE X 3/16"   | 2                            | PA; ST                             |
| UNIFINE SAFECONTROL 30G<br>8MM 30 GAUGE X 5/16"   | 2                            | PA; ST                             |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                      | 2                            | PA; ST                             |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                       | 2                            | PA; ST                             |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                      | 2                            | PA; ST                             |
| UNIFINE SAFECONTROL 32G<br>4MM 32 GAUGE X 5/32"   | 2                            | PA; ST                             |

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05/01/2025

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

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05/01/2025



| Nombre del Medicamento  |                                     | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-------------------------------------|-----------------------|----------------------------|
| VERIFINE PLUS PEN NDL 31G<br>5MM 31 GAUGE X 3/16"                         | (pen needle, diabetic)              | 2                     | PA; ST                     |
| VERIFINE PLUS PEN NDL 31G<br>8MM 31 GAUGE X 5/16"                         | (pen needle, diabetic)              | 2                     | PA; ST                     |
| VERIFINE PLUS PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                         | (pen needle, diabetic)              | 2                     | PA; ST                     |
| VERIFINE PLUS PEN NDL 32G<br>4MM-SHARPS CONTAINER 32<br>GAUGE X 5/32"     |                                     | 2                     | PA; ST                     |
| VERIFINE SYRING 0.5 ML 29G<br>1/2" 0.5 ML 29 GAUGE X 1/2"                 | (insulin syringe-needle<br>u-100)   | 2                     | PA; ST                     |
| VERIFINE SYRING 1 ML 31G<br>5/16" 1 ML 31 GAUGE X 5/16"                   | (insulin syringe-needle<br>u-100)   | 2                     | PA; ST                     |
| VERIFINE SYRNG 0.3 ML 31G<br>5/16" 0.3 ML 31 GAUGE X 5/16"                | (insulin syringe-needle<br>u-100)   | 2                     | PA; ST                     |
| VERIFINE SYRNG 0.5 ML 31G<br>5/16" 0.5 ML 31 GAUGE X 5/16"                | (insulin syringe-needle<br>u-100)   | 2                     | PA; ST                     |
| VERSALON ALL PURPOSE<br>SPONGE 25'S,N-STERILE,3PLY 2<br>X 2 "             |                                     | 1                     | PA; ST                     |
| 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)        |
| WEBCOL ALCOHOL PREPS<br>20'S,LARGE  | (alcohol swabs)                     | 1                     | PA; ST                     |
| <b>Preparaciones De Reemplazo</b>   |                                     |                       |                            |
| <b>Preparaciones De Reemplazo</b>   |                                     |                       |                            |
| <i>d5 % (d-glucose)-0.9 % sodchlr<br/>intravenous parenteral solution</i> | (d5 % and 0.9 % sodium<br>chloride) | 2                     |                            |
| <i>d5 % and 0.9 % sodium chloride<br/>intravenous parenteral solution</i> | (D5 % (d-glucose)-0.9<br>% sodchlr) | 2                     |                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>                | 2                            |                                    |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride) | 2                            |                                    |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride) | 2                            |                                    |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride) | 2                            |                                    |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>                      | 4                            |                                    |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>                       | 2                            |                                    |
| <i>potassium chloride intravenous solution 2 meq/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</i> (Klor-Con 10)       | 2                            |                                    |
| <i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>             | 2                            |                                    |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)         | 2                            |                                    |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10) | 2                            |                                    |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15) | 2                            |                                    |
| <i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20) | 2                            |                                    |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites |
|---|-----------------------|----------------------------|
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 2                     |                            |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)            | 2                     |                            |
| <i>potassium citrate oral tablet extended release 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                     |                            |
| <b>Productos Sanguíneos/Modificadores/Expansores De Volumen</b>                       |                       |                            |
| <b>Agentes Hematológicos, Varios</b>  |                       |                            |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                                       | 2                     |                            |
| <i>anagrelide oral capsule 1 mg</i>   | 2                     |                            |
| <i>tranexamic acid oral tablet 650 mg</i>   | 2                     |                            |
| <b>Anticoagulantes</b>  |                       |                            |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)              | 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)        |
| ELIQUIS ORAL TABLET 5 MG  | 3                     | QL (74 per 30 days)        |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)                 | 2                     | QL (60 per 30 days)        |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)          | 2                     | QL (48 per 30 days)        |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)  | 2                            | QL (18 per 30 days)                |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)  | 2                            | QL (24 per 30 days)                |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)  | 2                            | QL (36 per 30 days)                |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)  | 5                            | NDS; QL (24 per 30 days)           |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)   | 2                            | QL (15 per 30 days)                |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)   | 5                            | NDS; QL (12 per 30 days)           |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)   | 5                            | NDS; QL (18 per 30 days)           |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 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> (warfarin)         | 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> (Jantoven)         | 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  | 3                            | QL (60 per 30 days)                |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| XARELTO ORAL TABLET 2.5 MG (rivaroxaban)                                | 3                            | QL (60 per 30 days)                |
| <b>Inhibidores De Agregación De Plaquetas</b>                           |                              |                                    |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 2                            |                                    |
| BRILINTA ORAL TABLET 60 MG  | 3                            |                                    |
| BRILINTA ORAL TABLET 90 MG (ticagrelor)                                 | 3                            |                                    |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                             | 2                            |                                    |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)                           | 1                            |                                    |
| <i>dipyridamole oral tablet 50 mg, 75 mg</i>                            | 2                            | PA-HRM; AGE (Max 64 Years)         |
| <i>pentoxifylline oral tablet extended release 400 mg</i>               | 2                            |                                    |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)                  | 2                            | QL (30 per 30 days)                |
| <b>Modificadores De Formación De Sangre</b>                             |                              |                                    |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                            | 5                            | PA; NDS; QL (60 per 30 days)       |
| 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)       |
| 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                            |

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05/01/2025

| <b>Nombre del Medicamento</b>   | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|---|------------------------------|------------------------------------|
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 5                            | PA; NDS                            |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5                            | PA; 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)       |
| 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)             |

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05/01/2025

| Nombre del Medicamento   | Nivel del Medicamento | Requerimientos/<br>Límites |
|--|-----------------------|----------------------------|
| <b>Reemplazo/Modificadores De Enzima</b>   |                       |                            |
| <b>Reemplazo/Modificadores De Enzima</b>   |                       |                            |
| CREON ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 12,000-38,000 -<br>60,000 UNIT, 24,000-76,000 -<br>120,000 UNIT, 3,000-9,500- 15,000<br>UNIT, 36,000-114,000- 180,000<br>UNIT, 6,000-19,000 -30,000 UNIT | 3                     |                            |
| <i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)   | 5                     | PA; NDS                    |
| <i>nitisinone oral capsule 10 mg, 2 mg,<br/>20 mg, 5 mg</i> (Orfadin)  | 5                     | PA; NDS                    |
| ORFADIN ORAL SUSPENSION 4<br>MG/ML   | 5                     | PA; NDS                    |
| PULMOZYME INHALATION<br>SOLUTION 1 MG/ML   | 5                     | PA BvD; NDS                |
| <i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)   | 5                     | PA; NDS                    |
| STRENSIQ SUBCUTANEOUS<br>SOLUTION 18 MG/0.45 ML, 28<br>MG/0.7 ML, 40 MG/ML, 80 MG/0.8<br>ML  | 5                     | PA; LA; NDS                |

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05/01/2025

| Nombre del Medicamento  | Nivel del Medicamento | Requerimientos/<br>Límites    |
|---|-----------------------|-------------------------------|
| ZENPEP ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 10,000-32,000 -<br>42,000 UNIT, 15,000-47,000 -63,000<br>UNIT, 20,000-63,000- 84,000 UNIT,<br>25,000-79,000- 105,000 UNIT,<br>3,000-10,000 -14,000-UNIT, 40,000-<br>126,000- 168,000 UNIT, 5,000-<br>17,000- 24,000 UNIT, 60,000-<br>189,600- 252,600 UNIT | 3                     |                               |
| <b>Relajantes Musculares<br/>Esqueléticos</b>   |                       |                               |
| <b>Relajantes Musculares Esqueléticos</b>   |                       |                               |
| <i>baclofen oral tablet 10 mg, 15 mg, 20<br/>mg, 5 mg</i>   | 2                     |                               |
| <i>cyclobenzaprine oral tablet 10 mg, 5<br/>mg</i>  | 2                     | PA-HRM; AGE (Max 64<br>Years) |
| <i>dantrolene oral capsule 100 mg, 50<br/>mg</i>  | 2                     |                               |
| <i>dantrolene oral capsule 25 mg (Dantrium)</i>   | 2                     |                               |
| <i>methocarbamol oral tablet 500 mg,<br/>750 mg</i>   | 2                     | PA-HRM; AGE (Max 64<br>Years) |
| <i>tizanidine oral tablet 2 mg</i>  | 2                     |                               |
| <i>tizanidine oral tablet 4 mg (Zanaflex)</i>   | 2                     |                               |
| <b>Vitaminas Y Minerales</b>  |                       |                               |
| <b>Vitaminas Y Minerales</b>  |                       |                               |
| <i>bal-care dha combo pack 27-1-430<br/>mg</i>  | 2                     |                               |
| <i>bal-care dha essential pack 27 mg<br/>iron-1 mg -374 mg</i>  | 2                     |                               |

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05/01/2025



| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <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 (pnv,calcium 72-iron-folic acid)</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                            |                                    |
| <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 oral tablet 15 mg iron-1,000 mcg</i>   | 2                            |                                    |
| <i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>   | 2                            |                                    |
| <i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i> | 2                            |                                    |

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05/01/2025

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|---|---------------------------------------|------------------------------------|
| <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>prena1 true combo pack 30 mg iron-1.4 mg-300 mg</i>                | 2                                     |                                    |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i>                    | 2                                     |                                    |
| <i>prenaissance 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 oral tablet 27 mg iron- 1 mg</i>                 | 2                                     |                                    |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>                | (pnv,calcium 72-iron,carb-folic)<br>2 |                                    |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>    | (pnv,calcium 72-iron-folic acid)<br>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>           | (pnv,calcium 72-iron-folic acid)<br>2 |                                    |

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05/01/2025

| <b>Nombre del Medicamento</b>  | <b>Nivel del Medicamento</b> | <b>Requerimientos/<br/>Límites</b> |
|--|------------------------------|------------------------------------|
| <i>pretab oral tablet 29-1 mg</i>  | 2                            |                                    |
| <i>r-natal ob softgel 20 mg iron- 1 mg-<br/>320 mg</i>                         | 2                            |                                    |
| <i>select-ob chewable caplet 29 mg<br/>iron- 1 mg</i>                          | 2                            |                                    |
| <i>select-ob chewable caplet 29 mg<br/>iron- 1 mg</i>                          | 2                            |                                    |
| <i>se-natal 19 chewable tablet 29 mg<br/>iron- 1 mg</i>                        | 2                            |                                    |
| <i>taron-c dha capsule 35-1-200 mg</i>   | 2                            |                                    |
| <i>taron-prex prenatal-dha oral capsule<br/>30 mg iron-1.2 mg-55 mg-265 mg</i> | 2                            |                                    |
| <i>triveen-duo dha oral combo pack 29-<br/>1-400 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<br/>-200 mg</i>                       | 2                            |                                    |
| <i>virt-pn dha softgel (rx) 27 mg iron-1<br/>mg -300 mg</i>                    | 2                            |                                    |
| <i>virt-pn plus oral capsule 28-1-300<br/>mg</i>                               | 2                            |                                    |
| <i>vitafol gummies 3.33 mg iron- 0.33<br/>mg</i>                               | 2                            |                                    |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i>                                    | 2                            |                                    |
| <i>vitafol-ob+dha combo pack 65-1-250<br/>mg</i>                               | 2                            |                                    |
| <i>vp-ch-pnv oral capsule 30 mg iron-1<br/>mg -50 mg-260 mg</i>                | 2                            |                                    |
| <i>vp-pnv-dha softgel (rx) 28 mg iron- 1<br/>mg-200 mg</i>                     | 2                            |                                    |

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05/01/2025

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|--|------------------------------|------------------------------------|
| <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

