

Planes Community First Medicare Advantage El Plan Alamo (HMO) y D-SNP (HMO D-SNP) Formulario para 2024 (Lista de medicamentos cubiertos)

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

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Este formulario se actualizó el 1 de noviembre del 2024.

Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros
Servicios para Miembros de Community First Medicare Advantage al 1-833-434-2347.

(Los usuarios de TTY deben llamar al 711.)

Nuestro horario de atención es:

Los 7 días de la semana, de 8 a.m. a 8 p.m. (1 de octubre al 31 de marzo)

De lunes a viernes, de 8 a.m. a 8 p.m. (1 de abril - 30 de septiembre)

Servicio de mensajes disponible los fines de semana y días festivos a partir del 1 de abril al 30 de septiembre

Sitio web: **MedicareAlamo.com**

Nota para los Miembros actuales:

Este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Community First Health Plans, Inc. (Community First). Cuando dice “plan” o “nuestro plan”, hace referencia al planes de Community First Medicare Advantage.

Este documento incluye una lista actual de los medicamentos (Formulario) de nuestro plan. Para obtener un formulario completo, actualizado, 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 interior.

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

¿Qué es el Formulario de Community First Medicare Advantage?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Community First Health Plans (Community First) con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, Community First 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 Community First y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero nosotros podríamos agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido 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 nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que

hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Community First Medicare Advantage Plan?”.

- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o trasladarlo a un nivel de costo compartido diferente, o ambas cosas. O podemos realizar cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento o trasladamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que 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 su médico pueden solicitarnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección siguiente titulada “¿Cómo solicito una excepción al formulario del plan Community First Medicare Advantage Parte D?”

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

El formulario adjunto está actualizado al 1 de septiembre de 2023. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En el caso de un cambio en el formulario a mitad de año y para obtener la información más completa y actualizada sobre qué medicamentos están cubiertos, puede visitar el sitio web del formulario del plan MedicareAlamo.com o llamar a Servicios para Miembros versión más actual.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 8. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 8. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si usted no está seguro de en qué categoría buscar, debe revisar su medicamento en el índice que comienza en la página 109. 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?

Community First 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:** Community First exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Community First antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Community First no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, Community First limita la cantidad del medicamento que cubrirá. Por ejemplo, Community First proporciona 120 capsulas por receta para VASCEPA. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, Community First requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Community First no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Community First cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 8. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado un documento en línea que explica nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos 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 Community First 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 Community First?” en la página 5 para obtener información acerca de cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (OTC) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare. Community First paga por ciertos medicamentos de venta libre. Community First paga ciertos medicamentos OTC a través de una tarjeta prepaga OTC que puede usar en varios minoristas, como H-E-B, CVS o Walgreens. Community First le proporcionará estos medicamentos de venta libre, sin costo alguno para usted. El costo para Community First de estos medicamentos de venta libre no se tendrá en cuenta para los costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos de venta libre no se tiene en cuenta para el período sin cobertura).

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

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

Si resulta que Community First no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por Community First. Cuando reciba la lista, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por Community First.
- Puede solicitar que Community First haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Community First Medicare Advantage Plan?

Puede solicitarle a Community First 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.
- Si usted tiene el Plan Community First Medicare Advantage Alamo Parte D, puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Community First 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, Community First solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

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

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

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

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

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Community First, consulte la Evidencia de cobertura y otra documentación del plan.

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

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 711. O visite <http://www.medicare.gov>.

Formulario de Community First Medicare Advantage Parte D

El formulario que comienza en la página 8 proporciona información acerca de la cobertura de los medicamentos cubiertos por Community First. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice.

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

La información incluida en la columna de Requisitos/Límites indica si Community First tiene algún requisito especial para la cobertura del medicamento.

Índice de abreviaturas

- Primer surtido limitado al suministro de un mes (FF): Es posible que pueda recibir un suministro superior a un mes de la mayoría de los medicamentos de su Formulario. Los medicamentos marcados con "FF" están limitados a un suministro de 1 mes para pedidos al por menor y por correo solo en su primer surtido. Después del primer llenado, estaría disponible un suministro de día extendido.
- Distribución limitada (LD): el símbolo [LD] junto al nombre de un medicamento indica que la Administración de Alimentos y Medicamentos ha señalado que el medicamento está restringido a ciertas farmacias. Estos medicamentos solo se pueden obtener en las farmacias designadas que pueden manejarlos de manera adecuada.
- Suministro de día no extendido (NDS): Es posible que pueda recibir un suministro de más de 1 mes de la mayoría de los medicamentos de su Formulario mediante pedido por correo a un costo compartido reducido. Los medicamentos indicados con "NDS" están limitados a un suministro de 1 mes tanto para pedidos minoristas como por correo.
- Autorización previa (PA): el plan requiere que usted [o su médico] obtenga autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación del Plan antes de surtir sus recetas. Si no obtiene la aprobación, es posible que el plan no cubra el medicamento.
- Restricción de autorización previa para la determinación de la Parte B frente a la Parte D (PA_BvD): este medicamento puede ser elegible para el pago de la Parte B o la Parte D de Medicare. Usted (o su médico) deben obtener una autorización previa del Plan para determinar si este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que el plan no cubra este medicamento.
- Restricción de autorización previa solo para nuevos comienzos (PA_NSQ): si este medicamento es nuevo para usted, usted (o su médico) deben obtener una autorización previa del plan antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que el plan no cubra este medicamento.
- Terapia escalonada (ST): en algunos casos, el plan requiere que 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 el plan no cubra el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le funciona, el plan cubrirá el medicamento B.
- Terapia escalonada solo para nuevos comienzos (ST_NSQ): si este medicamento es nuevo para usted, primero debe probar ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección.
- Límites de cantidad (QL): para ciertos medicamentos, el plan limita la cantidad del medicamento que cubrirá. Esto podría incluir un límite: por llenado, diario, mensual o anual.
- Insulinas (INS): Productos de insulina a un máximo de \$35 por mes.
- Productos excluidos (EX): productos excluidos de CMS que se eligen para estar cubiertos por el plan.
- Vacuna (VAC): Vacunas de la Parte D de Medicare cubiertas a \$0.
- Cobertura sin cobertura (GC): Brindamos cobertura adicional para este medicamento recetado durante el período sin cobertura. Consulte nuestra evidencia de cobertura para obtener más información sobre esta cobertura.

Para obtener información más reciente u otras preguntas, comuníquese con:

Servicios para Miembros de Community First Medicare Advantage

1-833-434-2347

(Los usuarios de TTY deben llamar al 711.)

Nuestro horario de atención es:

Los 7 días de la semana, de 8 a.m. a 8 p.m.

(1 de octubre al 31 de marzo)

De lunes a viernes, de 8 a.m. a 5 p.m.

(1 de abril - 30 de septiembre)

Servicio de mensajes disponible los fines de semana y días festivos a partir del 1 de abril al 30 de septiembre.