05/01/2025

## ÍNDICE

|  |  |  |
|--|--|--|
| 1ST TIER UNIFINE PENTIPS 159           | AIRSUPRA..... 70, 72                       | <i>amlodipine-valsartan</i> .....55          |
| 1ST TIER UNIFINE PENTIPS PLUS..... 159 | AJOVY AUTOINJECTOR..... 34                 | <i>amlodipine-valsartan-hcthiazid</i> ..55   |
| <i>abacavir</i> ..... 151              | AJOVY SYRINGE.....34                       | <i>ammonium lactate</i> .....77              |
| <i>abacavir-lamivudine</i> ..... 151   | AKEEGA.....3                               | <i>amoxapine</i> .....144                    |
| ABELCET..... 148                       | <i>ala-cort</i> ..... 74                   | <i>amoxicil-clarithromy-lansopraz</i> . 79   |
| ABILIFY ASIMTUFII..... 40              | <i>albendazole</i> .....37                 | <i>amoxicillin</i> ..... 123, 124            |
| ABILIFY MAINTENA..... 40               | <i>albuterol sulfate</i> .....72           | <i>amoxicillin-pot clavulanate</i> ..... 124 |
| <i>abiraterone</i> ..... 3             | ALCOHOL PADS..... 160                      | <i>amphotericin b</i> ..... 148              |
| <i>abirtega</i> .....3                 | ALCOHOL PREP PADS..... 185                 | <i>amphotericin b liposome</i> ..... 148     |
| ABOUTTIME PEN NEEDLE..159              | ALCOHOL PREP SWABS..... 160                | <i>ampicillin</i> .....124                   |
| ABRYSVO (PF).....98                    | ALCOHOL SWABS..... 160                     | <i>ampicillin sodium</i> ..... 124           |
| <i>acamprosate</i> .....24             | ALCOHOL WIPES..... 161                     | <i>ampicillin-sulbactam</i> ..... 124        |
| <i>acarbose</i> .....28                | ALECENSA..... 3                            | <i>anagrelide</i> .....215                   |
| <i>acebutolol</i> ..... 50             | <i>alendronate</i> .....62                 | <i>anastrozole</i> ..... 3                   |
| <i>acetaminophen-codeine</i> ..... 115 | <i>alfuzosin</i> .....83                   | ANKTIVA.....3                                |
| <i>acetazolamide</i> ..... 104, 105    | <i>aliskiren</i> ..... 60                  | ANORO ELLIPTA..... 72                        |
| <i>acetazolamide sodium</i> .....105   | <i>allopurinol</i> ..... 34                | <i>aprepitant</i> ..... 36                   |
| <i>acetic acid</i> .....106            | <i>alosetron</i> ..... 61                  | APRETUDE..... 151                            |
| <i>acetylcysteine</i> .....68          | <i>alprazolam</i> .....25, 26              | <i>apri</i> .....128                         |
| <i>acitretin</i> .....77               | ALREX..... 109                             | APTIOM.....138                               |
| ACTEMRA.....90                         | <i>altavera (28)</i> ..... 128             | APTIVUS..... 151                             |
| ACTEMRA ACTPEN..... 90                 | ALTRENO.....79                             | AQINJECT PEN NEEDLE..... 161                 |
| ACTHAR.....87                          | ALUNBRIG.....3                             | ARCALYST..... 90                             |
| ACTHAR SELFJECT..... 87                | ALVAIZ..... 217                            | AREXVY (PF)..... 98                          |
| ACTHIB (PF)..... 98                    | <i>alyacen 1/35 (28)</i> ..... 128         | AREXVY ANTIGEN COMPONENT..... 98             |
| ACTIMMUNE.....111                      | <i>alyacen 7/7/7 (28)</i> ..... 128        | ARIKAYCE.....119                             |
| <i>acyclovir</i> ..... 77, 158         | ALYFTREK..... 68                           | <i>aripiprazole</i> ..... 40, 41             |
| <i>acyclovir sodium</i> .....158       | <i>alyq</i> ..... 113                      | ARISTADA.....41                              |
| ADACEL(TDAP ADOLESN/ADULT)(PF)..... 98 | <i>amantadine hcl</i> ..... 38             | ARISTADA INITIO.....41                       |
| <i>adapalene</i> .....79               | <i>amethyst (28)</i> ..... 128             | <i>armodafinil</i> ..... 63                  |
| <i>adefovir</i> ..... 158              | <i>amikacin</i> .....119                   | ARNUITY ELLIPTA..... 70                      |
| ADEMPAS..... 113                       | <i>amiloride</i> .....58                   | <i>asenapine maleate</i> ..... 41            |
| <i>adrucil</i> .....3                  | <i>amiloride-hydrochlorothiazide</i> ...58 | <i>aspirin-dipyridamole</i> ..... 217        |
| ADVAIR HFA.....70                      | <i>amiodarone</i> .....49                  | ASSURE ID DUO PRO SFTY PEN NDL..... 161      |
| ADVOCATE PEN NEEDLE... 160             | <i>amitriptyline</i> ..... 144             | ASSURE ID DUO-SHIELD... 161                  |
| ADVOCATE SYRINGES 159, 160             | <i>amlodipine</i> ..... 54                 | ASSURE ID INSULIN SAFETY..... 161            |
| <i>afirmelle</i> .....127              | <i>amlodipine-atorvastatin</i> ..... 55    |  |
|  | <i>amlodipine-benazepril</i> .....55       |  |
|  | <i>amlodipine-olmesartan</i> .....55       |  |

|                                      |          |  |          |  |        |
|--------------------------------------|----------|--|----------|--|--------|
| ASSURE ID PEN NEEDLE.....            | 161      | <i>bal-care dha</i> .....                | 220      | BENDAMUSTINE.....                        | 4      |
| ASSURE ID PRO PEN                    |          | <i>bal-care dha essential</i> .....      | 220      | BENDEKA.....                             | 4      |
| NEEDLE.....                          | 161      | <i>balsalazide</i> .....                 | 61       | BENLYSTA.....                            | 90     |
| ASTAGRAF XL.....                     | 90       | BALVERSA.....                            | 4        | <i>benztropine</i> .....                 | 39     |
| <i>atazanavir</i> .....              | 151      | BCG VACCINE, LIVE (PF).....              | 98       | BESREMI.....                             | 90     |
| <i>atenolol</i> .....                | 50       | BD ALCOHOL SWABS.....                    | 164      | <i>betaine</i> .....                     | 111    |
| <i>atenolol-chlorthalidone</i> ..... | 50       | BD AUTOSHIELD DUO PEN                    |          | <i>betamethasone dipropionate</i> .....  | 74     |
| <i>atomoxetine</i> .....             | 64       | NEEDLE.....                              | 162      | <i>betamethasone valerate</i> .....      | 74, 75 |
| <i>atorvastatin</i> .....            | 55       | BD ECLIPSE LUER-LOK.....                 | 162      | <i>betamethasone, augmented</i> .....    | 75     |
| <i>atovaquone</i> .....              | 37       | BD INSULIN SYRINGE. 162, 163             |          | BETASERON.....                           | 65     |
| <i>atovaquone-proguanil</i> .....    | 37       | BD INSULIN SYRINGE                       |          | <i>betaxolol</i> .....                   | 105    |
| <i>atropine</i> .....                | 110      | (HALF UNIT).....                         | 162      | <i>bethanechol chloride</i> .....        | 83     |
| ATROVENT HFA.....                    | 72       | BD INSULIN SYRINGE SLIP                  |          | <i>bexarotene</i> .....                  | 4      |
| <i>aubra eq</i> .....                | 128      | TIP.....                                 | 163      | BEXSERO.....                             | 99     |
| AUGTYRO.....                         | 3        | BD INSULIN SYRINGE U-                    |          | <i>bicalutamide</i> .....                | 4      |
| <i>aurovela 1.5/30 (21)</i> .....    | 128      | 500.....                                 | 163      | BICILLIN L-A.....                        | 124    |
| <i>aurovela 1/20 (21)</i> .....      | 128      | BD INSULIN SYRINGE                       |          | BIKTARVY.....                            | 151    |
| <i>aurovela 24 fe</i> .....          | 128      | ULTRA-FINE.....                          | 162      | <i>bimatoprost</i> .....                 | 105    |
| <i>aurovela fe 1.5/30 (28)</i> ..... | 128      | BD NANO 2ND GEN PEN                      |          | <i>bisoprolol fumarate</i> .....         | 50     |
| <i>aurovela fe 1-20 (28)</i> .....   | 128      | NEEDLE.....                              | 163      | <i>bisoprolol-hydrochlorothiazide</i> .. | 50     |
| AUSTEDO.....                         | 64       | BD SAFETYGLIDE INSULIN                   |          | BIZENGRI.....                            | 4      |
| AUSTEDO XR.....                      | 64       | SYRINGE.....                             | 163, 164 | <i>bleomycin</i> .....                   | 4      |
| AUSTEDO XR TITRATION                 |          | BD SAFETYGLIDE SYRINGE                   |          | <i>blisovi 24 fe</i> .....               | 128    |
| KT(WK1-4).....                       | 64       | .....                                    | 163      | <i>blisovi fe 1.5/30 (28)</i> .....      | 129    |
| AUTOSHIELD DUO PEN                   |          | BD ULTRA-FINE MICRO                      |          | <i>blisovi fe 1/20 (28)</i> .....        | 129    |
| NEEDLE.....                          | 161      | PEN NEEDLE.....                          | 164      | BOOSTRIX TDAP.....                       | 99     |
| AUVELITY.....                        | 144      | BD ULTRA-FINE MINI PEN                   |          | BORDERED GAUZE.....                      | 164    |
| <i>aviane</i> .....                  | 128      | NEEDLE.....                              | 164      | <i>bortezomib</i> .....                  | 4      |
| AVONEX.....                          | 64, 65   | BD ULTRA-FINE NANO PEN                   |          | BORUZU.....                              | 5      |
| AXTLE.....                           | 3        | NEEDLE.....                              | 164      | <i>bosentan</i> .....                    | 113    |
| <i>ayuna</i> .....                   | 128      | BD ULTRA-FINE ORIG PEN                   |          | BOSULIF.....                             | 5      |
| AYVAKIT.....                         | 4        | NEEDLE.....                              | 164      | BRAFTOVI.....                            | 5      |
| <i>azacitidine</i> .....             | 4        | BD ULTRA-FINE SHORT                      |          | BREO ELLIPTA.....                        | 70, 71 |
| <i>azathioprine</i> .....            | 90       | PEN NEEDLE.....                          | 164      | <i>breyna</i> .....                      | 71     |
| <i>azathioprine sodium</i> .....     | 90       | BD VEO INSULIN SYR                       |          | BREZTRI AEROSPHERE.....                  | 72     |
| <i>azelastine</i> .....              | 110, 111 | (HALF UNIT).....                         | 164      | BRILINTA.....                            | 217    |
| <i>azithromycin</i> .....            | 123      | BD VEO INSULIN SYRINGE                   |          | <i>brimonidine</i> .....                 | 105    |
| <i>aztreonam</i> .....               | 121      | UF.....                                  | 164      | <i>brimonidine-timolol</i> .....         | 105    |
| <i>azurette (28)</i> .....           | 128      | BELSOMRA.....                            | 63       | <i>brinzolamide</i> .....                | 105    |
| <i>bacitracin</i> .....              | 106      | <i>benazepril</i> .....                  | 59       | BRIVIACT.....                            | 138    |
| <i>bacitracin-polymyxin b</i> .....  | 106      | <i>benazepril-hydrochlorothiazide</i> .. | 59       | <i>bromfenac</i> .....                   | 109    |
| <i>baclofen</i> .....                | 220      | <i>bendamustine</i> .....                | 4        | <i>bromocriptine</i> .....               | 39     |

|  |          |  |          |   |                    |
|--|----------|--|----------|---|--------------------|
| BRONCHITOL.....                            | 68       | <i>carvedilol</i> .....                  | 50       | <i>clindamycin hcl</i> .....              | 120                |
| BRUKINSA.....                              | 5        | CAYSTON.....                             | 121      | <i>clindamycin phosphate</i> .....        | 78, 119, 120       |
| <i>budesonide</i> .....                    | 61, 71   | <i>cefactor</i> .....                    | 121      | <i>clindamycin-benzoyl peroxide</i> ....  | 78                 |
| <i>budesonide-formoterol</i> .....         | 71       | <i>cefadroxil</i> .....                  | 121      | CLINIMIX 6%-D5W                           |                    |
| <i>bumetanide</i> .....                    | 58       | <i>cefazolin</i> .....                   | 121      | (SULFITE-FREE).....                       | 48                 |
| <i>buprenorphine</i> .....                 | 115      | <i>cefdinir</i> .....                    | 122      | CLINIMIX 8%-                              |                    |
| <i>buprenorphine hcl</i> .....             | 24       | <i>cefepime</i> .....                    | 122      | D10W(SULFITE-FREE).....                   | 48                 |
| <i>buprenorphine-naloxone</i> .....        | 24, 25   | <i>cefixime</i> .....                    | 122      | CLINIMIX 8%-                              |                    |
| <i>bupropion hcl</i> .....                 | 144      | <i>cefoxitin</i> .....                   | 122      | D14W(SULFITE-FREE).....                   | 48                 |
| <i>bupropion hcl (smoking deter)</i> ...   | 25       | <i>cefpodoxime</i> .....                 | 122      | CLINIMIX E 8%-D10W                        |                    |
| <i>bupirone</i> .....                      | 111      | <i>cefprozil</i> .....                   | 122      | SULFITEFREE.....                          | 48                 |
| <i>butalbital-acetaminop-caf-cod</i> ..... | 115      | <i>ceftazidime</i> .....                 | 122      | CLINIMIX E 8%-D14W                        |                    |
| <i>butalbital-acetaminophen-caff</i>       |          | <i>ceftriaxone</i> .....                 | 122      | SULFITEFREE.....                          | 48                 |
| .....                                      | 115, 116 | <i>cefuroxime axetil</i> .....           | 122      | <i>clobazam</i> .....                     | 138                |
| CABENUVA.....                              | 151      | <i>cefuroxime sodium</i> .....           | 122      | <i>clobetasol</i> .....                   | 75                 |
| <i>cabergoline</i> .....                   | 39       | <i>celecoxib</i> .....                   | 113      | <i>clobetasol-emollient</i> .....         | 75                 |
| CABOMETYX.....                             | 5        | <i>cephalexin</i> .....                  | 122      | <i>clomipramine</i> .....                 | 144                |
| <i>cabotegravir</i> .....                  | 151      | <i>cevimeline</i> .....                  | 74       | <i>clonazepam</i> .....                   | 26                 |
| <i>calcipotriene</i> .....                 | 77       | <i>chateal eq (28)</i> .....             | 129      | <i>clonidine</i> .....                    | 49                 |
| <i>calcitonin (salmon)</i> .....           | 62       | <i>chlordiazepoxide hcl</i> .....        | 26       | <i>clonidine hcl</i> .....                | 49                 |
| <i>calcitriol</i> .....                    | 62       | <i>chlorhexidine gluconate</i> .....     | 74       | <i>clopidogrel</i> .....                  | 217                |
| <i>calcium acetate(phosphat bind)</i> ..   | 82       | <i>chloroquine phosphate</i> .....       | 37       | <i>clorazepate dipotassium</i> .....      | 26                 |
| CALQUENCE.....                             | 5        | <i>chlorthalidone</i> .....              | 41       | <i>clotrimazole</i> .....                 | 148                |
| CALQUENCE                                  |          | <i>chlorthalidone</i> .....              | 58       | <i>clotrimazole-betamethasone</i> ....    | 148                |
| (ACALABRUTINIB MAL).....                   | 5        | <i>cholestyramine (with sugar)</i> ..... | 56       | <i>clozapine</i> .....                    | 41, 42             |
| <i>camila</i> .....                        | 129      | <i>cholestyramine light</i> .....        | 56       | <i>c-nate dha</i> .....                   | 221                |
| <i>candesartan</i> .....                   | 53       | <i>ciclopirox</i> .....                  | 148      | COARTEM.....                              | 37                 |
| <i>candesartan-hydrochlorothiazid</i>      | 53       | <i>cilostazol</i> .....                  | 217      | COBENFY.....                              | 42                 |
| CAPLYTA.....                               | 41       | CIMDUO.....                              | 152      | COBENFY STARTER PACK...                   | 42                 |
| CAPRELSA.....                              | 5        | <i>cimetidine hcl</i> .....              | 79       | <i>colchicine</i> .....                   | 34                 |
| <i>captopril</i> .....                     | 59       | CIMZIA.....                              | 91       | <i>colesevelam</i> .....                  | 56                 |
| <i>carbamazepine</i> .....                 | 138      | CIMZIA POWDER FOR                        |          | <i>colestipol</i> .....                   | 56                 |
| <i>carbidopa-levodopa</i> .....            | 39       | RECONST.....                             | 91       | <i>colistin (colistimethate na)</i> ..... | 120                |
| CAREFINE PEN NEEDLE.....                   | 165      | <i>cinacalcet</i> .....                  | 62       | COMBIVENT RESPIMAT.....                   | 72                 |
| CARETOUCH ALCOHOL                          |          | CINQAIR.....                             | 69       | COMETRIQ.....                             | 5                  |
| PREP PAD.....                              | 165      | <i>ciprofloxacin hcl</i> .....           | 106, 125 | COMFORT EZ INSULIN                        |                    |
| CARETOUCH INSULIN                          |          | <i>ciprofloxacin in 5 % dextrose</i> ... | 125      | SYRINGE.....                              | 166, 167, 168, 169 |
| SYRINGE.....                               | 165, 166 | <i>ciprofloxacin-dexamethasone</i> ...   | 106      | COMFORT EZ PEN                            |                    |
| CARETOUCH PEN NEEDLE.....                  | 165      | <i>citalopram</i> .....                  | 144      | NEEDLES.....                              | 167, 168           |
| <i>carglumic acid</i> .....                | 80       | <i>clarithromycin</i> .....              | 123      | COMFORT EZ PRO SAFETY                     |                    |
| <i>carteolol</i> .....                     | 105      | CLENPIQ.....                             | 82       | PEN NDL.....                              | 168                |
| <i>cartia xt</i> .....                     | 51       | CLICKFINE PEN NEEDLE....                 | 166      |   |                    |