Sitio web: **MedicareAlamo.com**

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| <i>amphetamine/dextroamphetamine 10mg er cap</i> | 1 | |
| <i>amphetamine/dextroamphetamine 10mg tab</i> | 1 | |
| <i>amphetamine/dextroamphetamine 12.5mg tab</i> | 1 | |
| <i>amphetamine/dextroamphetamine 15mg er cap</i> | 1 | |
| <i>amphetamine/dextroamphetamine 15mg tab</i> | 1 | |
| <i>amphetamine/dextroamphetamine 20mg er cap</i> | 1 | |
| <i>amphetamine/dextroamphetamine 20mg tab</i> | 1 | |
| <i>amphetamine/dextroamphetamine 25mg er cap</i> | 1 | |
| <i>amphetamine/dextroamphetamine 30mg er cap</i> | 1 | |
| <i>amphetamine/dextroamphetamine 30mg tab</i> | 1 | |
| <i>amphetamine/dextroamphetamine 5mg er cap</i> | 1 | |
| <i>amphetamine/dextroamphetamine 5mg tab</i> | 1 | |
| <i>amphetamine/dextroamphetamine 7.5mg tab</i> | 1 | |
| <i>dextroamphetamine sulfate 10mg er cap</i> | 2 | |
| <i>dextroamphetamine sulfate 10mg tab</i> | 1 | |
| <i>dextroamphetamine sulfate 15mg er cap</i> | 2 | |
| <i>dextroamphetamine sulfate 5mg er cap</i> | 2 | |
| <i>dextroamphetamine sulfate 5mg tab</i> | 1 | |
| <i>lisdexamfetamine dimesylate 10mg cap</i> | 1 | |
| <i>lisdexamfetamine dimesylate 20mg cap</i> | 1 | |
| <i>lisdexamfetamine dimesylate 30mg cap</i> | 1 | |
| <i>lisdexamfetamine dimesylate 40mg cap</i> | 1 | |
| <i>lisdexamfetamine dimesylate 50mg cap</i> | 1 | |
| <i>lisdexamfetamine dimesylate 60mg cap</i> | 1 | |
| <i>lisdexamfetamine dimesylate 70mg cap</i> | 1 | |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| <i>atomoxetine 100mg cap</i> | 1 | QL=60 EA/30 Días |
| <i>atomoxetine 10mg cap</i> | 1 | QL=60 EA/30 Días |
| <i>atomoxetine 18mg cap</i> | 1 | QL=60 EA/30 Días |
| <i>atomoxetine 25mg cap</i> | 1 | QL=60 EA/30 Días |
| <i>atomoxetine 40mg cap</i> | 1 | QL=60 EA/30 Días |
| <i>atomoxetine 60mg cap</i> | 1 | QL=60 EA/30 Días |
| <i>atomoxetine 80mg cap</i> | 1 | QL=60 EA/30 Días |
| <i>clonidine 0.1mg er tab</i> | 1 | |
| <i>guanfacine 1mg er tab</i> | 1 | |
| <i>guanfacine 2mg er tab</i> | 1 | |
| <i>guanfacine 3mg er tab</i> | 1 | |
| <i>guanfacine 4mg er tab</i> | 1 | |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI 150MG TAB | 3 | PA QL=30 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| SUNOSI 75MG TAB | 3 | PA QL=30 EA/30 Días |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX 17.8MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| WAKIX 4.45MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| STIMULANTS - MISC. | | |
| <i>armodafinil 150mg tab</i> | 1 | PA QL=30 EA/30 Días |
| <i>armodafinil 200mg tab</i> | 1 | PA QL=30 EA/30 Días |
| <i>armodafinil 250mg tab</i> | 1 | PA QL=30 EA/30 Días |
| <i>armodafinil 50mg tab</i> | 1 | PA QL=30 EA/30 Días |
| <i>dexmethylphenidate 10mg er cap</i> | 2 | |
| <i>dexmethylphenidate 10mg tab</i> | 1 | |
| <i>dexmethylphenidate 15mg er cap</i> | 2 | |
| <i>dexmethylphenidate 2.5mg tab</i> | 1 | |
| <i>dexmethylphenidate 20mg er cap</i> | 2 | |
| <i>dexmethylphenidate 25mg er cap</i> | 2 | |
| <i>dexmethylphenidate 30mg er cap</i> | 2 | |
| <i>dexmethylphenidate 35mg er cap</i> | 2 | |
| <i>dexmethylphenidate 40mg er cap</i> | 2 | |
| <i>dexmethylphenidate 5mg er cap</i> | 2 | |
| <i>dexmethylphenidate 5mg tab</i> | 1 | |
| <i>methylphenidate 10mg chew tab</i> | 2 | |
| <i>methylphenidate 10mg cr cap</i> | 2 | |
| <i>methylphenidate 10mg er tab</i> | 1 | |
| <i>methylphenidate 10mg la cap</i> | 2 | |
| <i>methylphenidate 10mg tab</i> | 1 | |
| <i>methylphenidate 18mg ER osmotic tab</i> | 2 | |
| METHYLPHENIDATE 18MG ER TAB | 2 | |
| <i>methylphenidate 1mg/ml oral soln</i> | 2 | |
| <i>methylphenidate 2.5mg chew tab</i> | 2 | |
| <i>methylphenidate 20mg cr cap</i> | 2 | |
| <i>methylphenidate 20mg er tab</i> | 1 | |
| <i>methylphenidate 20mg la cap</i> | 2 | |
| <i>methylphenidate 20mg tab</i> | 1 | |
| <i>methylphenidate 27mg er tab</i> | 2 | |
| <i>methylphenidate 27mg sr tab</i> | 2 | |
| <i>methylphenidate 2mg/ml oral soln</i> | 2 | |
| <i>methylphenidate 30mg cr cap</i> | 2 | |
| <i>methylphenidate 30mg la cap</i> | 2 | |
| <i>methylphenidate 36mg er tab</i> | 2 | |
| <i>methylphenidate 36mg sr tab</i> | 2 | |
| <i>methylphenidate 40mg cr cap</i> | 2 | |
| <i>methylphenidate 40mg la cap</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|---------------------------|
| <i>methylphenidate 50mg cr cap</i> | 2 | |
| <i>methylphenidate 54mg er tab</i> | 2 | |
| <i>methylphenidate 54mg sr tab</i> | 2 | |
| <i>methylphenidate 5mg chew tab</i> | 2 | |
| <i>methylphenidate 5mg tab</i> | 1 | |
| <i>methylphenidate 60mg cr cap</i> | 2 | |
| <i>methylphenidate 60mg la cap</i> | 2 | |
| <i>modafinil 100mg tab</i> | 1 | PA QL=60 EA/30 Días |
| <i>modafinil 200mg tab</i> | 1 | PA QL=60 EA/30 Días |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| <i>amikacin 250mg/ml inj</i> | 2 | |
| ARIKAYCE 590MG/8.4ML INH SUSP | 5 | NDS PA QL=252 ML/30 Días |
| GENTAMICIN 0.8MG/ML INJ | 2 | |
| <i>gentamicin 1.2mg/ml inj</i> | 2 | |
| GENTAMICIN 1.6MG/ML INJ | 2 | |
| GENTAMICIN 1MG/ML INJ | 2 | |
| <i>gentamicin 40mg/ml inj</i> | 2 | |
| <i>neomycin sulfate 500mg tab</i> | 1 | |
| STREPTOMYCIN 1GM INJ | 4 | |
| TOBRAMYCIN 10MG/ML INJ | 2 | |
| <i>tobramycin 40mg/ml inj</i> | 2 | |
| <i>tobramycin 60mg/ml inh soln</i> | 1 | PA QL=300 ML/30 Días |
| ANALGESICS - ANTI-INFLAMMATORY | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| OLUMIANT 1MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| OLUMIANT 2MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| OLUMIANT 4MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| RINVOQ 15MG ER TAB | 5 | NDS PA QL=30 EA/30 Días |
| RINVOQ 30MG ER TAB | 5 | NDS PA QL=30 EA/30 Días |
| RINVOQ 45MG ER TAB | 5 | NDS PA QL=30 EA/30 Días |
| XELJANZ 10MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| XELJANZ 1MG/ML ORAL SOLN | 5 | NDS PA QL=300 ML/30 Días |
| XELJANZ 5MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| XELJANZ XR 11MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| XELJANZ XR 22MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| HADLIMA 40MG/0.4ML AUTO-INJECTOR | 5 | NDS PA QL=2.40 ML/28 Días |
| HADLIMA 40MG/0.4ML SYRINGE | 5 | NDS PA QL=2.40 ML/28 Días |
| HADLIMA 40MG/0.8ML AUTO-INJECTOR | 5 | NDS PA QL=4.80 ML/28 Días |
| HADLIMA 40MG/0.8ML SYRINGE | 5 | NDS PA QL=4.80 ML/28 Días |
| HUMIRA 10MG/0.1ML SYRINGE (ABBVIE) | 5 | NDS PA QL=2 EA/28 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|---------------------------|
| HUMIRA 20MG/0.2ML SYRINGE (ABBVIE) | 5 | NDS PA QL=2 EA/28 Días |
| HUMIRA 40MG/0.4ML AUTO-INJECTOR (ABBVIE) | 5 | NDS PA QL=6 EA/28 Días |
| HUMIRA 40MG/0.4ML SYRINGE (ABBVIE) | 5 | NDS PA QL=6 EA/28 Días |
| HUMIRA 40MG/0.8ML AUTO-INJECTOR | 5 | NDS PA QL=6 EA/28 Días |
| HUMIRA 40MG/0.8ML SYRINGE | 5 | NDS PA QL=6 EA/28 Días |
| HUMIRA 80MG/0.8ML AUTO-INJECTOR (ABBVIE) | 5 | NDS PA QL=2 EA/28 Días |
| HUMIRA PEN - PEDIATRIC UC STARTER PACK 80MG/0.8ML INJ (ABBVIE) | 5 | NDS PA QL=4 EA/180 Días |
| HUMIRA PEN 80MG/0.8ML AND 40MG/0.4ML - PSORIASIS/UVEITIS STARTER PACK | 5 | NDS PA QL=3 EA/180 Días |
| HUMIRA PEN 80MG/0.8ML CROHNS/UC/HIDRADENITIS STARTER PACK (ABBVIE) | 5 | NDS PA QL=3 EA/180 Días |
| SIMPONI 100MG/ML AUTO-INJECTOR | 5 | NDS PA QL=3 ML/28 Días |
| SIMPONI 100MG/ML SYRINGE | 5 | NDS PA QL=3 ML/28 Días |
| SIMPONI 50MG/0.5ML AUTO-INJECTOR | 5 | NDS PA QL=.50 ML/28 Días |
| SIMPONI 50MG/0.5ML SYRINGE | 5 | NDS PA QL=.50 ML/28 Días |
| GOLD COMPOUNDS | | |
| RIDAURA 3MG CAP | 3 | |
| INTERLEUKIN-1 BLOCKERS | | |
| ARCALYST 220MG INJ | 5 | NDS PA |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA 162MG/0.9ML AUTO-INJECTOR | 5 | NDS PA QL=3.60 ML/28 Días |
| ACTEMRA 162MG/0.9ML SYRINGE | 5 | NDS PA QL=3.60 ML/28 Días |
| KEVZARA 150MG/1.14ML AUTO-INJECTOR | 5 | NDS PA QL=2.28 ML/28 Días |
| KEVZARA 150MG/1.14ML SYRINGE | 5 | NDS PA QL=2.28 ML/28 Días |
| KEVZARA 200MG/1.14ML AUTO-INJECTOR | 5 | NDS PA QL=2.28 ML/28 Días |
| KEVZARA 200MG/1.14ML SYRINGE | 5 | NDS PA QL=2.28 ML/28 Días |
| TYENNE 162MG/0.9ML AUTO-INJECTOR | 5 | NDS PA QL=3.60 ML/28 Días |
| TYENNE 162MG/0.9ML SYRINGE | 5 | NDS PA QL=3.60 ML/28 Días |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| <i>celecoxib 100mg cap</i> | 1 | |
| <i>celecoxib 200mg cap</i> | 1 | |
| <i>celecoxib 400mg cap</i> | 1 | |
| <i>celecoxib 50mg cap</i> | 1 | |
| <i>diclofenac potassium 50mg tab</i> | 1 | |
| <i>diclofenac sodium 100mg er tab</i> | 1 | |
| <i>diclofenac sodium 25mg dr tab</i> | 1 | |
| <i>diclofenac sodium 50mg dr tab</i> | 1 | |
| <i>diclofenac sodium 75mg dr tab</i> | 1 | |
| <i>diclofenac sodium/misoprostol 50-0.2mg dr tab</i> | 2 | |
| <i>diclofenac sodium/misoprostol 75-0.2mg dr tab</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| <i>etodolac 200mg cap</i> | 1 | |
| <i>etodolac 300mg cap</i> | 1 | |
| <i>etodolac 400mg er tab</i> | 2 | |
| <i>etodolac 400mg tab</i> | 1 | |
| <i>etodolac 500mg er tab</i> | 2 | |
| <i>etodolac 500mg tab</i> | 1 | |
| <i>etodolac 600mg er tab</i> | 2 | |
| <i>flurbiprofen 100mg tab</i> | 1 | |
| <i>ibu 600mg tab</i> | 1 | |
| <i>ibu 800mg tab</i> | 1 | |
| <i>ibuprofen 20mg/ml susp</i> | 1 | |
| <i>ibuprofen 400mg tab</i> | 1 | |
| <i>ibuprofen 600mg tab</i> | 1 | |
| <i>ibuprofen 800mg tab</i> | 1 | |
| <i>indomethacin 25mg cap</i> | 1 | |
| <i>indomethacin 50mg cap</i> | 1 | |
| <i>indomethacin 75mg er cap</i> | 1 | |
| <i>ketorolac tromethamine 10mg tab</i> | 1 | QL=20 EA/5 Días |
| <i>meloxicam 15mg tab</i> | 1 | |
| <i>meloxicam 7.5mg tab</i> | 1 | |
| <i>nabumetone 500mg tab</i> | 1 | |
| <i>nabumetone 750mg tab</i> | 1 | |
| <i>naproxen 250mg tab</i> | 1 | |
| <i>naproxen 375mg dr tab</i> | 2 | |
| <i>naproxen 375mg tab</i> | 1 | |
| <i>naproxen 500mg tab</i> | 1 | |
| <i>naproxen sodium 275mg tab</i> | 2 | |
| <i>naproxen sodium 550mg tab</i> | 2 | |
| <i>oxaprozin 600mg tab</i> | 2 | |
| <i>piroxicam 10mg cap</i> | 1 | |
| <i>piroxicam 20mg cap</i> | 1 | |
| <i>sulindac 150mg tab</i> | 1 | |
| <i>sulindac 200mg tab</i> | 1 | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA 20MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| OTEZLA 28-DAY STARTER PACK | 5 | NDS PA QL=55 EA/28 Días |
| OTEZLA 30MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| OTEZLA TAB 28-DAY STARTER PACK (55) | 5 | NDS PA QL=55 EA/28 Días |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| <i>leflunomide 10mg tab</i> | 1 | |
| <i>leflunomide 20mg tab</i> | 1 | |
| SELECTIVE COSTIMULATION MODULATORS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------------|
| ORENCIA 125MG/ML AUTO-INJECTOR | 5 | NDS PA QL=4 ML/28 Días |
| ORENCIA 125MG/ML SYRINGE | 5 | NDS PA QL=4 ML/28 Días |
| ORENCIA 50MG/0.4ML SYRINGE | 5 | NDS PA QL=1.60 ML/28 Días |
| ORENCIA 87.5MG/0.7ML SYRINGE | 5 | NDS PA QL=2.80 ML/28 Días |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL 25MG/0.5ML INJ | 5 | NDS PA QL=8 ML/28 Días |
| ENBREL 25MG/0.5ML SYRINGE | 5 | NDS PA QL=8 ML/28 Días |
| ENBREL 50MG/ML AUTO-INJECTOR | 5 | NDS PA QL=8 ML/28 Días |
| ENBREL 50MG/ML CARTRIDGE | 5 | NDS PA QL=8 ML/28 Días |
| ENBREL 50MG/ML SYRINGE | 5 | NDS PA QL=8 ML/28 Días |
| ANALGESICS - NONNARCOTIC | | |
| SALICYLATES | | |
| <i>diflunisal 500mg tab</i> | 1 | |
| ANALGESICS - OPIOID | | |
| OPIOID AGONISTS | | |
| CODEINE SULFATE 15MG TAB | 3 | QL=240 EA/30 Días |
| CODEINE SULFATE 30MG TAB | 3 | QL=240 EA/30 Días |
| CODEINE SULFATE 60MG TAB | 3 | QL=180 EA/30 Días |
| <i>fentanyl 100mcg/hr patch</i> | 2 | QL=10 EA/30 Días |
| <i>fentanyl 1200mcg lozenge</i> | 2 | PA QL=120 EA/30 Días |
| <i>fentanyl 12mcg/hr patch</i> | 2 | QL=10 EA/30 Días |
| <i>fentanyl 1600mcg lozenge</i> | 2 | PA QL=120 EA/30 Días |
| <i>fentanyl 200mcg lozenge</i> | 2 | PA QL=120 EA/30 Días |
| <i>fentanyl 25mcg/hr patch</i> | 2 | QL=10 EA/30 Días |
| <i>fentanyl 400mcg lozenge</i> | 2 | PA QL=120 EA/30 Días |
| <i>fentanyl 50mcg/hr patch</i> | 2 | QL=10 EA/30 Días |
| <i>fentanyl 600mcg lozenge</i> | 2 | PA QL=120 EA/30 Días |
| <i>fentanyl 75mcg/hr patch</i> | 2 | QL=10 EA/30 Días |
| <i>fentanyl 800mcg lozenge</i> | 2 | PA QL=120 EA/30 Días |
| HYDROCODONE BITARTRATE 10MG ER CAP | 2 | QL=60 EA/30 Días |
| HYDROCODONE BITARTRATE 15MG ER CAP | 2 | QL=60 EA/30 Días |
| HYDROCODONE BITARTRATE 20MG ER CAP | 2 | QL=60 EA/30 Días |
| HYDROCODONE BITARTRATE 30MG ER CAP | 2 | QL=60 EA/30 Días |
| HYDROCODONE BITARTRATE 40MG ER CAP | 2 | QL=60 EA/30 Días |
| HYDROCODONE BITARTRATE 50MG ER CAP | 2 | QL=60 EA/30 Días |
| <i>hydromorphone 2mg tab</i> | 1 | QL=450 EA/30 Días |
| <i>hydromorphone 4mg tab</i> | 1 | QL=240 EA/30 Días |
| <i>hydromorphone 8mg tab</i> | 1 | QL=120 EA/30 Días |
| <i>methadone 10mg tab</i> | 1 | QL=360 EA/30 Días |