|                                       |   |           |   |               |
|---------------------------------------|---|-----------|---|---------------|
| COMFORT TOUCH PEN                     | DANYELZA.....                             | 6         | <i>diclofenac-misoprostol</i> .....     | 114           |
| NEEDLE.....                           | DANZITEN.....                             | 6         | <i>dicloxacillin</i> .....              | 125           |
| COMPLERA.....                         | <i>dapsone</i> .....                      | 150       | <i>dicyclomine</i> .....                | 80            |
| <i>completenate</i> .....             | DAPTACEL (DTAP                            |           | <i>didanosine</i> .....                 | 152           |
| <i>compro</i> .....                   | PEDIATRIC) (PF).....                      | 99        | DIFICID.....                            | 123           |
| <i>constulose</i> .....               | <i>daptomycin</i> .....                   | 120       | <i>difluprednate</i> .....              | 109           |
| COPIKTRA.....                         | <i>darunavir</i> .....                    | 152       | <i>digoxin</i> .....                    | 52            |
| CORLANOR.....                         | <i>dasatinib</i> .....                    | 6         | <i>dihydroergotamine</i> .....          | 34            |
| COSENTYX.....                         | <i>dasetta 1/35 (28)</i> .....            | 129       | <i>diltiazem hcl</i> .....              | 51, 52        |
| COSENTYX (2 SYRINGES).....            | <i>dasetta 7/7/7 (28)</i> .....           | 129       | <i>dilt-xr</i> .....                    | 52            |
| COSENTYX PEN (2 PENS).....            | DATROWAY.....                             | 6         | <i>dimethyl fumarate</i> .....          | 65            |
| COSENTYX UNOREADY                     | DAURISMO.....                             | 6         | <i>diphenoxylate-atropine</i> .....     | 80            |
| PEN.....                              | <i>deblitane</i> .....                    | 129       | <i>dipyridamole</i> .....               | 217           |
| COTELLIC.....                         | <i>decitabine</i> .....                   | 6         | <i>disulfiram</i> .....                 | 25            |
| CREON.....                            | <i>deferasirox</i> .....                  | 118       | <i>divalproex</i> .....                 | 139           |
| <i>cromolyn</i> .....                 | DELSTRIGO.....                            | 152       | <i>dofetilide</i> .....                 | 49            |
| <i>cryselle (28)</i> .....            | <i>demeclocycline</i> .....               | 126       | <i>dolishale</i> .....                  | 129           |
| CURAD GAUZE PAD.....                  | DENGVAXIA (PF).....                       | 99        | <i>donepezil</i> .....                  | 27            |
| CURITY ALCOHOL SWABS                  | <i>denta 5000 plus</i> .....              | 74        | <i>dorzolamide</i> .....                | 105           |
| 170                                   | <i>dentagel</i> .....                     | 74        | <i>dorzolamide-timolol</i> .....        | 105           |
| CURITY GAUZE.....                     | DEPO-SUBQ PROVERA                         | 104... 89 | DOVATO.....                             | 152           |
| <i>cyclafem 1/35 (28)</i> .....       | DERMACEA.....                             | 170       | <i>doxazosin</i> .....                  | 49            |
| <i>cyclafem 7/7/7 (28)</i> .....      | DERMACEA NON-WOVEN..                      | 170       | <i>doxepin</i> .....                    | 145           |
| <i>cyclobenzaprine</i> .....          | <i>dermacinrx lidocan</i> .....           | 118       | <i>doxorubicin, peg-liposomal</i> ..... | 7             |
| <i>cyclophosphamide</i> .....         | DESCOVY.....                              | 152       | <i>doxy-100</i> .....                   | 126           |
| <i>cyclosporine</i> .....             | <i>desipramine</i> .....                  | 145       | <i>doxycycline hyclate</i> .....        | 126, 127      |
| <i>cyclosporine modified</i> .....    | <i>desmopressin</i> .....                 | 87, 88    | <i>doxycycline monohydrate</i> .....    | 127           |
| 91                                    | <i>desog-e.estradiol/e.estradiol</i> .... | 129       | DRIZALMA SPRINKLE.....                  | 145           |
| 109                                   | <i>desogestrel-ethinyl estradiol</i> .... | 129       | <i>dronabinol</i> .....                 | 36            |
| 91                                    | <i>desvenlafaxine succinate</i> .....     | 145       | DROPLET INSULIN                         |               |
| CYLTEZO(CF).....                      | <i>dexamethasone</i> .....                | 86        | SYR(HALF UNIT).....                     | 170, 171      |
| CYLTEZO(CF) PEN.....                  | <i>dexamethasone sodium</i>               |           | DROPLET INSULIN                         |               |
| CYLTEZO(CF) PEN                       | <i>phosphate</i> .....                    | 86, 109   | SYRINGE.....                            | 170, 171, 172 |
| CROHN'S-UC-HS.....                    | <i>dextroamphetamine-</i>                 |           | DROPLET MICRON PEN                      |               |
| 91                                    | <i>amphetamine</i> .....                  | 65        | NEEDLE.....                             | 173           |
| CYLTEZO(CF) PEN                       | <i>dextrose 5 % in water (d5w)</i> .....  | 48        | DROPLET PEN NEEDLE.....                 | 173           |
| PSORIASIS-UV.....                     | DIACOMIT.....                             | 138, 139  | DROPSAFE ALCOHOL PREP                   |               |
| 92                                    | <i>diazepam</i> .....                     | 26, 139   | PADS.....                               | 173           |
| <i>cyred eq</i> .....                 | <i>diazepam intensol</i> .....            | 26        | DROPSAFE INSULIN                        |               |
| 129                                   | <i>diazoxide</i> .....                    | 111       | SYRINGE.....                            | 173, 174      |
| <i>d5 % (d-glucose)-0.9 % sodchlr</i> | <i>diclofenac potassium</i> .....         | 114       | DROPSAFE PEN NEEDLE.....                | 174           |
| .....                                 | <i>diclofenac sodium</i> .....            | 109, 114  | <i>droxidopa</i> .....                  | 49            |
| 213                                   |   |           |   |               |
| <i>d5 % and 0.9 % sodium</i>          |   |           |   |               |
| <i>chloride</i> .....                 |   |           |   |               |
| 213                                   |   |           |   |               |
| <i>d5 %-0.45 % sodium chloride</i> .. |   |           |   |               |
| 214                                   |   |           |   |               |
| <i>dabigatran etexilate</i> .....     |   |           |   |               |
| 215                                   |   |           |   |               |
| <i>dalfampridine</i> .....            |   |           |   |               |
| 65                                    |   |           |   |               |
| <i>danazol</i> .....                  |   |           |   |               |
| 84                                    |   |           |   |               |
| <i>dantrolene</i> .....               |   |           |   |               |
| 220                                   |   |           |   |               |



|   |               |  |          |  |          |
|---|---------------|--|----------|--|----------|
| DUAVEE.....                               | 85            | ELIGARD.....                               | 7        | <i>epitol</i> .....                                    | 139      |
| <i>duloxetine</i> .....                   | 145           | ELIGARD (3 MONTH).....                     | 7        | EPIVIR HBV.....  | 153      |
| DUPIXENT PEN.....                         | 92            | ELIGARD (4 MONTH).....                     | 7        | EPKINLY.....   | 7        |
| DUPIXENT SYRINGE.....                     | 92            | ELIGARD (6 MONTH).....                     | 7        | <i>eplerenone</i> .....                                | 60       |
| <i>dutasteride</i> .....                  | 83            | <i>elinest</i> .....                       | 129      | EPRONTIA.....  | 139      |
| EASY COMFORT ALCOHOL<br>PAD.....          | 175           | ELIQUIS.....                               | 215      | ERBITUX.....   | 7        |
| EASY COMFORT INSULIN<br>SYRINGE.....      | 174, 175, 176 | ELIQUIS DVT-PE TREAT<br>30D START.....     | 215      | <i>ergoloid</i> .....                                  | 27       |
| EASY COMFORT PEN<br>NEEDLES.....          | 175, 176      | ELREXFIO.....                              | 7        | ERIVEDGE.....  | 7        |
| EASY COMFORT SAFETY<br>PEN NEEDLE.....    | 174           | <i>eluryng</i> .....                       | 130      | ERLEADA.....   | 7        |
| EASY GLIDE INSULIN<br>SYRINGE.....        | 176           | EMBRACE PEN NEEDLE<br>.....                | 179, 180 | <i>erlotinib</i> .....                                 | 8        |
| EASY GLIDE PEN NEEDLE..                   | 176           | EMCYT.....                                 | 7        | <i>errin</i> .....                                     | 130      |
| EASY TOUCH.....                           | 178           | EMGALITY PEN.....                          | 35       | <i>ertapenem</i> .....                                 | 121      |
| EASY TOUCH ALCOHOL<br>PREP PADS.....      | 177           | EMGALITY SYRINGE.....                      | 35       | <i>erythromycin</i> .....                              | 106, 123 |
| EASY TOUCH FLIPLOCK<br>INSULIN.....       | 178           | <i>emoquette</i> .....                     | 130      | <i>erythromycin ethylsuccinate</i> .....               | 123      |
| EASY TOUCH FLIPLOCK<br>SYRINGE.....       | 177           | EMSAM.....                                 | 145      | <i>erythromycin with ethanol</i> .....                 | 78       |
| EASY TOUCH INSULIN<br>SAFETY SYR.....     | 176, 177      | <i>emtricitabine</i> .....                 | 152      | ERZOFRI.....   | 42       |
| EASY TOUCH INSULIN<br>SYRINGE.....        | 176, 177, 179 | <i>emtricitabine-tenofovir (tdf)</i> ..... | 152      | <i>escitalopram oxalate</i> .....                      | 145      |
| EASY TOUCH LUER LOCK<br>INSULIN.....      | 178           | EMTRIVA.....                               | 152      | <i>esomeprazole magnesium</i> .....                    | 79       |
| EASY TOUCH PEN NEEDLE                     | 178           | <i>emzahh</i> .....                        | 130      | <i>estarylla</i> .....                                 | 130      |
| EASY TOUCH SAFETY PEN<br>NEEDLE.....      | 179           | <i>enalapril maleate</i> .....             | 59       | <i>estradiol</i> .....                                 | 85       |
| EASY TOUCH<br>SHEATHLOCK INSULIN<br>..... | 177, 178      | <i>enalapril-hydrochlorothiazide</i> ..... | 59       | <i>estradiol-norethindrone acet</i> .....              | 85       |
| EASY TOUCH UNI-SLIP.....                  | 179           | ENBREL.....                                | 92       | <i>eszopiclone</i> .....                               | 63       |
| <i>econazole nitrate</i> .....            | 148           | ENBREL MINI.....                           | 92       | <i>ethambutol</i> .....                                | 150      |
| EDURANT.....                              | 152           | ENBREL SURECLICK.....                      | 92       | <i>ethosuximide</i> .....                              | 139      |
| <i>efavirenz</i> .....                    | 152           | <i>endocet</i> .....                       | 116      | <i>ethynodiol diac-eth estradiol</i> ....              | 130      |
| <i>efavirenz-emtricitabin-tenofov</i> ..  | 152           | ENGERIX-B (PF).....                        | 99       | <i>etodolac</i> .....                                  | 114      |
| <i>efavirenz-lamivu-tenofov disop</i> ..  | 152           | ENGERIX-B PEDIATRIC (PF).....              | 99       | <i>etonogestrel-ethinyl estradiol</i> ..               | 130      |
| ELAHERE.....                              | 7             | <i>enilloring</i> .....                    | 130      | ETOPOPHOS.....   | 8        |
|   |               | <i>enoxaparin</i> .....                    | 215, 216 | <i>etoposide</i> .....                                 | 8        |
|   |               | <i>enpresse</i> .....                      | 130      | <i>etravirine</i> .....                                | 153      |
|   |               | <i>enskyce</i> .....                       | 130      | EUCRISA.....   | 75       |
|   |               | <i>entacapone</i> .....                    | 39       | <i>everolimus (antineoplastic)</i> .....               | 8        |
|   |               | <i>entecavir</i> .....                     | 158      | <i>everolimus</i><br>( <i>immunosuppressive</i> )..... | 92       |
|   |               | ENTRESTO.....                              | 53       | EVOTAZ.....  | 153      |
|   |               | ENTRESTO SPRINKLE.....                     | 53       | <i>exemestane</i> .....                                | 8        |
|   |               | <i>enulose</i> .....                       | 80       | EXTENCILLINE.....                                      | 125      |
|   |               | EPCLUSA.....                               | 156, 157 | EYSUVIS.....   | 109      |
|   |               | EPIDIOLEX.....                             | 139      | <i>ezetimibe</i> .....                                 | 56       |
|   |               | <i>epinastine</i> .....                    | 111      | <i>ezetimibe-simvastatin</i> .....                     | 56       |
|   |               | <i>epinephrine</i> .....                   | 53       | <i>falmina (28)</i> .....                              | 130      |
|   |               |  |          | <i>famciclovir</i> .....                               | 158      |