| METHADONE 1MG/ML ORAL SOLN | 1 | QL=3600 ML/30 Días |
| METHADONE 2MG/ML ORAL SOLN | 1 | QL=1800 ML/30 Días |
| <i>methadone 5mg tab</i> | 1 | QL=360 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>morphine sulfate 100mg er tab</i> | 1 | QL=120 EA/30 Días |
| <i>morphine sulfate 15mg er tab</i> | 1 | QL=120 EA/30 Días |
| MORPHINE SULFATE 15MG TAB | 1 | QL=180 EA/30 Días |
| <i>morphine sulfate 200mg er tab</i> | 1 | QL=120 EA/30 Días |
| <i>morphine sulfate 20mg/ml oral soln</i> | 1 | QL=180 ML/30 Días |
| <i>morphine sulfate 2mg/ml oral soln</i> | 1 | QL=1800 ML/30 Días |
| <i>morphine sulfate 30mg er tab</i> | 1 | QL=120 EA/30 Días |
| MORPHINE SULFATE 30MG TAB | 1 | QL=180 EA/30 Días |
| MORPHINE SULFATE 4MG/ML ORAL SOLN | 1 | QL=900 ML/30 Días |
| <i>morphine sulfate 60mg er tab</i> | 1 | QL=120 EA/30 Días |
| <i>oxycodone 10mg tab</i> | 1 | QL=180 EA/30 Días |
| <i>oxycodone 15mg tab</i> | 1 | QL=180 EA/30 Días |
| <i>oxycodone 1mg/ml oral soln</i> | 2 | QL=5400 ML/30 Días |
| <i>oxycodone 20mg tab</i> | 1 | QL=180 EA/30 Días |
| <i>oxycodone 20mg/ml oral soln</i> | 2 | QL=270 ML/30 Días |
| <i>oxycodone 30mg tab</i> | 1 | QL=180 EA/30 Días |
| <i>oxycodone 5mg tab</i> | 1 | QL=360 EA/30 Días |
| OXYCONTIN 10MG ER TAB | 3 | QL=60 EA/30 Días |
| OXYCONTIN 15MG ER TAB | 3 | QL=60 EA/30 Días |
| OXYCONTIN 20MG ER TAB | 3 | QL=60 EA/30 Días |
| OXYCONTIN 30MG ER TAB | 3 | QL=60 EA/30 Días |
| OXYCONTIN 40MG ER TAB | 3 | QL=60 EA/30 Días |
| OXYCONTIN 60MG ER TAB | 3 | QL=60 EA/30 Días |
| OXYCONTIN 80MG ER TAB | 3 | QL=60 EA/30 Días |
| <i>tramadol 100mg er tab</i> | 2 | QL=30 EA/30 Días |
| <i>tramadol 200mg er tab</i> | 2 | QL=30 EA/30 Días |
| <i>tramadol 300mg er tab</i> | 2 | QL=30 EA/30 Días |
| <i>tramadol 50mg tab</i> | 1 | QL=240 EA/30 Días |
| OPIOID COMBINATIONS | | |
| <i>acetaminophen/codeine phosphate 24mg-2.4mg/ml oral soln</i> | 1 | QL=4980 ML/30 Días |
| <i>acetaminophen/hydrocodone bitartrate 21.7mg-0.5mg/ml oral soln</i> | 1 | QL=5400 ML/30 Días |
| <i>codeine phosphate/acetaminophen 15-300mg tab</i> | 1 | QL=390 EA/30 Días |
| <i>codeine phosphate/acetaminophen 30-300mg tab</i> | 1 | QL=390 EA/30 Días |
| <i>codeine phosphate/acetaminophen 60-300mg tab</i> | 1 | QL=390 EA/30 Días |
| <i>endocet 10-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>endocet 2.5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>endocet 5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>endocet 7.5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>hydrocodone bitartrate/acetaminophen 10-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>hydrocodone bitartrate/acetaminophen 5-325mg tab</i> | 1 | QL=360 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|----------------------|
| <i>hydrocodone bitartrate/acetaminophen 7.5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| HYDROCODONE BITARTRATE/IBUPROFEN 10-200MG TAB | 2 | QL=480 EA/30 Días |
| HYDROCODONE BITARTRATE/IBUPROFEN 5-200MG TAB | 2 | QL=480 EA/30 Días |
| <i>hydrocodone bitartrate/ibuprofen 7.5-200mg tab</i> | 2 | QL=480 EA/30 Días |
| <i>oxycodone/acetaminophen 10-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>oxycodone/acetaminophen 2.5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>oxycodone/acetaminophen 5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| OXYCODONE/ACETAMINOPHEN 5-325MG/5ML | 2 | QL=1800 ML/30 Días |
| <i>oxycodone/acetaminophen 7.5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| <i>tramadol/acetaminophen 37.5-325mg tab</i> | 1 | QL=360 EA/30 Días |
| OPIOID PARTIAL AGONISTS | | |
| <i>buprenorphine 10mcg/hr weekly patch</i> | 2 | QL=4 EA/28 Días |
| <i>buprenorphine 15mcg/hr weekly patch</i> | 2 | QL=4 EA/28 Días |
| <i>buprenorphine 20mcg/hr weekly patch</i> | 2 | QL=4 EA/28 Días |
| <i>buprenorphine 2mg sl tab</i> | 1 | QL=90 EA/30 Días |
| <i>buprenorphine 5mcg/hr weekly patch</i> | 2 | QL=4 EA/28 Días |
| <i>buprenorphine 7.5mcg/hr weekly patch</i> | 2 | QL=4 EA/28 Días |
| <i>buprenorphine 8mg sl tab</i> | 1 | QL=90 EA/30 Días |
| <i>buprenorphine/naloxone 12-3mg sl film</i> | 1 | QL=60 EA/30 Días |
| <i>buprenorphine/naloxone 2-0.5mg sl film</i> | 1 | QL=90 EA/30 Días |
| <i>buprenorphine/naloxone 2-0.5mg sl tab</i> | 1 | QL=90 EA/30 Días |
| <i>buprenorphine/naloxone 4-1mg sl film</i> | 1 | QL=90 EA/30 Días |
| <i>buprenorphine/naloxone 8-2mg sl film</i> | 1 | QL=90 EA/30 Días |
| <i>buprenorphine/naloxone 8-2mg sl tab</i> | 1 | QL=90 EA/30 Días |
| <i>butorphanol tartrate 1mg/act nasal inhaler</i> | 2 | QL=10 ML/30 Días |
| ANDROGENS-ANABOLIC | | |
| ANDROGENS | | |
| <i>danazol 100mg cap</i> | 2 | |
| <i>danazol 200mg cap</i> | 2 | |
| <i>danazol 50mg cap</i> | 2 | |
| <i>depo-testosterone 200mg/ml inj</i> | 1 | |
| <i>testosterone 1% (12.5mg/act) gel pump</i> | 2 | PA QL=300 GM/30 Días |
| <i>testosterone 1% (25mg) gel packet</i> | 2 | PA QL=300 GM/30 Días |
| <i>testosterone 1% (50mg) gel packet</i> | 2 | PA QL=300 GM/30 Días |
| <i>testosterone 1.62% (1.25gm) gel packet</i> | 2 | PA QL=75 GM/30 Días |
| <i>testosterone 1.62% (2.5gm) gel packet</i> | 2 | PA QL=150 GM/30 Días |
| <i>testosterone 1.62% (20.25mg/act) gel pump</i> | 2 | PA QL=150 GM/30 Días |
| <i>testosterone 30mg/act topical soln</i> | 2 | PA QL=180 ML/30 Días |
| <i>testosterone cypionate 100mg/ml inj</i> | 1 | |
| <i>testosterone cypionate 200mg/ml (1ml) inj</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>testosterone cypionate 200mg/ml inj</i> | 1 | |
| TESTOSTERONE ENANTHATE 200MG/ML INJ | 2 | |
| ANORECTAL AND RELATED PRODUCTS | | |
| INTRARECTAL STEROIDS | | |
| <i>budesonide 2mg/act rectal foam</i> | 2 | PA |
| <i>hydrocortisone 1.67mg/ml enema</i> | 2 | |
| RECTAL STEROIDS | | |
| <i>hydrocortisone 2.5% cream</i> | 1 | |
| <i>procto-med 2.5% cream</i> | 1 | |
| <i>proctosol 2.5% cream</i> | 1 | |
| <i>proctozone hc 2.5% cream</i> | 1 | |
| VASODILATING AGENTS | | |
| <i>nitroglycerin 0.4% rectal ointment</i> | 2 | QL=30 GM/30 Días |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| <i>albendazole 200mg tab</i> | 2 | |
| BENZNIDAZOLE 100MG TAB | 3 | |
| BENZNIDAZOLE 12.5MG TAB | 3 | |
| <i>ivermectin 3mg tab</i> | 2 | PA |
| <i>praziquantel 600mg tab</i> | 2 | |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| <i>ranolazine 1000mg er tab</i> | 2 | |
| <i>ranolazine 500mg er tab</i> | 2 | |
| NITRATES | | |