|   |        |  |              |  |          |
|---|--------|--|--------------|--|----------|
| <i>famotidine</i> .....                   | 79, 80 | <i>fluphenazine decanoate</i> .....        | 42           | GILOTRIF.....                            | 9        |
| FANAPT.....                               | 42     | <i>fluphenazine hcl</i> .....              | 42, 43       | <i>glatiramer</i> .....                  | 65       |
| FARXIGA.....                              | 28     | <i>flurbiprofen</i> .....                  | 114          | <i>glatopa</i> .....                     | 66       |
| FASENRA.....                              | 69     | <i>flurbiprofen sodium</i> .....           | 109          | GLEOSTINE.....                           | 9        |
| FASENRA PEN.....                          | 69     | <i>flutamide</i> .....                     | 8            | <i>glimepiride</i> .....                 | 33       |
| <i>febuxostat</i> .....                   | 34     | <i>fluticasone propionate</i> ..           | 71, 76, 110  | <i>glipizide</i> .....                   | 33       |
| <i>feirza</i> .....                       | 130    | <i>fluticasone propion-salmeterol</i> ...  | 71           | <i>glipizide-metformin</i> .....         | 34       |
| <i>felbamate</i> .....                    | 139    | <i>fluvastatin</i> .....                   | 56           | <i>glutamine (sickle cell)</i> .....     | 111      |
| <i>felodipine</i> .....                   | 55     | <i>fluvoxamine</i> .....                   | 146          | <i>glyburide</i> .....                   | 34       |
| <i>femynor</i> .....                      | 130    | <i>folivane-ob</i> .....                   | 221          | <i>glyburide micronized</i> .....        | 34       |
| <i>fenofibrate</i> .....                  | 56     | <i>fondaparinux</i> .....                  | 216          | <i>glyburide-metformin</i> .....         | 34       |
| <i>fenofibrate micronized</i> .....       | 56     | <i>fosamprenavir</i> .....                 | 153          | <i>glycopyrrolate</i> .....              | 80, 81   |
| <i>fenofibrate nanocrystallized</i> ..... | 56     | <i>fosinopril</i> .....                    | 59           | <i>glydo</i> .....                       | 118      |
| <i>fentanyl</i> .....                     | 116    | <i>fosinopril-hydrochlorothiazide</i> ...  | 59           | GLYXAMBI.....                            | 28       |
| <i>fentanyl citrate</i> .....             | 116    | <i>fosphenytoin</i> .....                  | 139          | GOMEKLI.....                             | 9        |
| <i>fesoterodine</i> .....                 | 83     | FOTIVDA.....                               | 8            | <i>griseofulvin microsize</i> .....      | 149      |
| FETZIMA.....                              | 145    | FREESTYLE PRECISION.....                   | 180          | <i>griseofulvin ultramicrosize</i> ..... | 149      |
| FIASP FLEXTOUCH U-100                     |        | FRUZAQLA.....                              | 9            | <i>guanfacine</i> .....                  | 49, 66   |
| INSULIN.....                              | 31     | <i>fulvestrant</i> .....                   | 9            | GVOKE.....                               | 112      |
| FIASP PENFILL U-100                       |        | <i>furosemide</i> .....                    | 58           | GVOKE HYOPEN 2-PACK..                    | 111      |
| INSULIN.....                              | 31     | FUZEON.....                                | 153          | GVOKE PFS 1-PACK                         |          |
| FIASP U-100 INSULIN.....                  | 31     | FYARRO.....                                | 9            | SYRINGE.....                             | 112      |
| <i>finasteride</i> .....                  | 83     | FYCOMPA.....                               | 140          | GVOKE PFS 2-PACK                         |          |
| <i>finngolimod</i> .....                  | 65     | <i>gabapentin</i> .....                    | 140          | SYRINGE.....                             | 112      |
| FINTEPLA.....                             | 139    | <i>galantamine</i> .....                   | 27           | HAEGARDA.....                            | 217      |
| FIRMAGON KIT W                            |        | <i>gallifrey</i> .....                     | 89           | <i>hailey 24 fe</i> .....                | 130      |
| DILUENT SYRINGE.....                      | 8      | GAMUNEX-C.....                             | 93           | <i>hailey fe 1.5/30 (28)</i> .....       | 131      |
| <i>flavoxate</i> .....                    | 83     | GARDASIL 9 (PF).....                       | 99           | <i>hailey fe 1/20 (28)</i> .....         | 131      |
| <i>flecainide</i> .....                   | 49     | GAUZE PAD.....                             | 181          | <i>halobetasol propionate</i> .....      | 76       |
| <i>floxuridine</i> .....                  | 8      | <i>gavilyte-c</i> .....                    | 82           | <i>haloette</i> .....                    | 131      |
| <i>fluconazole</i> .....                  | 148    | <i>gavilyte-g</i> .....                    | 82           | <i>haloperidol</i> .....                 | 43       |
| <i>fluconazole in nacl (iso-osm)</i> .... | 148    | <i>gavilyte-n</i> .....                    | 82           | <i>haloperidol decanoate</i> .....       | 43       |
| <i>flucytosine</i> .....                  | 149    | GAVRETO.....                               | 9            | <i>haloperidol lactate</i> .....         | 43       |
| <i>fludrocortisone</i> .....              | 86     | <i>gefitinib</i> .....                     | 9            | HARVONI.....                             | 157      |
| <i>flunisolide</i> .....                  | 109    | <i>gemfibrozil</i> .....                   | 56           | HAVRIX (PF).....                         | 100      |
| <i>fluocinolone</i> .....                 | 75     | <i>generlac</i> .....                      | 80           | HEALTHWISE INSULIN                       |          |
| <i>fluocinolone acetonide oil</i> .....   | 109    | <i>gengraf</i> .....                       | 93           | SYRINGE.....                             | 181      |
| <i>fluocinonide</i> .....                 | 75, 76 | <i>gentak</i> .....                        | 107          | HEALTHWISE PEN NEEDLE                    |          |
| <i>fluoride (sodium)</i> .....            | 74     | <i>gentamicin</i> .....                    | 78, 107, 119 | .....                                    | 181, 182 |
| <i>fluorometholone</i> .....              | 109    | <i>gentamicin sulfate (ped) (pf)</i> ..... | 119          | HEALTHY ACCENTS                          |          |
| <i>fluorouracil</i> .....                 | 8, 77  | <i>gentamicin sulfate (pf)</i> .....       | 119          | UNIFINE PENTIP.....                      | 182      |
| <i>fluoxetine</i> .....                   | 146    | GENVOYA.....                               | 153          | <i>heather</i> .....                     | 131      |

|   |            |   |        |  |         |
|---|------------|---|--------|--|---------|
| <i>heparin (porcine)</i> .....          | 216        | ICLUSIG.....                                | 10     | INSULIN SYRINGE                          |         |
| HEPLISAV-B (PF).....                    | 100        | <i>icosapent ethyl</i> .....                | 56, 57 | MICROFINE.....                           | 163     |
| HERCEPTIN HYLECTA.....                  | 9          | IDHIFA.....                                 | 10     | INSULIN SYRINGE                          |         |
| HERZUMA.....                            | 9          | <i>ifosfamide</i> .....                     | 10     | NEEDLELESS.....                          | 163     |
| HIBERIX (PF).....                       | 100        | ILEVRO.....                                 | 110    | INSULIN SYRINGE-NEEDLE                   |         |
| HUMIRA.....                             | 93         | <i>imatinib</i> .....                       | 10     | U-100                                    |         |
| HUMIRA PEN.....                         | 93         | IMBRUVICA.....                              | 10     | .. 180, 183, 184, 193, 199, 203, 204     |         |
| HUMIRA PEN CROHNS-UC-                   |            | IMDELLTRA.....                              | 10     | INSUPEN PEN NEEDLE.....                  | 184     |
| HS START.....                           | 93         | <i>imipenem-cilastatin</i> .....            | 121    | INTELENCE.....                           | 153     |
| HUMIRA PEN PSOR-                        |            | <i>imipramine hcl</i> .....                 | 146    | INTRON A.....                            | 158     |
| UVEITS-ADOL HS.....                     | 93         | <i>imiquimod</i> .....                      | 77     | INVEGA HAFYERA.....                      | 43      |
| HUMIRA(CF).....                         | 94         | IMJUDO.....                                 | 10     | INVEGA SUSTENNA.....                     | 43, 44  |
| HUMIRA(CF) PEDI CROHNS                  |            | IMKELDI.....                                | 10     | INVEGA TRINZA.....                       | 44      |
| STARTER.....                            | 93         | IMOVAX RABIES VACCINE                       |        | INVELTYS.....                            | 110     |
| HUMIRA(CF) PEN.....                     | 93         | (PF).....                                   | 100    | IPOL.....                                | 100     |
| HUMIRA(CF) PEN CROHNS-                  |            | IMPAVIDO.....                               | 38     | <i>ipratropium bromide</i> .....         | 72, 111 |
| UC-HS.....                              | 93         | <i>incassia</i> .....                       | 131    | <i>ipratropium-albuterol</i> .....       | 73      |
| HUMIRA(CF) PEN                          |            | INCONTROL ALCOHOL                           |        | <i>irbesartan</i> .....                  | 54      |
| PEDIATRIC UC.....                       | 93         | PADS.....                                   | 182    | <i>irbesartan-hydrochlorothiazide</i> .. | 54      |
| HUMIRA(CF) PEN PSOR-UV-                 |            | INCONTROL PEN NEEDLE..                      | 182    | ISENTRESS.....                           | 153     |
| ADOL HS.....                            | 93         | INCRELEX.....                               | 88     | ISENTRESS HD.....                        | 153     |
| HUMULIN R U-500 (CONC)                  |            | <i>indapamide</i> .....                     | 58     | <i>isibloom</i> .....                    | 131     |
| INSULIN.....                            | 31         | <i>indomethacin</i> .....                   | 115    | <i>isoniazid</i> .....                   | 150     |
| HUMULIN R U-500 (CONC)                  |            | INFANRIX (DTAP) (PF).....                   | 100    | ISOPROPYL ALCOHOL.....                   | 77      |
| KWIKPEN.....                            | 31         | <i>infliximab</i> .....                     | 94     | <i>isosorbide dinitrate</i> .....        | 60      |
| <i>hydralazine</i> .....                | 53         | INGREZZA.....                               | 66     | <i>isosorbide mononitrate</i> .....      | 60, 61  |
| <i>hydrochlorothiazide</i> .....        | 58         | INGREZZA INITIATION                         |        | ITOVEBI.....                             | 11      |
| <i>hydrocodone-acetaminophen</i> ....   | 116        | PK(TARDIV).....                             | 66     | <i>itraconazole</i> .....                | 149     |
| <i>hydrocortisone</i> .....             | 61, 76, 86 | INGREZZA SPRINKLE.....                      | 66     | IV PREP WIPES.....                       | 185     |
| <i>hydrocortisone valerate</i> .....    | 76         | INLYTA.....                                 | 11     | <i>ivabradine</i> .....                  | 53      |
| <i>hydrocortisone-acetic acid</i> ..... | 107        | INPEN (FOR HUMALOG)                         |        | <i>ivermectin</i> .....                  | 38      |
| <i>hydromorphone</i> .....              | 116        | BLUE.....                                   | 182    | IWILFIN.....                             | 11      |
| <i>hydroxychloroquine</i> .....         | 37, 38     | INPEN (NOVOLOG OR                           |        | IXCHIQ (PF).....                         | 100     |
| <i>hydroxyurea</i> .....                | 9          | FIASP) BLUE.....                            | 182    | IXIARO (PF).....                         | 100     |
| <i>hydroxyzine hcl</i> .....            | 150        | INQOVI.....                                 | 11     | JAKAFI.....                              | 11      |
| <i>hydroxyzine pamoate</i> .....        | 112        | INREBIC.....                                | 11     | <i>jantoven</i> .....                    | 216     |
| <i>ibandronate</i> .....                | 62         | <i>insulin asp prt-insulin aspart</i> ..... | 31     | JANUMET.....                             | 28      |
| IBRANCE.....                            | 10         | <i>insulin aspart u-100</i> .....           | 31     | JANUMET XR.....                          | 28      |
| <i>ibu</i> .....                        | 114        | INSULIN SYR/NDL U100                        |        | JANUVIA.....                             | 28      |
| <i>ibuprofen</i> .....                  | 114, 115   | HALF MARK.....                              | 183    | JARDIANCE.....                           | 28      |
| <i>icatibant</i> .....                  | 53         | INSULIN SYRINGE.....                        | 163    | <i>javygtor</i> .....                    | 219     |
| <i>iclevia</i> .....                    | 131        |   |        | JAYPIRCA.....                            | 11      |