| <i>isosorbide dinitrate 10mg tab</i> | 1 | |
| <i>isosorbide dinitrate 20mg tab</i> | 1 | |
| <i>isosorbide dinitrate 30mg tab</i> | 1 | |
| <i>isosorbide dinitrate 5mg tab</i> | 1 | |
| <i>isosorbide mononitrate 10mg tab</i> | 1 | |
| <i>isosorbide mononitrate 120mg er tab</i> | 1 | |
| <i>isosorbide mononitrate 20mg tab</i> | 1 | |
| <i>isosorbide mononitrate 30mg er tab</i> | 1 | |
| <i>isosorbide mononitrate 60mg er tab</i> | 1 | |
| NITRO-BID 2% OINTMENT | 3 | |
| <i>nitroglycerin 0.1mg/hr patch</i> | 1 | |
| <i>nitroglycerin 0.2mg/hr patch</i> | 1 | |
| <i>nitroglycerin 0.3mg sl tab</i> | 1 | |
| <i>nitroglycerin 0.4mg sl tab</i> | 1 | |
| <i>nitroglycerin 0.4mg/act spray</i> | 2 | |
| <i>nitroglycerin 0.4mg/hr patch</i> | 1 | |
| <i>nitroglycerin 0.6mg sl tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>nitroglycerin 0.6mg/hr patch</i> | 1 | |
| ANTI ANXIETY AGENTS | | |
| ANTI ANXIETY AGENTS - MISC. | | |
| <i>bupirone 10mg tab</i> | 1 | |
| <i>bupirone 15mg tab</i> | 1 | |
| <i>bupirone 30mg tab</i> | 1 | |
| <i>bupirone 5mg tab</i> | 1 | |
| <i>bupirone 7.5mg tab</i> | 1 | |
| <i>hydroxyzine 10mg tab</i> | 1 | |
| <i>hydroxyzine 25mg tab</i> | 1 | |
| <i>hydroxyzine 2mg/ml oral soln</i> | 1 | |
| <i>hydroxyzine 50mg tab</i> | 1 | |
| HYDROXYZINE PAMOATE 100MG CAP | 1 | |
| <i>hydroxyzine pamoate 25mg cap</i> | 1 | |
| <i>hydroxyzine pamoate 50mg cap</i> | 1 | |
| BENZODIAZEPINES | | |
| <i>alprazolam 0.25mg tab</i> | 1 | QL=120 EA/30 Días |
| <i>alprazolam 0.5mg tab</i> | 1 | QL=120 EA/30 Días |
| <i>alprazolam 1mg tab</i> | 1 | QL=120 EA/30 Días |
| <i>alprazolam 2mg tab</i> | 1 | QL=150 EA/30 Días |
| <i>chlordiazepoxide 10mg cap</i> | 1 | QL=120 EA/30 Días |
| <i>chlordiazepoxide 25mg cap</i> | 1 | QL=120 EA/30 Días |
| <i>chlordiazepoxide 5mg cap</i> | 1 | QL=120 EA/30 Días |
| <i>clorazepate dipotassium 15mg tab</i> | 2 | QL=180 EA/30 Días |
| <i>clorazepate dipotassium 3.75mg tab</i> | 2 | QL=180 EA/30 Días |
| <i>clorazepate dipotassium 7.5mg tab</i> | 2 | QL=180 EA/30 Días |
| <i>diazepam 10mg tab</i> | 1 | QL=120 EA/30 Días |
| <i>diazepam 1mg/ml oral soln</i> | 1 | QL=1200 ML/30 Días |
| <i>diazepam 2mg tab</i> | 1 | QL=120 EA/30 Días |
| <i>diazepam 5mg tab</i> | 1 | QL=120 EA/30 Días |
| <i>diazepam 5mg/ml oral soln</i> | 1 | QL=240 ML/30 Días |
| <i>lorazepam 0.5mg tab</i> | 1 | QL=150 EA/30 Días |
| <i>lorazepam 1mg tab</i> | 1 | QL=150 EA/30 Días |
| <i>lorazepam 2mg tab</i> | 1 | QL=150 EA/30 Días |
| <i>lorazepam 2mg/ml oral soln</i> | 1 | QL=150 ML/30 Días |
| ANTIARRHYTHMICS | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| <i>disopyramide 100mg cap</i> | 1 | |
| <i>disopyramide 150mg cap</i> | 1 | |
| QUINIDINE SULFATE 200MG TAB | 1 | |
| QUINIDINE SULFATE 300MG TAB | 1 | |
| ANTIARRHYTHMICS TYPE I-B | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>mexiletine 150mg cap</i> | 2 | |
| <i>mexiletine 200mg cap</i> | 2 | |
| <i>mexiletine 250mg cap</i> | 2 | |
| ANTIARRHYTHMICS TYPE I-C | | |
| <i>flecainide acetate 100mg tab</i> | 1 | |
| <i>flecainide acetate 150mg tab</i> | 1 | |
| <i>flecainide acetate 50mg tab</i> | 1 | |
| <i>propafenone 150mg tab</i> | 1 | |
| <i>propafenone 225mg er cap</i> | 2 | |
| <i>propafenone 225mg tab</i> | 1 | |
| <i>propafenone 300mg tab</i> | 1 | |
| <i>propafenone 325mg er cap</i> | 2 | |
| <i>propafenone 425mg er cap</i> | 2 | |
| ANTIARRHYTHMICS TYPE III | | |
| <i>amiodarone 100mg tab</i> | 1 | |
| <i>amiodarone 200mg tab</i> | 1 | |
| <i>amiodarone 400mg tab</i> | 1 | |
| <i>dofetilide 0.125mg cap</i> | 2 | |
| <i>dofetilide 0.25mg cap</i> | 2 | |
| <i>dofetilide 0.5mg cap</i> | 2 | |
| MULTAQ 400MG TAB | 3 | |
| <i>pacerone 100mg tab</i> | 1 | |
| <i>pacerone 200mg tab</i> | 1 | |
| <i>pacerone 400mg tab</i> | 1 | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| FASENRA 10MG/0.5ML SYRINGE | 5 | PA |
| FASENRA 30MG/ML AUTO-INJECTOR | 5 | PA |
| FASENRA 30MG/ML SYRINGE | 5 | PA |
| NUCALA 100MG INJ | 5 | NDS PA |
| NUCALA 100MG/ML AUTO-INJECTOR | 5 | NDS PA |
| NUCALA 100MG/ML SYRINGE | 5 | NDS PA |
| NUCALA 40MG/0.4ML SYRINGE | 5 | NDS PA |
| XOLAIR 150MG INJ | 5 | NDS PA |
| XOLAIR 150MG/ML AUTO-INJECTOR | 5 | NDS PA |
| XOLAIR 150MG/ML SYRINGE | 5 | NDS PA |
| XOLAIR 300MG/2ML AUTO-INJECTOR | 5 | NDS PA |
| XOLAIR 300MG/2ML SYRINGE | 5 | NDS PA |
| XOLAIR 75MG/0.5ML AUTO-INJECTOR | 5 | NDS PA |
| XOLAIR 75MG/0.5ML SYRINGE | 5 | NDS PA |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ATROVENT 17MCG INHALER | 3 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| INCRUSE ELLIPTA 62.5MCG/INH INHALER | 3 | |
| <i>ipratropium bromide 0.02% inh soln</i> | 1 | PA BvD |
| SPIRIVA RESPIMAT 1.25MCG/ACT INH | 3 | ST QL=4 GM/30 Días |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast 10mg tab</i> | 1 | |
| <i>montelukast 4mg chew tab</i> | 1 | |
| <i>montelukast 4mg granules</i> | 2 | |
| <i>montelukast 5mg chew tab</i> | 1 | |
| <i>zafirlukast 10mg tab</i> | 2 | |
| <i>zafirlukast 20mg tab</i> | 2 | |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| <i>roflumilast 0.5mg tab</i> | 1 | |
| <i>roflumilast 250mcg tab</i> | 1 | |
| STEROID INHALANTS | | |
| ALVESCO 160MCG INHALER | 3 | QL=12.20 GM/30 Días |
| ALVESCO 80MCG INHALER | 3 | QL=12.20 GM/30 Días |
| ARNUITY 100MCG INHALER | 3 | QL=30 EA/30 Días |
| ARNUITY 200MCG INHALER | 3 | QL=30 EA/30 Días |
| ARNUITY 50MCG INHALER | 3 | QL=30 EA/30 Días |
| ASMANEX 100MCG HFA INHALER | 3 | QL=13 GM/30 Días |
| ASMANEX 110MCG (30ACT) TWISTHALER | 3 | QL=1 EA/30 Días |
| ASMANEX 200MCG HFA INHALER | 3 | QL=13 GM/30 Días |
| ASMANEX 220MCG (120ACT) TWISTHALER | 3 | QL=1 EA/30 Días |
| ASMANEX 220MCG (30ACT) TWISTHALER | 3 | QL=1 EA/30 Días |
| ASMANEX 220MCG (60ACT) TWISTHALER | 3 | QL=1 EA/30 Días |
| ASMANEX 50MCG HFA INHALER | 3 | QL=13 GM/30 Días |
| <i>budesonide 0.125mg/ml inh susp</i> | 2 | PA BvD QL=120 ML/30 Días |
| <i>budesonide 0.25mg/ml inh susp</i> | 2 | PA BvD QL=120 ML/30 Días |
| <i>budesonide 0.5mg/ml inh susp</i> | 2 | PA BvD QL=120 ML/30 Días |
| FLUTICASONE PROPIONATE 110MCG INHALER | 3 | QL=24 GM/30 Días |
| FLUTICASONE PROPIONATE 220MCG INHALER | 3 | QL=24 GM/30 Días |
| FLUTICASONE PROPIONATE 44MCG INHALER | 3 | QL=21.20 GM/30 Días |
| QVAR 40MCG REDIHALER | 3 | QL=21.20 GM/30 Días |
| QVAR 80MCG REDIHALER | 3 | QL=21.20 GM/30 Días |
| SYMPATHOMIMETICS | | |