|  |          |   |          |  |          |
|--|----------|---|----------|--|----------|
| JEMPERLI.....                          | 11       | <i>lacosamide</i> .....                   | 140      | LIBERVANT.....                             | 141      |
| <i>jencycla</i> .....                  | 131      | <i>lactulose</i> .....                    | 81       | <i>lidocaine</i> .....                     | 118      |
| JENTADUETO.....                        | 28       | <i>lamivudine</i> .....                   | 153      | <i>lidocaine hcl</i> .....                 | 118      |
| JENTADUETO XR.....                     | 28       | <i>lamivudine-zidovudine</i> .....        | 153      | <i>lidocaine viscous</i> .....             | 118      |
| <i>jolessa</i> .....                   | 131      | <i>lamotrigine</i> .....                  | 140      | <i>lidocaine-prilocaine</i> .....          | 118      |
| <i>juleber</i> .....                   | 131      | <i>lanreotide</i> .....                   | 88       | <i>lidocan iii</i> .....                   | 118      |
| JULUCA.....                            | 153      | <i>lansoprazole</i> .....                 | 80       | LILETTA.....                               | 133      |
| <i>junel 1.5/30 (21)</i> .....         | 131      | LANTUS SOLOSTAR U-100                     |          | <i>lillow (28)</i> .....                   | 133      |
| <i>junel 1/20 (21)</i> .....           | 131      | INSULIN.....                              | 32       | <i>linezolid</i> .....                     | 120      |
| <i>junel fe 1.5/30 (28)</i> .....      | 131      | LANTUS U-100 INSULIN.....                 | 32       | <i>linezolid in dextrose 5%</i> .....      | 120      |
| <i>junel fe 1/20 (28)</i> .....        | 131      | <i>lapatinib</i> .....                    | 12       | LINZESS.....                               | 81       |
| <i>junel fe 24</i> .....               | 131      | <i>larin 1.5/30 (21)</i> .....            | 132      | <i>liothyronine</i> .....                  | 84       |
| JYLAMVO.....                           | 11       | <i>larin 1/20 (21)</i> .....              | 132      | LISCO.....                                 | 185      |
| JYNNEOS (PF).....                      | 100      | <i>larin 24 fe</i> .....                  | 132      | <i>lisinopril</i> .....                    | 59       |
| KALYDECO.....                          | 69       | <i>larin fe 1.5/30 (28)</i> .....         | 132      | <i>lisinopril-hydrochlorothiazide</i> .... | 60       |
| <i>kariva (28)</i> .....               | 132      | <i>larin fe 1/20 (28)</i> .....           | 132      | LITE TOUCH INSULIN PEN                     |          |
| <i>kelnor 1/35 (28)</i> .....          | 132      | <i>larissia</i> .....                     | 132      | NEEDLES.....                               | 185      |
| <i>kelnor 1/50 (28)</i> .....          | 132      | <i>latanoprost</i> .....                  | 105      | LITE TOUCH INSULIN                         |          |
| KERENDIA.....                          | 60       | LAZCLUZE.....                             | 12       | SYRINGE.....                               | 185, 186 |
| KESIMPTA PEN.....                      | 66       | <i>leflunomide</i> .....                  | 94       | <i>lithium carbonate</i> .....             | 66       |
| <i>ketoconazole</i> .....              | 149      | <i>lenalidomide</i> .....                 | 12       | <i>lithium citrate</i> .....               | 66       |
| <i>ketorolac</i> .....                 | 110, 115 | LENTOCILIN S.....                         | 125      | LIVTENCITY.....                            | 157      |
| KEYTRUDA.....                          | 11       | LENVIMA.....                              | 13       | LOKELMA.....                               | 81       |
| KIMMTRAK.....                          | 11       | <i>lessina</i> .....                      | 132      | LONSURF.....                               | 13       |
| KINERET.....                           | 94       | <i>letrozole</i> .....                    | 13       | <i>loperamide</i> .....                    | 81       |
| KINRIX (PF).....                       | 100      | <i>leucovorin calcium</i> .....           | 112      | <i>lopinavir-ritonavir</i> .....           | 154      |
| <i>kionex (with sorbitol)</i> .....    | 81       | LEUKERAN.....                             | 13       | LOQTORZI.....                              | 13       |
| KISQALI.....                           | 12       | <i>leuprolide</i> .....                   | 13       | <i>lorazepam</i> .....                     | 26       |
| KISQALI FEMARA CO-                     |          | <i>leuprolide (3 month)</i> .....         | 13       | <i>lorazepam intensol</i> .....            | 26       |
| PACK.....                              | 11, 12   | <i>levetiracetam</i> .....                | 140, 141 | LORBRENA.....                              | 13       |
| KLISYRI (250 MG).....                  | 78       | <i>levobunolol</i> .....                  | 105      | <i>losartan</i> .....                      | 54       |
| <i>klor-con m10</i> .....              | 214      | <i>levocetirizine</i> .....               | 150      | <i>losartan-hydrochlorothiazide</i> ....   | 54       |
| <i>klor-con m15</i> .....              | 214      | <i>levofloxacin</i> .....                 | 126      | LOTEMAX.....                               | 110      |
| <i>klor-con m20</i> .....              | 214      | <i>levofloxacin in d5w</i> .....          | 126      | LOTEMAX SM.....                            | 110      |
| KLOXXADO.....                          | 25       | <i>levonest (28)</i> .....                | 132      | <i>loteprednol etabonate</i> .....         | 110      |
| KOSELUGO.....                          | 12       | <i>levonorgest-eth.estradiol-iron</i> ..  | 132      | <i>lovastatin</i> .....                    | 57       |
| <i>kosher prenatal plus iron</i> ..... | 221      | <i>levonorgestrel-ethinyl estrad</i>      |          | <i>low-ogestrel (28)</i> .....             | 133      |
| KRAZATI.....                           | 12       | .....                                     | 132, 133 | <i>loxapine succinate</i> .....            | 44       |
| <i>kurvelo (28)</i> .....              | 132      | <i>levonorg-eth estrad triphasic</i> .... | 133      | <i>lubiprostone</i> .....                  | 81       |
| KYLEENA.....                           | 132      | <i>levora-28</i> .....                    | 133      | LUMAKRAS.....                              | 13       |
| KYNMOBI.....                           | 39       | <i>levothyroxine</i> .....                | 84       | LUMIGAN.....                               | 105      |
| <i>labetalol</i> .....                 | 50       | LEXIVA.....                               | 154      | LUNSUMIO.....                              | 14       |

|                                |        |   |          |  |              |
|--------------------------------|--------|---|----------|--|--------------|
| LUPRON DEPOT .....             | 14, 88 | MAXICOMFORT II PEN                      |          | <i>metoclopramide hcl</i> .....          | 81           |
| LUPRON DEPOT (3 MONTH)         |        | NEEDLE .....                            | 186      | <i>metolazone</i> .....                  | 58           |
| .....                          | 14, 88 | MAXICOMFORT INSULIN                     |          | <i>metoprolol succinate</i> .....        | 50           |
| LUPRON DEPOT (4 MONTH).        | 14     | SYRINGE .....                           | 186, 187 | <i>metoprolol tartrate</i> .....         | 51           |
| LUPRON DEPOT (6 MONTH).        | 14     | MAXI-COMFORT INSULIN                    |          | <i>metronidazole</i> .....               | 78, 119, 120 |
| LUPRON DEPOT-PED .....         | 88     | SYRINGE .....                           | 187      | <i>metronidazole in nacl (iso-os)</i> .. | 120          |
| LUPRON DEPOT-PED (3            |        | MAXICOMFORT SAFETY                      |          | <i>metyrosine</i> .....                  | 53           |
| MONTH) .....                   | 88     | PEN NEEDLE .....                        | 187      | <i>micalfungin</i> .....                 | 149          |
| <i>lurasidone</i> .....        | 44     | MAYZENT .....                           | 67       | <i>miconazole-3</i> .....                | 149          |
| <i>lutea (28)</i> .....        | 133    | MAYZENT STARTER(FOR                     |          | MICRODOT INSULIN PEN                     |              |
| LYBALVI .....                  | 44     | 1MG MAINT) .....                        | 67       | NEEDLE .....                             | 187          |
| <i>lyleq</i> .....             | 133    | MAYZENT STARTER(FOR                     |          | MICRODOT READYGARD                       |              |
| LYNPARZA .....                 | 14     | 2MG MAINT) .....                        | 67       | PEN NEEDLE .....                         | 187          |
| LYSODREN .....                 | 14     | <i>meclizine</i> .....                  | 36       | <i>microgestin 1.5/30 (21)</i> .....     | 133          |
| LYTGOBI .....                  | 14     | <i>medroxyprogesterone</i> .....        | 89       | <i>microgestin 1/20 (21)</i> .....       | 133          |
| <i>lyza</i> .....              | 133    | <i>mefloquine</i> .....                 | 38       | <i>microgestin 24 fe</i> .....           | 133          |
| MAGELLAN INSULIN               |        | <i>megestrol</i> .....                  | 14, 89   | <i>microgestin fe 1.5/30 (28)</i> .....  | 134          |
| SAFETY SYRNG .....             | 186    | MEKINIST .....                          | 14, 15   | <i>microgestin fe 1/20 (28)</i> .....    | 134          |
| MAGELLAN SYRINGE .....         | 186    | MEKTOVI .....                           | 15       | <i>midodrine</i> .....                   | 49           |
| <i>magnesium sulfate</i> ..... | 214    | <i>meloxicam</i> .....                  | 115      | <i>mifepristone</i> .....                | 29           |
| <i>malathion</i> .....         | 79     | <i>memantine</i> .....                  | 27       | <i>mili</i> .....                        | 134          |
| <i>maraviroc</i> .....         | 154    | MENACTRA (PF) .....                     | 100      | <i>mimvey</i> .....                      | 85           |
| MARGENZA .....                 | 14     | MENQUADFI (PF) .....                    | 101      | MINI ULTRA-THIN II .....                 | 188          |
| <i>marlissa (28)</i> .....     | 133    | MENVEO A-C-Y-W-135-DIP                  |          | <i>minitran</i> .....                    | 61           |
| <i>marnatal-f</i> .....        | 221    | (PF) .....                              | 101      | <i>minocycline</i> .....                 | 127          |
| MARPLAN .....                  | 146    | <i>mercaptapurine</i> .....             | 15       | <i>minoxidil</i> .....                   | 61           |
| MATULANE .....                 | 14     | <i>meropenem</i> .....                  | 121      | MIPLYFFA .....                           | 159          |
| MAVENCLAD (10 TABLET           |        | <i>mesalamine</i> .....                 | 61       | MIRENA .....                             | 134          |
| PACK) .....                    | 66     | <i>mesna</i> .....                      | 112      | <i>mirtazapine</i> .....                 | 146          |
| MAVENCLAD (4 TABLET            |        | <i>metformin</i> .....                  | 28, 29   | <i>misoprostol</i> .....                 | 80           |
| PACK) .....                    | 66     | <i>methadone</i> .....                  | 116      | <i>mitoxantrone</i> .....                | 15           |
| MAVENCLAD (5 TABLET            |        | <i>methazolamide</i> .....              | 105      | M-M-R II (PF) .....                      | 101          |
| PACK) .....                    | 67     | <i>methenamine hippurate</i> .....      | 120      | <i>m-natal plus</i> .....                | 221          |
| MAVENCLAD (6 TABLET            |        | <i>methimazole</i> .....                | 84       | <i>modafinil</i> .....                   | 63           |
| PACK) .....                    | 67     | <i>methocarbamol</i> .....              | 220      | <i>moexipril</i> .....                   | 60           |
| MAVENCLAD (7 TABLET            |        | <i>methotrexate sodium</i> .....        | 15       | <i>molindone</i> .....                   | 44, 45       |
| PACK) .....                    | 67     | <i>methotrexate sodium (pf)</i> .....   | 15       | <i>mometasone</i> .....                  | 76, 110      |
| MAVENCLAD (8 TABLET            |        | <i>methoxsalen</i> .....                | 78       | MONOJECT INSULIN                         |              |
| PACK) .....                    | 67     | <i>methsuximide</i> .....               | 141      | SAFETY SYRINGE .....                     | 188, 189     |
| MAVENCLAD (9 TABLET            |        | <i>methylphenidate hcl</i> .....        | 67       | MONOJECT INSULIN                         |              |
| PACK) .....                    | 67     | <i>methylprednisolone</i> .....         | 86, 87   | SYRINGE .....                            | 188, 189     |
|                                |        | <i>methylprednisolone acetate</i> ..... | 86       | MONOJECT SYRINGE .....                   | 188          |