| ADVAIR 115-21MCG HFA INHALER | 3 | QL=12 GM/30 Días |
| ADVAIR 230-21MCG HFA INHALER | 3 | QL=12 GM/30 Días |
| ADVAIR 45-21MCG/ACT HFA INHALER | 3 | QL=12 GM/30 Días |
| <i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i> | 1 | PA BvD |
| <i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i> | 1 | |
| <i>albuterol 0.83mg/ml (0.083%) inh soln</i> | 1 | PA BvD |
| <i>albuterol 1.25mg/3ml neb soln</i> | 1 | PA BvD |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------------|
| <i>albuterol 108mcg HFA inhaler (6.7gm)</i> | 1 | QL=13.40 GM/30 Días |
| <i>albuterol 108mcg HFA inhaler (8.5gm)</i> | 1 | QL=17 GM/30 Días |
| <i>albuterol 2mg tab</i> | 2 | |
| <i>albuterol 4mg tab</i> | 2 | |
| <i>albuterol 5mg/ml inh soln</i> | 1 | PA BvD |
| ANORO ELLIPTA 62.5-25MCG INHALER | 3 | QL=60 EA/30 Días |
| <i>arformoterol tartrate 15mcg/2ml neb soln</i> | 2 | PA BvD QL=120 ML/30 Días |
| BREO ELLIPTA 100-25MCG INHALER | 3 | QL=60 EA/30 Días |
| BREO ELLIPTA 200-25MCG INHALER | 3 | QL=60 EA/30 Días |
| BREO ELLIPTA 50-25MCG INH | 3 | QL=60 EA/30 Días |
| <i>breyana 160-4.5mcg/act inh</i> | 3 | QL=10.30 GM/30 Días |
| <i>breyana 80-4.5mcg/act inh</i> | 3 | QL=10.30 GM/30 Días |
| BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER | 3 | QL=10.70 GM/30 Días |
| <i>budesonide/formoterol fumarate 160-45mcg inhaler</i> | 2 | QL=10.20 GM/30 Días |
| <i>budesonide/formoterol fumarate 80-45mcg inhaler</i> | 2 | QL=10.20 GM/30 Días |
| COMBIVENT 20-100MCG/ACT INH | 3 | |
| DULERA 100-5MCG INHALER | 3 | QL=13 GM/30 Días |
| DULERA 200-5MCG INHALER | 3 | QL=13 GM/30 Días |
| DULERA 50-5MCG INHALER | 3 | QL=13 GM/30 Días |
| <i>fluticasone propionate/salmeterol 100-50mcg/act dry powder inhaler</i> | 1 | QL=60 EA/30 Días |
| <i>fluticasone propionate/salmeterol 250-50mcg/act dry powder inhaler</i> | 1 | QL=60 EA/30 Días |
| <i>fluticasone propionate/salmeterol 500-50mcg/act dry powder inhaler</i> | 1 | QL=60 EA/30 Días |
| <i>formoterol fumarate 20mcg/2ml neb soln</i> | 2 | PA BvD QL=120 ML/30 Días |
| <i>ipratropium/albuterol 0.5-2.5mg/3ml inh soln</i> | 1 | PA BvD |
| <i>levalbuterol 0.31mg/3ml neb soln</i> | 2 | PA BvD |
| <i>levalbuterol 0.63mg/3ml inh soln</i> | 2 | PA BvD |
| <i>levalbuterol 1.25mg/0.5ml neb soln</i> | 2 | PA BvD |
| <i>levalbuterol 1.25mg/3ml neb soln</i> | 2 | PA BvD |
| LEVALBUTEROL 45MCG/ACT INHALER | 4 | ST QL=30 GM/30 Días |
| SEREVENT 50MCG/DOSE INHALER | 3 | |
| STIOLTO 2.5-2.5MCG/ACT INH | 3 | QL=4 GM/30 Días |
| <i>terbutaline sulfat 2.5mg tab</i> | 2 | |
| <i>terbutaline sulfat 5mg tab</i> | 2 | |
| TRELEGY ELLIPTA 100-62.5-25MCG INHALER | 3 | QL=60 EA/30 Días |
| TRELEGY ELLIPTA 200-62.5-25MCG INHALER | 3 | QL=60 EA/30 Días |
| VENTOLIN 108MCG HFA INHALER | 3 | QL=36 GM/30 Días |
| <i>wixela 100-50mcg inhaler</i> | 1 | QL=60 EA/30 Días |
| <i>wixela 250-50mcg inhaler</i> | 1 | QL=60 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|------------------------------------|----------------------|---------------------|
| <i>wixela 500-50mcg inhaler</i> | 1 | QL=60 EA/30 Días |
| XOPENEX 45MCG INHALER | 4 | ST QL=30 GM/30 Días |
| XANTHINES | | |
| THEO-24 100MG ER CAP | 4 | |
| THEO-24 200MG ER CAP | 4 | |
| THEO-24 300MG ER CAP | 4 | |
| THEO-24 400MG ER CAP | 4 | |
| THEOPHYLLINE 100MG ER TAB | 2 | |
| THEOPHYLLINE 200MG ER TAB | 2 | |
| <i>theophylline 300mg er tab</i> | 2 | |
| <i>theophylline 400mg er tab</i> | 1 | |
| <i>theophylline 450mg er tab</i> | 2 | |
| <i>theophylline 600mg er tab</i> | 1 | |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| <i>jantoven 10mg tab</i> | 1 | |
| <i>jantoven 1mg tab</i> | 1 | |
| <i>jantoven 2.5mg tab</i> | 1 | |
| <i>jantoven 2mg tab</i> | 1 | |
| <i>jantoven 3mg tab</i> | 1 | |
| <i>jantoven 4mg tab</i> | 1 | |
| <i>jantoven 5mg tab</i> | 1 | |
| <i>jantoven 6mg tab</i> | 1 | |
| <i>jantoven 7.5mg tab</i> | 1 | |
| <i>warfarin sodium 10mg tab</i> | 1 | |
| <i>warfarin sodium 1mg tab</i> | 1 | |
| <i>warfarin sodium 2.5mg tab</i> | 1 | |
| <i>warfarin sodium 2mg tab</i> | 1 | |
| <i>warfarin sodium 3mg tab</i> | 1 | |
| <i>warfarin sodium 4mg tab</i> | 1 | |
| <i>warfarin sodium 5mg tab</i> | 1 | |
| <i>warfarin sodium 6mg tab</i> | 1 | |
| <i>warfarin sodium 7.5mg tab</i> | 1 | |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS 2.5MG TAB | 3 | |
| ELIQUIS 5MG 30-DAY STARTER PACK | 3 | |
| ELIQUIS 5MG TAB | 3 | |
| XARELTO 10MG TAB | 3 | |
| XARELTO 15MG TAB | 3 | |
| XARELTO 1MG/ML SUSP | 3 | |
| XARELTO 2.5MG TAB | 3 | |
| XARELTO 20MG TAB | 3 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| XARELTO TAB STARTER PACK | 3 | |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| <i>enoxaparin sodium 100mg/1ml syringe</i> | 2 | |
| <i>enoxaparin sodium 120mg/0.8ml syringe</i> | 2 | |
| <i>enoxaparin sodium 150mg/1ml syringe</i> | 2 | |
| <i>enoxaparin sodium 30mg/0.3ml syringe</i> | 2 | |
| <i>enoxaparin sodium 40mg/0.4ml syringe</i> | 2 | |
| <i>enoxaparin sodium 60mg/0.6ml syringe</i> | 2 | |
| <i>enoxaparin sodium 80mg/0.8ml syringe</i> | 2 | |
| <i>fondaparinux sodium 10mg/0.8ml syringe</i> | 2 | |
| <i>fondaparinux sodium 2.5mg/0.5ml syringe</i> | 2 | |
| <i>fondaparinux sodium 5mg/0.4ml syringe</i> | 2 | |
| <i>fondaparinux sodium 7.5mg/0.6ml syringe</i> | 2 | |
| <i>heparin sodium porcine 10000unit/ml inj</i> | 2 | |
| <i>heparin sodium porcine 1000unit/ml inj</i> | 2 | |
| <i>heparin sodium porcine 20000unit/ml inj</i> | 2 | |
| <i>heparin sodium porcine 5000unit/ml inj</i> | 2 | |
| THROMBIN INHIBITORS | | |
| <i>dabigatran etexilate 110mg cap</i> | 2 | |
| <i>dabigatran etexilate 150mg cap</i> | 2 | |
| <i>dabigatran etexilate 75mg cap</i> | 2 | |
| PRADAXA 110MG CAP | 4 | |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA 0.5MG/ML SUSP | 4 | PA NSO |
| FYCOMPA 10MG TAB | 4 | PA NSO |
| FYCOMPA 12MG TAB | 4 | PA NSO |
| FYCOMPA 2MG TAB | 4 | PA NSO |
| FYCOMPA 4MG TAB | 4 | PA NSO |
| FYCOMPA 6MG TAB | 4 | PA NSO |
| FYCOMPA 8MG TAB | 4 | PA NSO |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| <i>clobazam 10mg tab</i> | 1 | QL=60 EA/30 Días |
| <i>clobazam 2.5mg/ml susp</i> | 2 | QL=480 ML/30 Días |
| <i>clobazam 20mg tab</i> | 1 | QL=60 EA/30 Días |
| <i>clonazepam 0.125mg odt</i> | 2 | QL=90 EA/30 Días |
| <i>clonazepam 0.25mg odt</i> | 2 | QL=90 EA/30 Días |
| <i>clonazepam 0.5mg odt</i> | 2 | QL=90 EA/30 Días |
| <i>clonazepam 0.5mg tab</i> | 1 | QL=90 EA/30 Días |
| <i>clonazepam 1mg odt</i> | 2 | QL=90 EA/30 Días |
| <i>clonazepam 1mg tab</i> | 1 | QL=90 EA/30 Días |
| <i>clonazepam 2mg odt</i> | 2 | QL=300 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| <i>clonazepam 2mg tab</i> | 1 | QL=300 EA/30 Días |
| <i>diazepam 10mg/2ml rectal gel</i> | 2 | QL=10 EA/30 Días |
| DIAZEPAM 2.5MG/0.5ML RECTAL GEL | 3 | QL=10 EA/30 Días |
| <i>diazepam 20mg/4ml rectal gel</i> | 2 | QL=10 EA/30 Días |
| LIBERVANT 10MG BUCCAL FILM | 4 | PA NSO QL=10 EA/30 Días |
| LIBERVANT 12.5MG BUCCAL FILM | 4 | PA NSO QL=10 EA/30 Días |
| LIBERVANT 15MG BUCCAL FILM | 4 | PA NSO QL=10 EA/30 Días |
| LIBERVANT 5MG BUCCAL FILM | 4 | PA NSO QL=10 EA/30 Días |
| LIBERVANT 7.5MG BUCCAL FILM | 4 | PA NSO QL=10 EA/30 Días |
| NAYZILAM 5MG/0.1ML NASAL SPRAY | 4 | QL=10 EA/30 Días |
| SYMPAZAN 10MG ORAL FILM | 4 | ST_NSO QL=60 EA/30 Días |
| SYMPAZAN 20MG ORAL FILM | 4 | ST_NSO QL=60 EA/30 Días |
| SYMPAZAN 5MG ORAL FILM | 4 | ST_NSO QL=60 EA/30 Días |
| VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK | 4 | QL=10 EA/30 Días |
| VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK | 4 | QL=10 EA/30 Días |
| VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK | 4 | QL=10 EA/30 Días |
| VALTOCO 5MG (5MG/0.1ML) NASAL SPARY DOSE PACK | 4 | QL=10 EA/30 Días |
| ANTICONVULSANTS - MISC. | | |
| APTIOM 200MG TAB | 4 | PA NSO |
| APTIOM 400MG TAB | 4 | PA NSO |
| APTIOM 600MG TAB | 4 | PA NSO |
| APTIOM 800MG TAB | 4 | PA NSO |
| BRIVIACT 100MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| BRIVIACT 10MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| BRIVIACT 10MG/ML ORAL SOLN | 4 | PA NSO |
| BRIVIACT 25MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| BRIVIACT 50MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| BRIVIACT 75MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| <i>carbamazepine 100mg chew tab</i> | 1 | |
| <i>carbamazepine 100mg er cap</i> | 2 | |
| <i>carbamazepine 100mg er tab</i> | 2 | |
| <i>carbamazepine 200mg er cap</i> | 2 | |
| <i>carbamazepine 200mg er tab</i> | 2 | |
| <i>carbamazepine 200mg tab</i> | 1 | |
| <i>carbamazepine 20mg/ml susp</i> | 1 | |
| <i>carbamazepine 300mg er cap</i> | 2 | |
| <i>carbamazepine 400mg er tab</i> | 2 | |
| DIACOMIT 250MG CAP | 5 | NDS PA NSO |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| DIACOMIT 250MG POWDER FOR ORAL SUSP | 5 | NDS PA NSO |
| DIACOMIT 500MG CAP | 5 | NDS PA NSO |
| DIACOMIT 500MG POWDER FOR ORAL SUSP | 5 | NDS PA NSO |
| EPIDIOLEX 100MG/ML ORAL SOLN | 3 | PA NSO |
| <i>epitol 200mg tab</i> | 1 | |
| EPRONTIA 25MG/ML ORAL SOLN | 4 | |
| FINTEPLA 2.2MG/ML ORAL SOLN | 5 | NDS PA NSO QL=360 ML/30 Días |
| <i>gabapentin 100mg cap</i> | 1 | |
| <i>gabapentin 300mg cap</i> | 1 | |
| <i>gabapentin 400mg cap</i> | 1 | |
| <i>gabapentin 50mg/ml oral soln</i> | 2 | |
| <i>gabapentin 600mg tab (Neurontin equiv)</i> | 1 | |
| <i>gabapentin 800mg tab</i> | 1 | |
| <i>lacosamide 100mg tab</i> | 1 | |
| <i>lacosamide 10mg/ml oral soln</i> | 1 | |
| <i>lacosamide 150mg tab</i> | 1 | |
| <i>lacosamide 200mg tab</i> | 1 | |
| <i>lacosamide 50mg tab</i> | 1 | |
| <i>lamotrigine 100mg er tab</i> | 2 | |
| <i>lamotrigine 100mg odt</i> | 2 | |
| <i>lamotrigine 100mg tab</i> | 1 | |
| <i>lamotrigine 150mg tab</i> | 1 | |
| <i>lamotrigine 200mg er tab</i> | 2 | |
| <i>lamotrigine 200mg odt</i> | 2 | |
| <i>lamotrigine 200mg tab</i> | 1 | |
| <i>lamotrigine 250mg er tab</i> | 2 | |
| <i>lamotrigine 25mg chew tab</i> | 1 | |
| <i>lamotrigine 25mg er tab</i> | 2 | |
| <i>lamotrigine 25mg odt</i> | 2 | |
| <i>lamotrigine 25mg tab</i> | 1 | |
| <i>lamotrigine 300mg er tab</i> | 2 | |
| <i>lamotrigine 50mg er tab</i> | 2 | |
| <i>lamotrigine 50mg odt</i> | 2 | |
| <i>lamotrigine 5mg chew tab</i> | 1 | |
| <i>levetiracetam 1000mg tab</i> | 1 | |
| <i>levetiracetam 100mg/ml oral soln</i> | 1 | |
| <i>levetiracetam 250mg tab</i> | 1 | |
| <i>levetiracetam 500mg er tab</i> | 1 | |
| <i>levetiracetam 500mg tab</i> | 1 | |
| <i>levetiracetam 750mg er tab</i> | 1 | |
| <i>levetiracetam 750mg tab</i> | 1 | |
| <i>oxcarbazepine 150mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|-------------------------------------|----------------------|-------------------------------|
| <i>oxcarbazepine 300mg tab</i> | 1 | |
| <i>oxcarbazepine 600mg tab</i> | 1 | |
| <i>oxcarbazepine 60mg/ml susp</i> | 2 | |
| <i>pregabalin 100mg cap</i> | 1 | |
| <i>pregabalin 150mg cap</i> | 1 | |
| <i>pregabalin 200mg cap</i> | 1 | |
| <i>pregabalin 20mg/ml oral soln</i> | 2 | |
| <i>pregabalin 225mg cap</i> | 1 | |
| <i>pregabalin 25mg cap</i> | 1 | |
| <i>pregabalin 300mg cap</i> | 1 | |
| <i>pregabalin 50mg cap</i> | 1 | |
| <i>pregabalin 75mg cap</i> | 1 | |
| <i>primidone 250mg tab</i> | 1 | |
| <i>primidone 50mg tab</i> | 1 | |
| <i>roweepra 500mg tab</i> | 1 | |
| <i>rufinamide 200mg tab</i> | 2 | |
| <i>rufinamide 400mg tab</i> | 2 | |
| <i>rufinamide 40mg/ml susp</i> | 2 | |
| SPRITAM 1000MG TAB FOR ORAL SUSP | 4 | PA NSO |
| SPRITAM 250MG TAB FOR ORAL SUSP | 4 | PA NSO |
| SPRITAM 500MG TAB FOR ORAL SUSP | 4 | PA NSO |
| SPRITAM 750MG TAB FOR ORAL SUSP | 4 | PA NSO |
| <i>subvenite 100mg tab</i> | 1 | |
| <i>subvenite 150mg tab</i> | 1 | |
| <i>subvenite 200mg tab</i> | 1 | |
| <i>subvenite 25mg tab</i> | 1 | |
| <i>topiramate 100mg tab</i> | 1 | |
| <i>topiramate 15mg cap</i> | 1 | |
| <i>topiramate 200mg tab</i> | 1 | |
| <i>topiramate 25mg cap</i> | 1 | |
| <i>topiramate 25mg tab</i> | 1 | |
| <i>topiramate 50mg tab</i> | 1 | |
| ZONISADE 100MG/5ML SUSP | 4 | PA NSO |
| <i>zonisamide 100mg cap</i> | 1 | |
| <i>zonisamide 25mg cap</i> | 1 | |
| <i>zonisamide 50mg cap</i> | 1 | |
| ZTALMY 50MG/ML SUSP | 5 | NDS PA NSO QL=1100 ML/30 Días |
| CARBAMATES | | |
| <i>felbamate 120mg/ml susp</i> | 2 | |
| <i>felbamate 400mg tab</i> | 2 | |
| <i>felbamate 600mg tab</i> | 2 | |
| XCOPRI 100MG TAB | 3 | QL=30 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| XCOPRI 12.5/25MG TITRATION PACK | 3 | QL=28 EA/28 Días |
| XCOPRI 150/200MG PACK TAB | 3 | QL=56 EA/28 Días |
| XCOPRI 150/200MG TITRATION PACK | 3 | QL=28 EA/28 Días |
| XCOPRI 150MG TAB | 3 | QL=60 EA/30 Días |
| XCOPRI 200MG TAB | 3 | QL=60 EA/30 Días |
| XCOPRI 25MG TAB | 3 | QL=30 EA/30 Días |
| XCOPRI 50/100MG TITRATION PACK | 3 | QL=28 EA/28 Días |