|  |          |  |
|--|----------|--|
| MONOJECT ULTRA                             |          |  |
| COMFORT INSULIN.....                       | 206      |  |
| <i>mono-linyah</i> .....                   | 134      |  |
| <i>montelukast</i> .....                   | 71       |  |
| <i>morphine</i> .....                      | 117      |  |
| MORPHINE.....                              | 117      |  |
| <i>morphine concentrate</i> .....          | 117      |  |
| MOUNJARO.....                              | 29       |  |
| MOVANTIK.....                              | 81       |  |
| <i>moxifloxacin</i> .....                  | 107, 126 |  |
| <i>moxifloxacin-sod.ace,sul-water</i>      | 126      |  |
| <i>moxifloxacin-sod.chloride(iso)</i>      | 126      |  |
| MRESVIA (PF).....                          | 101      |  |
| MULTAQ.....                                | 49       |  |
| <i>mupirocin</i> .....                     | 78       |  |
| MVASI.....                                 | 15       |  |
| <i>mycophenolate mofetil</i> .....         | 94       |  |
| <i>mycophenolate mofetil (hcl)</i> .....   | 94       |  |
| <i>mycophenolate sodium</i> .....          | 94       |  |
| <i>mynatal</i> .....                       | 221      |  |
| <i>mynatal advance</i> .....               | 221      |  |
| <i>mynatal plus</i> .....                  | 221      |  |
| <i>mynatal-z</i> .....                     | 221      |  |
| <i>mynate 90 plus</i> .....                | 221      |  |
| MYRBETRIQ.....                             | 83       |  |
| <i>nabumetone</i> .....                    | 115      |  |
| <i>nafcillin</i> .....                     | 125      |  |
| <i>naloxone</i> .....                      | 25       |  |
| <i>naltrexone</i> .....                    | 25       |  |
| NANO 2ND GEN PEN                           |          |  |
| NEEDLE.....                                | 189      |  |
| <i>naproxen</i> .....                      | 115      |  |
| <i>naratriptan</i> .....                   | 35       |  |
| NATACYN.....                               | 107      |  |
| <i>nateglinide</i> .....                   | 29       |  |
| NATPARA.....                               | 62       |  |
| NAYZILAM.....                              | 141      |  |
| <i>nebivolol</i> .....                     | 51       |  |
| <i>nefazodone</i> .....                    | 146      |  |
| <i>neomycin</i> .....                      | 119      |  |
| <i>neomycin-bacitracin-poly-hc</i> ....    | 107      |  |
| <i>neomycin-bacitracin-polymyxin</i>       | 107      |  |
| <i>neomycin-polymyxin b-dexameth</i> ..... | 107      |  |
| <i>neomycin-polymyxin-gramicidin</i>       | 107      |  |
| <i>neomycin-polymyxin-hc</i> .....         | 107      |  |
| <i>neo-polycin</i> .....                   | 108      |  |
| <i>neo-polycin hc</i> .....                | 108      |  |
| NERLYNX.....                               | 15       |  |
| <i>neuac</i> .....                         | 78       |  |
| NEULASTA ONPRO.....                        | 217      |  |
| <i>nevirapine</i> .....                    | 154      |  |
| <i>newgen</i> .....                        | 221      |  |
| NEXLETOL.....                              | 57       |  |
| NEXLIZET.....                              | 57       |  |
| NEXPLANON.....                             | 134      |  |
| <i>niacin</i> .....                        | 57       |  |
| <i>niacor</i> .....                        | 57       |  |
| NICOTROL NS.....                           | 25       |  |
| <i>nifedipine</i> .....                    | 55       |  |
| NIKTIMVO.....                              | 94       |  |
| <i>nilutamide</i> .....                    | 15       |  |
| NINLARO.....                               | 15       |  |
| <i>nitazoxanide</i> .....                  | 38       |  |
| <i>nitisinone</i> .....                    | 219      |  |
| <i>nitrofurantoin macrocrystal</i> ....    | 120      |  |
| <i>nitrofurantoin monohyd/m-cryst</i>      | 120      |  |
| <i>nitroglycerin</i> .....                 | 61, 112  |  |
| <i>niva-plus</i> .....                     | 221      |  |
| NIVESTYM.....                              | 217, 218 |  |
| NORDITROPIN FLEXPRO.....                   | 88       |  |
| <i>norelgestromin-ethin.estradiol</i>      | 134      |  |
| <i>norethindrone (contraceptive)</i> ..    | 134      |  |
| <i>norethindrone acetate</i> .....         | 89       |  |
| <i>norethindrone-e.estradiol-iron</i>      | 134      |  |
| <i>norgestimate-ethinyl estradiol</i> ..   | 134      |  |
| <i>norlyda</i> .....                       | 135      |  |
| <i>nortrel 1/35 (21)</i> .....             | 135      |  |
| <i>nortrel 1/35 (28)</i> .....             | 135      |  |
| <i>nortrel 7/7/7 (28)</i> .....            | 135      |  |
| <i>nortriptyline</i> .....                 | 146      |  |
| NORVIR.....                                | 154      |  |
| NOVOFINE 30.....                           | 189      |  |
| NOVOFINE 32.....                           | 189      |  |
| NOVOFINE PLUS.....                         | 189      |  |
| NOVOLIN 70/30 U-100                        |          |  |
| INSULIN.....                               | 32       |  |
| NOVOLIN 70-30 FLEXPEN                      |          |  |
| U-100.....                                 | 32       |  |
| NOVOLIN N FLEXPEN.....                     | 32       |  |
| NOVOLIN N NPH U-100                        |          |  |
| INSULIN.....                               | 32       |  |
| NOVOLIN R FLEXPEN.....                     | 32       |  |
| NOVOLIN R REGULAR U100                     |          |  |
| INSULIN.....                               | 32       |  |
| NOVOTWIST.....                             | 189      |  |
| NUBEQA.....                                | 15       |  |
| NUCALA.....                                | 69       |  |
| NULOJIX.....                               | 94       |  |
| NUPLAZID.....                              | 45       |  |
| NURTEC ODT.....                            | 35       |  |
| <i>nyamyc</i> .....                        | 149      |  |
| <i>nylia 1/35 (28)</i> .....               | 135      |  |
| <i>nylia 7/7/7 (28)</i> .....              | 135      |  |
| <i>nymyo</i> .....                         | 135      |  |
| <i>nystatin</i> .....                      | 149      |  |
| <i>nystatin-triamcinolone</i> .....        | 149      |  |
| <i>nystop</i> .....                        | 150      |  |
| NYVEPRIA.....                              | 218      |  |
| <i>obstetrix dha</i> .....                 | 221      |  |
| <i>obstetrix dha prenatal duo</i> .....    | 221      |  |
| <i>o-cal prenatal</i> .....                | 221      |  |
| OCREVUS.....                               | 67       |  |
| OCREVUS ZUNOVO.....                        | 67       |  |
| <i>octreotide acetate</i> .....            | 88       |  |
| ODEFSEY.....                               | 154      |  |
| ODOMZO.....                                | 15       |  |
| OFEV.....                                  | 69       |  |
| <i>ofloxacin</i> .....                     | 108      |  |
| OGIVRI.....                                | 15       |  |
| OGSIVEO.....                               | 16       |  |
| OJEMDA.....                                | 16       |  |
| OJJAARA.....                               | 16       |  |
| <i>olanzapine</i> .....                    | 45       |  |

|  |        |                                       |                              |   |          |
|--|--------|---------------------------------------|------------------------------|---|----------|
| <i>olmesartan</i> .....                      | 54     | OTEZLA.....                           | 95                           | <i>pentamidine</i> .....                | 38       |
| <i>olmesartan-amlodipin-hcthiiazid</i> ..... | 54     | OTEZLA STARTER.....                   | 95                           | PENTIPS PEN NEEDLE.....                 | 191      |
| <i>olmesartan-hydrochlorothiazide</i> .....  | 54     | <i>oxandrolone</i> .....              | 84                           | <i>pentoxifylline</i> .....             | 217      |
| <i>olopatadine</i> .....                     | 111    | <i>oxcarbazepine</i> .....            | 141                          | <i>perindopril erbumine</i> .....       | 60       |
| <i>omega-3 acid ethyl esters</i> .....       | 57     | <i>oxybutynin chloride</i> .....      | 83                           | <i>periogard</i> .....                  | 74       |
| <i>omeprazole</i> .....                      | 80     | <i>oxycodone</i> .....                | 117                          | <i>permethrin</i> .....                 | 79       |
| OMNIPOD 5 (G6/LIBRE 2 PLUS).....             | 189    | <i>oxycodone-acetaminophen</i> .....  | 117                          | <i>perphenazine</i> .....               | 45       |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5).....          | 189    | OZEMPIC.....                          | 29                           | <i>perphenazine-amitriptyline</i> ..... | 146      |
| OMNIPOD 5 G6-G7 PODS (GEN 5).....            | 189    | <i>pacerone</i> .....                 | 50                           | PERSERIS.....                           | 45       |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS).....          | 190    | <i>paclitaxel protein-bound</i> ..... | 16                           | <i>phenelzine</i> .....                 | 146      |
| OMNIPOD CLASSIC PDM KIT(GEN 3).....          | 190    | <i>paliperidone</i> .....             | 45                           | <i>phenobarbital</i> .....              | 141      |
| OMNIPOD CLASSIC PODS (GEN 3).....            | 190    | PANRETIN.....                         | 78                           | PHENYTEK.....                           | 141      |
| OMNIPOD DASH INTRO KIT (GEN 4).....          | 190    | <i>pantoprazole</i> .....             | 80                           | <i>phenytoin</i> .....                  | 141      |
| OMNIPOD DASH PDM KIT (GEN 4).....            | 190    | <i>paricalcitol</i> .....             | 62                           | <i>phenytoin sodium</i> .....           | 141, 142 |
| OMNIPOD DASH PODS (GEN 4).....               | 190    | <i>paromomycin</i> .....              | 38                           | <i>phenytoin sodium extended</i> .....  | 141      |
| ONAPGO.....                                  | 39     | <i>paroxetine hcl</i> .....           | 146                          | PIFELTRO.....                           | 154      |
| <i>ondansetron</i> .....                     | 36     | PAXLOVID.....                         | 157                          | <i>pilocarpine hcl</i> .....            | 74, 105  |
| <i>ondansetron hcl</i> .....                 | 36     | <i>pazopanib</i> .....                | 17                           | <i>pimecrolimus</i> .....               | 76       |
| ONTRUZANT.....                               | 16     | PEDIARIX (PF).....                    | 101                          | <i>pimozide</i> .....                   | 45       |
| ONUREG.....                                  | 16     | PEDVAX HIB (PF).....                  | 101                          | <i>pimtree (28)</i> .....               | 135      |
| OPDIVO.....                                  | 16     | <i>peg 3350-electrolytes</i> .....    | 82                           | <i>pioglitazone</i> .....               | 29       |
| OPDIVO QVANTIG.....                          | 16     | PEGASYS.....                          | 158                          | <i>pioglitazone-metformin</i> .....     | 29       |
| OPDUALAG.....                                | 16     | <i>peg-electrolyte soln</i> .....     | 82                           | PIP PEN NEEDLE.....                     | 191      |
| OPSUMIT.....                                 | 113    | PEMAZYRE.....                         | 17                           | <i>piperacillin-tazobactam</i> .....    | 125      |
| ORENCIA.....                                 | 95     | <i>pemetrexed</i> .....               | 17                           | PIQRAY.....                             | 17       |
| ORENCIA (WITH MALTOSE).....                  | 94     | <i>pemetrexed disodium</i> .....      | 17                           | <i>pirfenidone</i> .....                | 69, 70   |
| ORENCIA CLICKJECT.....                       | 94     | PEMRYDI RTU.....                      | 17                           | <i>pirmella</i> .....                   | 135      |
| ORFADIN.....                                 | 219    | PEN NEEDLE.. 180, 190, 191, 193.....  |                              | <i>pitavastatin calcium</i> .....       | 57       |
| ORGOVYX.....                                 | 88     | PEN NEEDLE, DIABETIC.....             | 169, 187, 188, 190, 191, 193 | PLEGRIDY.....                           | 67, 68   |
| ORLISSA.....                                 | 88, 89 | SAFETY.....                           | 194                          | <i>pnv 29-1</i> .....                   | 221      |
| ORKAMBI.....                                 | 69     | PENBRAYA (PF).....                    | 101                          | <i>pnv-dha + docusate</i> .....         | 222      |
| ORSERDU.....                                 | 16     | PENBRAYA MENACWY COMPONENT(PF).....   | 101                          | <i>pnv-omega</i> .....                  | 222      |
| <i>oseltamivir</i> .....                     | 157    | PENBRAYA MENB COMPONENT (PF).....     | 101                          | <i>podofilox</i> .....                  | 78       |
|  |        | <i>penicillamine</i> .....            | 118                          | <i>polycin</i> .....                    | 108      |
|  |        | <i>penicillin g potassium</i> .....   | 125                          | <i>polymyxin b sulf-trimethoprim</i> .. | 108      |
|  |        | <i>penicillin g procaine</i> .....    | 125                          | POMALYST.....                           | 17       |
|  |        | <i>penicillin v potassium</i> .....   | 125                          | <i>portia 28</i> .....                  | 135      |
|  |        | PENTACEL (PF).....                    | 101                          | <i>posaconazole</i> .....               | 150      |
|  |        |                                       |                              | <i>potassium chloride</i> .....         | 214      |
|  |        |                                       |                              | <i>potassium citrate</i> .....          | 215      |
|  |        |                                       |                              | <i>pr natal 400</i> .....               | 222      |
|  |        |                                       |                              | <i>pr natal 400 ec</i> .....            | 222      |

|   |     |  |                                       |        |
|---|-----|--|---------------------------------------|--------|
| <i>pr natal 430</i> .....                   | 222 | PRO COMFORT INSULIN                          | <i>quinidine sulfate</i> .....        | 50     |
| <i>pr natal 430 ec</i> .....                | 222 | SYRINGE.....                                 | <i>quinine sulfate</i> .....          | 38     |
| <i>pramipexole</i> .....                    | 39  | PRO COMFORT PEN                              | QULIPTA.....                          | 35     |
| <i>prasugrel hcl</i> .....                  | 217 | NEEDLE.....                                  | RABAVERT (PF).....                    | 102    |
| <i>pravastatin</i> .....                    | 57  | <i>probenecid</i> .....                      | <i>rabeprazole</i> .....              | 80     |
| <i>praziquantel</i> .....                   | 38  | <i>probenecid-colchicine</i> .....           | RALDESY.....                          | 147    |
| <i>prazosin</i> .....                       | 49  | PROCALAMINE 3%.....                          | <i>raloxifene</i> .....               | 86     |
| <i>prednisolone</i> .....                   | 87  | <i>prochlorperazine</i> .....                | <i>ramipril</i> .....                 | 60     |
| <i>prednisolone acetate</i> .....           | 110 | <i>prochlorperazine edisylate</i> ... 36, 45 | <i>ranolazine</i> .....               | 53     |
| <i>prednisolone sodium phosphate</i> .....  | 87  | <i>prochlorperazine maleate</i> .....        | <i>rasagiline</i> .....               | 39     |
| <i>prednisone</i> .....                     | 87  | <i>procto-med hc</i> .....                   | RASUVO (PF).....                      | 95     |
| <i>pregabalin</i> .....                     | 142 | <i>proctosol hc</i> .....                    | RAYALDEE.....                         | 62     |
| PREHEVBRIO (PF).....                        | 102 | <i>proctozone-hc</i> .....                   | <i>reclipsen (28)</i> .....           | 135    |
| PREMARIN.....                               | 86  | PRODIGY INSULIN                              | RECOMBIVAX HB (PF).....               | 102    |
| PREMPHASE.....                              | 86  | SYRINGE.....                                 | RELENZA DISKHALER.....                | 158    |
| PREMPRO.....                                | 86  | <i>progesterone micronized</i> .....         | <i>repaglinide</i> .....              | 29     |
| <i>prenal true</i> .....                    | 222 | PROGRAF.....                                 | REPATHA PUSHTRONEX.....               | 57     |
| <i>renaissance</i> .....                    | 222 | PROLIA.....                                  | REPATHA SURECLICK.....                | 57     |
| <i>renaissance plus</i> .....               | 222 | PROMACTA.....                                | REPATHA SYRINGE.....                  | 57     |
| <i>renatabs fa</i> .....                    | 222 | <i>promethazine</i> .....                    | RETACRIT.....                         | 218    |
| <i>prenatal 19</i> .....                    | 222 | <i>promethegan</i> .....                     | RETEVMO.....                          | 17, 18 |
| <i>prenatal 19 (with docusate)</i> .....    | 222 | <i>propafenone</i> .....                     | RETROVIR.....                         | 155    |
| <i>prenatal low iron</i> .....              | 222 | <i>propranolol</i> .....                     | REVUFORJ.....                         | 18     |
| <i>prenatal plus</i> .....                  | 222 | <i>propylthiouracil</i> .....                | REXULTI.....                          | 46     |
| <i>prenatal plus (calcium carb)</i> ....    | 221 | PROQUAD (PF).....                            | REYATAZ.....                          | 155    |
| <i>prenatal vitamin plus low iron</i> ..... | 222 | <i>protriptyline</i> .....                   | REZLIDHIA.....                        | 18     |
| <i>prenatal-u</i> .....                     | 222 | PULMOZYME.....                               | REZUROCK.....                         | 95     |
| <i>preplus</i> .....                        | 222 | PURE COMFORT ALCOHOL                         | RHOPRESSA.....                        | 106    |
| <i>pretab</i> .....                         | 223 | PADS.....                                    | RIABNI.....                           | 18     |
| <i>prevalite</i> .....                      | 57  | PURE COMFORT PEN                             | <i>ribavirin</i> .....                | 158    |
| PREVENT DROPSAFE PEN                        |     | NEEDLE.....                                  | <i>rifabutin</i> .....                | 150    |
| NEEDLE.....                                 | 191 | PURE COMFORT SAFETY                          | <i>rifampin</i> .....                 | 150    |
| <i>previfem</i> .....                       | 135 | PEN NEEDLE.....                              | <i>rilpivirine</i> .....              | 155    |
| PREVYMIS.....                               | 158 | PURIXAN.....                                 | <i>riluzole</i> .....                 | 68     |
| PREZCOBIX.....                              | 154 | <i>pyrazinamide</i> .....                    | RINVOQ.....                           | 95     |
| PREZISTA.....                               | 154 | <i>pyridostigmine bromide</i> .....          | RINVOQ LQ.....                        | 95     |
| PRIFTIN.....                                | 150 | <i>pyrimethamine</i> .....                   | <i>risperidone</i> .....              | 46     |
| PRIMAQUINE.....                             | 38  | QINLOCK.....                                 | <i>risperidone microspheres</i> ..... | 46     |
| <i>primidone</i> .....                      | 142 | QUADRACEL (PF).....                          | <i>ritonavir</i> .....                | 155    |
| PRIORIX (PF).....                           | 102 | <i>quetiapine</i> .....                      | RITUXAN HYCELA.....                   | 18     |
| PRO COMFORT ALCOHOL                         |     | <i>quinapril</i> .....                       | <i>rivastigmine</i> .....             | 27     |
| PADS.....                                   | 192 | <i>quinapril-hydrochlorothiazide</i> ... 60  | <i>rivastigmine tartrate</i> .....    | 27     |



|                                     |        |   |          |   |          |
|-------------------------------------|--------|---|----------|---|----------|
| <i>rizatriptan</i> .....            | 35     | <i>se-natal 19 chewable</i> .....         | 223      | <i>sprintec (28)</i> .....              | 136      |
| <i>r-natal ob</i> .....             | 223    | SEREVENT DISKUS.....                      | 73       | SPRITAM.....                            | 142      |
| ROCKLATAN.....                      | 106    | SEROSTIM.....                             | 89       | <i>sps (with sorbitol)</i> .....        | 81       |
| <i>roflumilast</i> .....            | 70     | <i>sertraline</i> .....                   | 147      | <i>sronyx</i> .....                     | 136      |
| ROMVIMZA.....                       | 18     | <i>setlakin</i> .....                     | 135      | <i>ssd</i> .....                        | 79       |
| <i>ropinirole</i> .....             | 39, 40 | <i>sevelamer carbonate</i> .....          | 82       | <i>stavudine</i> .....                  | 155      |
| <i>rosadan</i> .....                | 78     | <i>sevelamer hcl</i> .....                | 82       | STELARA.....                            | 96       |
| <i>rosuvastatin</i> .....           | 57     | SEZABY.....                               | 142      | STERILE PADS.....                       | 195      |
| ROTARIX.....                        | 102    | <i>sf 5000 plus</i> .....                 | 74       | STIOLTO RESPIMAT.....                   | 73       |
| ROTATEQ VACCINE.....                | 103    | <i>sharobel</i> .....                     | 135      | STIVARGA.....                           | 19       |
| ROZLYTREK.....                      | 18     | SHINGRIX (PF).....                        | 103      | STRENSIQ.....                           | 219      |
| RUBRACA.....                        | 18     | SIGNIFOR.....                             | 89       | <i>streptomycin</i> .....               | 119      |
| <i>rufinamide</i> .....             | 142    | <i>sildenafil (pulm.hypertension)</i> ..  | 113      | STRIBILD.....                           | 155      |
| RUKOBIA.....                        | 155    | <i>silver sulfadiazine</i> .....          | 79       | STRIVERDI RESPIMAT.....                 | 73       |
| RUXIENCE.....                       | 18     | SIMBRINZA.....                            | 106      | <i>subvenite</i> .....                  | 142      |
| RYBELSUS.....                       | 29     | <i>simliya (28)</i> .....                 | 136      | <i>sucralfate</i> .....                 | 80       |
| RYBREVANT.....                      | 18     | <i>simvastatin</i> .....                  | 58       | <i>sulfacetamide sodium</i> .....       | 108      |
| RYDAPT.....                         | 18     | <i>sirolimus</i> .....                    | 95, 96   | <i>sulfacetamide-prednisolone</i> ..... | 108      |
| RYKINDO.....                        | 46     | SIRTURO.....                              | 151      | <i>sulfadiazine</i> .....               | 126      |
| RYTELO.....                         | 19     | SKY SAFETY PEN NEEDLE                     |          | <i>sulfamethoxazole-trimethoprim</i>    | 126      |
| SAFESNAP INSULIN                    |        | .....                                     | 194, 195 | <i>sulfasalazine</i> .....              | 61, 62   |
| SYRINGE.....                        | 194    | SKYLA.....                                | 136      | <i>sulindac</i> .....                   | 115      |
| SAFETY PEN NEEDLE.....              | 194    | SKYRIZI.....                              | 96       | <i>sumatriptan</i> .....                | 35       |
| SANTYL.....                         | 78     | <i>sodium chloride 0.45 %</i> .....       | 215      | <i>sumatriptan succinate</i> .....      | 35, 36   |
| <i>sapropterin</i> .....            | 219    | <i>sodium chloride 0.9 %</i> .....        | 215      | <i>sunitinib malate</i> .....           | 19       |
| SAVELLA.....                        | 68     | <i>sodium fluoride-pot nitrate</i> .....  | 74       | SUNLENCA.....                           | 155      |
| SCSEMBLIX.....                      | 19     | <i>sodium oxybate</i> .....               | 63       | SURE COMFORT ALCOHOL                    |          |
| <i>scopolamine base</i> .....       | 37     | <i>sodium polystyrene sulfonate</i> ..... | 81       | PREP PADS.....                          | 196      |
| SECUADO.....                        | 46     | <i>sodium,potassium,mag sulfates</i> ..   | 82       | SURE COMFORT INS. SYR.                  |          |
| SECURESAFE INSULIN                  |        | <i>solifenacin</i> .....                  | 83       | U-100.....                              | 195      |
| SYRINGE.....                        | 194    | SOLQUA 100/33.....                        | 33       | SURE COMFORT INSULIN                    |          |
| SECURESAFE PEN NEEDLE               | 194    | SOLTAMOX.....                             | 19       | SYRINGE.....                            | 195, 196 |
| SELARSDI.....                       | 95     | SOMATULINE DEPOT.....                     | 89       | SURE COMFORT PEN                        |          |
| <i>select-ob</i> .....              | 223    | SOMAVERT.....                             | 89       | NEEDLE.....                             | 195, 196 |
| <i>select-ob (folic acid)</i> ..... | 223    | <i>sorafenib</i> .....                    | 19       | SURE COMFORT SAFETY                     |          |
| <i>selegiline hcl</i> .....         | 40     | <i>sorine</i> .....                       | 51       | PEN NEEDLE.....                         | 195      |
| <i>selenium sulfide</i> .....       | 79     | <i>sotalol</i> .....                      | 51       | SURE-FINE PEN NEEDLES..                 | 196      |
| SELZENTRY.....                      | 155    | <i>sotalol af</i> .....                   | 51       | SURE-JECT INSULIN                       |          |
| SEMGLEE(INSULIN                     |        | SPIRIVA RESPIMAT.....                     | 73       | SYRINGE.....                            | 196, 197 |
| GLARGINE-YFGN).....                 | 32     | <i>spironolactone</i> .....               | 58       | SURE-PREP ALCOHOL PREP                  |          |
| SEMGLEE(INSULIN GLARG-              |        | <i>spironolacton-hydrochlorothiaz</i> ..  | 58       | PADS.....                               | 197      |
| YFGN)PEN.....                       | 32     | SPRAVATO.....                             | 147      | SUTAB.....                              | 83       |

|  |          |  |          |  |            |
|--|----------|--|----------|--|------------|
| SYMPAZAN.....                            | 142      | TENIVAC (PF).....                        | 103      | <i>tobramycin-dexamethasone</i> .....    | 108        |
| SYMTUZA.....                             | 155      | <i>tenofovir disoproxil fumarate</i> ... | 155      | <i>tolterodine</i> .....                 | 83         |
| SYNJARDY.....                            | 30       | TEPMETKO.....                            | 20       | TOPCARE CLICKFINE.....                   | 199        |
| SYNJARDY XR.....                         | 30       | <i>terazosin</i> .....                   | 83       | TOPCARE ULTRA                            |            |
| SYNRIBO.....                             | 19       | <i>terbinafine hcl</i> .....             | 150      | COMFORT.....                             | 200        |
| SYRINGE WITH NEEDLE,<br>SAFETY.....      | 194      | <i>terconazole</i> .....                 | 119      | <i>topiramate</i> .....                  | 142        |
| TABLOID.....                             | 19       | <i>teriparatide</i> .....                | 63       | <i>toposar</i> .....                     | 20         |
| TABRECTA.....                            | 19       | TERUMO INSULIN                           |          | <i>toremifene</i> .....                  | 20         |
| <i>tacrolimus</i> .....                  | 77, 96   | SYRINGE.....                             | 198, 199 | <i>torpenz</i> .....                     | 20         |
| <i>tadalafil</i> .....                   | 113      | <i>testosterone</i> .....                | 84, 85   | <i>torse mide</i> .....                  | 59         |
| TAFINLAR.....                            | 19       | <i>testosterone cypionate</i> .....      | 84       | TOUJEO MAX U-300                         |            |
| <i>tafluprost (pf)</i> .....             | 106      | <i>testosterone enanthate</i> .....      | 84       | SOLOSTAR.....                            | 33         |
| TAGRISO.....                             | 19       | TETANUS,DIPHThERIA                       |          | TOUJEO SOLOSTAR U-300                    |            |
| TALVEY.....                              | 19       | TOX PED(PF).....                         | 103      | INSULIN.....                             | 33         |
| TALZENNA.....                            | 20       | <i>tetrabenazine</i> .....               | 68       | TRADJENTA.....                           | 30         |
| <i>tamoxifen</i> .....                   | 20       | <i>tetracycline</i> .....                | 127      | <i>tramadol</i> .....                    | 117        |
| <i>tamsulosin</i> .....                  | 83       | TEVIMBRA.....                            | 20       | <i>tramadol-acetaminophen</i> .....      | 117        |
| <i>tarina 24 fe</i> .....                | 136      | THALOMID.....                            | 112      | <i>trandolapril</i> .....                | 60         |
| <i>tarina fe 1-20 eq (28)</i> .....      | 136      | <i>theophylline</i> .....                | 73       | <i>trandolapril-verapamil</i> .....      | 60         |
| <i>taron-c dha</i> .....                 | 223      | THINPRO INSULIN                          |          | <i>tranexamic acid</i> .....             | 215        |
| <i>taron-prex prenatal-dha</i> .....     | 223      | SYRINGE.....                             | 199      | <i>tranylcypromine</i> .....             | 147        |
| TASIGNA.....                             | 20       | <i>thioridazine</i> .....                | 46       | <i>travoprost</i> .....                  | 106        |
| TAVNEOS.....                             | 96       | <i>thiothixene</i> .....                 | 47       | TRAZIMERA.....                           | 21         |
| <i>tazarotene</i> .....                  | 79       | <i>tiadylt er</i> .....                  | 52       | <i>trazodone</i> .....                   | 147        |
| <i>tazicef</i> .....                     | 122      | <i>tiagabine</i> .....                   | 142      | TRECATOR.....                            | 151        |
| <i>taztia xt</i> .....                   | 52       | TIBSOVO.....                             | 20       | TRELEGY ELLIPTA.....                     | 73         |
| TAZVERIK.....                            | 20       | TICE BCG.....                            | 20       | TRELSTAR.....                            | 21         |
| TDVAX.....                               | 103      | TICOVAC.....                             | 103      | TREMFYA.....                             | 96, 97     |
| TECHLITE INSULIN                         |          | <i>tigecycline</i> .....                 | 127      | TREMFYA PEN.....                         | 97         |
| SYRINGE.....                             | 197, 198 | <i>tilia fe</i> .....                    | 136      | TRESIBA FLEXTOUCH U-                     |            |
| TECHLITE INSULN                          |          | <i>timolol</i> .....                     | 106      | 100.....                                 | 33         |
| SYR(HALF UNIT).....                      | 197      | <i>timolol maleate</i> .....             | 51, 106  | TRESIBA FLEXTOUCH U-                     |            |
| TECHLITE PLUS PEN                        |          | <i>tinidazole</i> .....                  | 38       | 200.....                                 | 33         |
| NEEDLE.....                              | 198      | <i>tiotropium bromide</i> .....          | 73       | TRESIBA U-100 INSULIN.....               | 33         |
| TECVAYLI.....                            | 20       | TIVDAK.....                              | 20       | <i>tretinoin</i> .....                   | 79         |
| TEFLARO.....                             | 123      | TIVICAY.....                             | 156      | <i>tretinoin (antineoplastic)</i> .....  | 21         |
| <i>telmisartan</i> .....                 | 54       | TIVICAY PD.....                          | 156      | <i>tri femynor</i> .....                 | 136        |
| <i>telmisartan-hydrochlorothiazid</i> .. | 54       | <i>tizanidine</i> .....                  | 220      | <i>triamcinolone acetamide</i> ..        | 74, 77, 87 |
| <i>temazepam</i> .....                   | 26, 27   | TOBI PODHALER.....                       | 119      | <i>triamterene-hydrochlorothiazid</i> .. | 59         |
| TEMIXYS.....                             | 155      | <i>tobramycin</i> .....                  | 108      | <i>triazolam</i> .....                   | 27         |
|  |          | <i>tobramycin in 0.225 % nacl</i> .....  | 120      | <i>trientine</i> .....                   | 118        |
|  |          | <i>tobramycin sulfate</i> .....          | 120      | <i>tri-estarylla</i> .....               | 136        |

|                                |               |                          |               |  |          |
|--------------------------------|---------------|--------------------------|---------------|--|----------|
| <i>trifluoperazine</i> .....   | 47            | TRULICITY.....           | 30            | ULTRACARE PEN NEEDLE..                   | 208      |
| <i>trifluridine</i> .....      | 108           | TRUMENBA.....            | 103           | ULTRA-FINE INS SYR                       |          |
| <i>trihexyphenidyl</i> .....   | 40            | TRUQAP.....              | 21            | (HALF UNIT).....                         | 208      |
| TRIJARDY XR.....               | 30            | TRUXIMA.....             | 21            | ULTRA-FINE INSULIN                       |          |
| <i>tri-legest fe</i> .....     | 136           | TUKYSA.....              | 21            | SYRINGE.....                             | 208, 209 |
| <i>tri-linyah</i> .....        | 136           | TURALIO.....             | 21            | ULTRA-FINE PEN NEEDLE..                  | 209      |
| <i>tri-lo-estarylla</i> .....  | 136           | <i>turqoz (28)</i> ..... | 137           | ULTRA-THIN II (SHORT)                    |          |
| <i>tri-lo-marzia</i> .....     | 136           | TWINRIX (PF).....        | 103           | INS SYR.....                             | 209      |
| <i>tri-lo-mili</i> .....       | 136           | TYBOST.....              | 112           | ULTRA-THIN II (SHORT)                    |          |
| <i>tri-lo-sprintec</i> .....   | 136           | TYENNE.....              | 97            | PEN NDL.....                             | 210      |
| <i>trimethoprim</i> .....      | 120           | TYENNE AUTOINJECTOR....  | 97            | ULTRA-THIN II INS PEN                    |          |
| <i>tri-mili</i> .....          | 137           | TYMLOS.....              | 63            | NEEDLES.....                             | 209      |
| <i>trimipramine</i> .....      | 147           | TYPHIM VI.....           | 103           | ULTRA-THIN II INSULIN                    |          |
| TRINTELLIX.....                | 147           | UBRELVY.....             | 36            | SYRINGE.....                             | 209      |
| <i>tri-nymyo</i> .....         | 137           | ULTICARE.....            | 203, 204      | UNIFINE OTC PEN NEEDLE                   | 210      |
| <i>tri-previfem (28)</i> ..... | 137           | ULTICARE INSULIN         |               | UNIFINE PEN NEEDLE.....                  | 210      |
| <i>tri-sprintec (28)</i> ..... | 137           | SYRINGE.....             | 203           | UNIFINE PENTIPS.....                     | 190, 210 |
| TRIUMEQ.....                   | 156           | ULTICARE INSULN          |               | UNIFINE PENTIPS                          |          |
| TRIUMEQ PD.....                | 156           | SYR(HALF UNIT).....      | 203           | MAXFLOW.....                             | 210      |
| <i>triveen-duo dha</i> .....   | 223           | ULTICARE PEN NEEDLE..... | 204           | UNIFINE PENTIPS PLUS                     |          |
| <i>trivora (28)</i> .....      | 137           | ULTICARE SAFETY PEN      |               | .....                                    | 210, 211 |
| <i>tri-vylibra</i> .....       | 137           | NEEDLE.....              | 204           | UNIFINE PENTIPS PLUS                     |          |
| <i>tri-vylibra lo</i> .....    | 137           | ULTIGUARD SAFEPACK-      |               | MAXFLOW.....                             | 210      |
| TRIZIVIR.....                  | 156           | INSULIN SYR.....         | 205           | UNIFINE PROTECT.....                     | 211      |
| TROGARZO.....                  | 156           | ULTIGUARD SAFEPACK-      |               | UNIFINE SAFECONTROL....                  | 211      |
| <i>trospium</i> .....          | 84            | PEN NEEDLE.....          | 205           | UNIFINE SAFECONTROL                      |          |
| TRUE COMFORT ALCOHOL           |               | ULTILET ALCOHOL SWAB..   | 205           | PEN NEEDLE.....                          | 211      |
| PADS.....                      | 201           | ULTILET INSULIN SYRINGE  |               | UNIFINE ULTRA PEN                        |          |
| TRUE COMFORT INSULIN           |               | .....                    | 183, 205, 206 | NEEDLE.....                              | 212      |
| SYRINGE.....                   | 200           | ULTILET PEN NEEDLE.....  | 206           | UPTRAVI.....                             | 113      |
| TRUE COMFORT PEN               |               | ULTRA CMFT INS SYR       |               | <i>ursodiol</i> .....                    | 81       |
| NEEDLE.....                    | 201           | (HALF UNIT).....         | 181, 195      | UZEDY.....                               | 47       |
| TRUE COMFORT PRO               |               | ULTRA COMFORT INSULIN    |               | <i>valacyclovir</i> .....                | 158      |
| ALCOHOL PADS.....              | 201           | SYRINGE.....             | 174, 181, 206 | VALCHLOR.....                            | 78       |
| TRUE COMFORT PRO INS           |               | ULTRA FLO INSUL          |               | <i>valganciclovir</i> .....              | 158      |
| SYRINGE.....                   | 200, 201, 202 | SYR(HALF UNIT).....      | 206, 207      | <i>valproate sodium</i> .....            | 143      |
| TRUE COMFORT SAFE              |               | ULTRA FLO INSULIN        |               | <i>valproic acid</i> .....               | 143      |
| INSULIN SYRG.....              | 200, 202      | SYRINGE.....             | 207           | <i>valproic acid (as sodium salt)</i> .. | 143      |
| TRUE COMFORT SAFETY            |               | ULTRA FLO PEN NEEDLE...  | 207           | <i>valsartan</i> .....                   | 54       |
| PEN NEEDLE.....                | 200           | ULTRA THIN PEN NEEDLE..  | 207           | <i>valsartan-hydrochlorothiazide</i> ... | 54       |
| TRUEPLUS INSULIN.....          | 202, 203      | ULTRACARE INSULIN        |               | VALTOCO.....                             | 143      |
| TRUEPLUS PEN NEEDLE.....       | 202           | SYRINGE.....             | 207, 208      | <i>valtya</i> .....                      | 137      |

|                                   |          |                              |          |                                   |     |
|-----------------------------------|----------|------------------------------|----------|-----------------------------------|-----|
| <i>vancomycin</i> .....           | 121      | <i>virt-c dha</i> .....      | 223      | XELJANZ XR.....                   | 97  |
| VANFLYTA.....                     | 21       | <i>virt-nate dha</i> .....   | 223      | XERMELO.....                      | 82  |
| VANISHPOINT INSULIN               |          | <i>virt-pn dha</i> .....     | 223      | XGEVA.....                        | 63  |
| SYRINGE.....                      | 212      | <i>virt-pn plus</i> .....    | 223      | XIFAXAN.....                      | 121 |
| VANISHPOINT SYRINGE.....          | 212      | <i>vitafol gummies</i> ..... | 223      | XIGDUO XR.....                    | 30  |
| VAQTA (PF).....                   | 104      | <i>vitafol nano</i> .....    | 223      | XIIDRA.....                       | 110 |
| <i>varenicline tartrate</i> ..... | 25       | <i>vitafol-ob+dha</i> .....  | 223      | XOLAIR.....                       | 70  |
| VARIVAX (PF).....                 | 104      | VITRAKVI.....                | 22       | XOSPATA.....                      | 23  |
| VAXCHORA VACCINE.....             | 104      | VIVOTIF.....                 | 104      | XPOVIO.....                       | 23  |
| VEGZELMA.....                     | 21       | VIZIMPRO.....                | 22       | XTANDI.....                       | 23  |
| VELTASSA.....                     | 81       | VOCABRIA.....                | 156      | <i>xulane</i> .....               | 137 |
| VEMLIDY.....                      | 156      | <i>volnea (28)</i> .....     | 137      | XULTOPHY 100/3.6.....             | 33  |
| VENCLEXTA.....                    | 21       | VONJO.....                   | 22       | XYOSTED.....                      | 85  |
| VENCLEXTA STARTING                |          | VORANIGO.....                | 22       | YERVOY.....                       | 23  |
| PACK.....                         | 21       | <i>voriconazole</i> .....    | 150      | YESINTEK.....                     | 97  |
| <i>venlafaxine</i> .....          | 147      | VOSEVI.....                  | 157      | YF-VAX (PF).....                  | 104 |
| VEOZAH.....                       | 112      | VOWST.....                   | 112      | YONSA.....                        | 23  |
| <i>verapamil</i> .....            | 52       | <i>vp-ch-pnv</i> .....       | 223      | YUFLYMA(CF).....                  | 98  |
| VERIFINE INSULIN                  |          | <i>vp-pnv-dha</i> .....      | 223      | YUFLYMA(CF) AI CROHN'S-           |     |
| SYRINGE.....                      | 212, 213 | VRAYLAR.....                 | 47       | UC-HS.....                        | 98  |
| VERIFINE PEN NEEDLE.....          | 212      | VUMERITY.....                | 68       | YUFLYMA(CF)                       |     |
| VERIFINE PLUS PEN                 |          | VYALEV.....                  | 40       | AUTOINJECTOR.....                 | 98  |
| NEEDLE.....                       | 213      | <i>vylibra</i> .....         | 137      | <i>yuvafem</i> .....              | 86  |
| VERIFINE PLUS PEN                 |          | VYLOY.....                   | 22       | <i>zafemy</i> .....               | 138 |
| NEEDLE-SHARP.....                 | 213      | VYZULTA.....                 | 106      | <i>zafirlukast</i> .....          | 71  |
| VERQUVO.....                      | 53       | <i>warfarin</i> .....        | 216      | <i>zaleplon</i> .....             | 63  |
| VERSACLOZ.....                    | 47       | WEBCOL.....                  | 213      | <i>zatean-pn dha</i> .....        | 224 |
| VERSALON.....                     | 213      | WELIREG.....                 | 22       | <i>zatean-pn plus</i> .....       | 224 |
| VERZENIO.....                     | 22       | WINREVAIR.....               | 70       | ZEGALOGUE                         |     |
| V-GO 20.....                      | 213      | <i>wixela inhub</i> .....    | 71       | AUTOINJECTOR.....                 | 112 |
| V-GO 30.....                      | 213      | XALKORI.....                 | 22       | ZEGALOGUE SYRINGE.....            | 112 |
| V-GO 40.....                      | 213      | <i>xarah fe</i> .....        | 137      | ZEJULA.....                       | 23  |
| <i>vienna</i> .....               | 137      | XARELTO.....                 | 216, 217 | ZELBORAF.....                     | 24  |
| <i>vigabatrin</i> .....           | 143      | XARELTO DVT-PE TREAT         |          | <i>zenatane</i> .....             | 78  |
| <i>vigadrone</i> .....            | 143      | 30D START.....               | 216      | ZENPEP.....                       | 220 |
| <i>vigpoder</i> .....             | 143      | XATMEP.....                  | 22       | <i>zidovudine</i> .....           | 156 |
| <i>vilazodone</i> .....           | 147      | XCOPRI.....                  | 143      | ZIIHERA.....                      | 24  |
| VIMKUNYA.....                     | 104      | XCOPRI MAINTENANCE           |          | <i>zingiber</i> .....             | 224 |
| <i>vinorelbine</i> .....          | 22       | PACK.....                    | 143      | <i>ziprasidone hcl</i> .....      | 48  |
| <i>violele (28)</i> .....         | 137      | XCOPRI TITRATION PACK..      | 144      | <i>ziprasidone mesylate</i> ..... | 48  |
| VIRACEPT.....                     | 156      | XDEMVY.....                  | 108      | ZIRABEV.....                      | 24  |
| VIREAD.....                       | 156      | XELJANZ.....                 | 97       | ZIRGAN.....                       | 108 |

|                              |     |
|------------------------------|-----|
| ZOLADEX.....                 | 24  |
| ZOLINZA.....                 | 24  |
| <i>zolpidem</i> .....        | 63  |
| ZONISADE.....                | 144 |
| <i>zonisamide</i> .....      | 144 |
| <i>zovia 1-35 (28)</i> ..... | 138 |
| ZTALMY.....                  | 144 |
| ZTLIDO.....                  | 118 |
| ZURZUVAE.....                | 147 |
| ZYDELIG.....                 | 24  |
| ZYKADIA.....                 | 24  |
| ZYLET.....                   | 109 |
| ZYNLONTA.....                | 24  |
| ZYNYZ.....                   | 24  |
| ZYPREXA RELPREVV.....        | 48  |

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