| XCOPRI 50MG TAB | 3 | QL=30 EA/30 Días |
| XCOPRI TAB 100/150MG MAINTENANCE PACK | 3 | QL=56 EA/28 Días |
| GABA MODULATORS | | |
| <i>tiagabine 12mg tab</i> | 2 | |
| <i>tiagabine 16mg tab</i> | 2 | |
| <i>tiagabine 2mg tab</i> | 2 | |
| <i>tiagabine 4mg tab</i> | 2 | |
| <i>vigabatrin 500mg powder for oral soln</i> | 1 | PA NSO |
| <i>vigabatrin 500mg tab</i> | 1 | PA NSO |
| <i>vigadrone 500mg powder for oral soln</i> | 1 | PA NSO |
| <i>vigadrone 500mg tab</i> | 1 | PA NSO |
| VIGAFYDE 100MG/ML ORAL SOLN | 4 | PA NSO QL=720 ML/30 Días |
| <i>vigpoder 500mg powder for oral soln</i> | 1 | PA NSO |
| HYDANTOINS | | |
| DILANTIN 100MG ER CAP | 4 | |
| DILANTIN 30MG ER CAP | 3 | |
| <i>phenytoin 25mg/ml susp</i> | 1 | |
| <i>phenytoin 50mg chew tab</i> | 2 | |
| <i>phenytoin sodium 100mg er cap</i> | 1 | |
| <i>phenytoin sodium 200mg er cap</i> | 1 | |
| <i>phenytoin sodium 300mg er cap</i> | 1 | |
| SUCCINIMIDES | | |
| <i>ethosuximide 250mg cap</i> | 2 | |
| <i>ethosuximide 50mg/ml oral soln</i> | 1 | |
| <i>methsuximide 300mg cap</i> | 2 | |
| VALPROIC ACID | | |
| <i>divalproex sodium 125mg dr cap</i> | 1 | |
| <i>divalproex sodium 125mg dr tab</i> | 1 | |
| <i>divalproex sodium 250mg dr tab</i> | 1 | |
| <i>divalproex sodium 250mg er tab</i> | 1 | |
| <i>divalproex sodium 500mg dr tab</i> | 1 | |
| <i>divalproex sodium 500mg er tab</i> | 1 | |
| <i>valproic acid 250mg cap</i> | 1 | |
| <i>valproic acid 50mg/ml oral soln</i> | 1 | |
| ANTIDEPRESSANTS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-----------------------------|
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| <i>mirtazapine 15mg odt</i> | 1 | |
| <i>mirtazapine 15mg tab</i> | 1 | |
| <i>mirtazapine 30mg odt</i> | 1 | |
| <i>mirtazapine 30mg tab</i> | 1 | |
| <i>mirtazapine 45mg odt</i> | 1 | |
| <i>mirtazapine 45mg tab</i> | 1 | |
| <i>mirtazapine 7.5mg tab</i> | 1 | |
| ANTIDEPRESSANT COMBINATIONS | | |
| AUVELITY 105-45MG ER TAB | 4 | ST_NSO QL=60 EA/30 Días |
| ANTIDEPRESSANTS - MISC. | | |
| <i>bupropion 100mg er tab</i> | 1 | |
| <i>bupropion 100mg tab</i> | 1 | |
| <i>bupropion 150mg sr (12 hr) tab</i> | 1 | |
| <i>bupropion 150mg xl (24 hr) tab</i> | 1 | |
| <i>bupropion 200mg er tab</i> | 1 | |
| <i>bupropion 300mg er tab</i> | 1 | |
| <i>bupropion 75mg tab</i> | 1 | |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE 20MG CAP | 5 | NDS PA NSO QL=28 EA/14 Días |
| ZURZUVAE 25MG CAP | 5 | NDS PA NSO QL=28 EA/14 Días |
| ZURZUVAE 30MG CAP | 5 | NDS PA NSO QL=14 EA/14 Días |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| EMSAM 12MG/24HR PATCH | 4 | ST_NSO QL=30 EA/30 Días |
| EMSAM 6MG/24HR PATCH | 4 | ST_NSO QL=30 EA/30 Días |
| EMSAM 9MG/24HR PATCH | 4 | ST_NSO QL=30 EA/30 Días |
| MARPLAN 10MG TAB | 3 | |
| PHENELZINE 15MG TAB | 1 | |
| <i>tranylcypromine 10mg tab</i> | 2 | |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| <i>citalopram 10mg tab</i> | 1 | |
| <i>citalopram 20mg tab</i> | 1 | |
| <i>citalopram 2mg/ml oral soln</i> | 1 | |
| <i>citalopram 40mg tab</i> | 1 | |
| <i>escitalopram 10mg tab</i> | 1 | |
| <i>escitalopram 1mg/ml oral soln</i> | 2 | |
| <i>escitalopram 20mg tab</i> | 1 | |
| <i>escitalopram 5mg tab</i> | 1 | |
| <i>fluoxetine 10mg cap</i> | 1 | |
| <i>fluoxetine 20mg cap</i> | 1 | |
| <i>fluoxetine 40mg cap</i> | 1 | |
| <i>fluoxetine 4mg/ml oral soln</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| <i>fluoxetine 60mg tab</i> | 1 | |
| <i>fluvoxamine maleate 100mg tab</i> | 1 | |
| <i>fluvoxamine maleate 25mg tab</i> | 1 | |
| <i>fluvoxamine maleate 50mg tab</i> | 1 | |
| <i>paroxetine 10mg tab</i> | 1 | |
| <i>paroxetine 12.5mg er tab</i> | 2 | |
| <i>paroxetine 20mg tab</i> | 1 | |
| <i>paroxetine 25mg er tab</i> | 2 | |
| <i>paroxetine 2mg/ml susp</i> | 2 | |
| <i>paroxetine 30mg tab</i> | 1 | |
| <i>paroxetine 37.5mg er tab</i> | 2 | |
| <i>paroxetine 40mg tab</i> | 1 | |
| <i>sertraline 100mg tab</i> | 1 | |
| <i>sertraline 20mg/ml oral soln</i> | 1 | |
| <i>sertraline 25mg tab</i> | 1 | |
| <i>sertraline 50mg tab</i> | 1 | |
| SEROTONIN MODULATORS | | |
| NEFAZODONE 100MG TAB | 2 | |
| NEFAZODONE 150MG TAB | 2 | |
| NEFAZODONE 200MG TAB | 2 | |
| NEFAZODONE 250MG TAB | 2 | |
| NEFAZODONE 50MG TAB | 2 | |
| <i>trazodone 100mg tab</i> | 1 | |
| <i>trazodone 150mg tab</i> | 1 | |
| <i>trazodone 50mg tab</i> | 1 | |
| TRINTELLIX 10MG TAB | 3 | ST_NSO QL=30 EA/30 Días |
| TRINTELLIX 20MG TAB | 3 | ST_NSO QL=30 EA/30 Días |
| TRINTELLIX 5MG TAB | 3 | ST_NSO QL=30 EA/30 Días |
| <i>vilazodone 10mg tab</i> | 2 | ST_NSO QL=30 EA/30 Días |
| <i>vilazodone 20mg tab</i> | 2 | ST_NSO QL=30 EA/30 Días |
| <i>vilazodone 40mg tab</i> | 2 | ST_NSO QL=30 EA/30 Días |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| <i>desvenlafaxine succinate 100mg er tab</i> | 1 | |
| <i>desvenlafaxine succinate 25mg er tab</i> | 1 | |
| <i>desvenlafaxine succinate 50mg er tab</i> | 1 | |
| DRIZALMA 20MG DR CAP | 4 | PA NSO QL=60 EA/30 Días |
| DRIZALMA 30MG DR CAP | 4 | PA NSO QL=60 EA/30 Días |
| DRIZALMA 40MG DR CAP | 4 | PA NSO QL=60 EA/30 Días |
| DRIZALMA 60MG DR CAP | 4 | PA NSO QL=60 EA/30 Días |
| <i>duloxetine 20mg dr cap</i> | 1 | |
| <i>duloxetine 30mg dr cap</i> | 1 | |
| <i>duloxetine 60mg dr cap</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|----------------------------------|----------------------|-------------------------|
| FETZIMA 120MG ER CAP | 4 | ST_NSO QL=30 EA/30 Días |
| FETZIMA 20MG ER CAP | 4 | ST_NSO QL=30 EA/30 Días |
| FETZIMA 40MG ER CAP | 4 | ST_NSO QL=30 EA/30 Días |
| FETZIMA 80MG ER CAP | 4 | ST_NSO QL=30 EA/30 Días |
| FETZIMA PACK | 4 | ST_NSO QL=30 EA/30 Días |
| <i>venlafaxine 100mg tab</i> | 1 | |
| <i>venlafaxine 150mg er cap</i> | 1 | |
| <i>venlafaxine 25mg tab</i> | 1 | |
| <i>venlafaxine 37.5mg er cap</i> | 1 | |
| <i>venlafaxine 37.5mg tab</i> | 1 | |
| <i>venlafaxine 50mg tab</i> | 1 | |
| <i>venlafaxine 75mg er cap</i> | 1 | |
| <i>venlafaxine 75mg tab</i> | 1 | |
| TRICYCLIC AGENTS | | |
| <i>amitriptyline 100mg tab</i> | 1 | |
| <i>amitriptyline 10mg tab</i> | 1 | |
| <i>amitriptyline 150mg tab</i> | 1 | |
| <i>amitriptyline 25mg tab</i> | 1 | |
| <i>amitriptyline 50mg tab</i> | 1 | |
| <i>amitriptyline 75mg tab</i> | 1 | |
| <i>amoxapine 100mg tab</i> | 1 | |
| <i>amoxapine 150mg tab</i> | 1 | |
| <i>amoxapine 25mg tab</i> | 1 | |
| <i>amoxapine 50mg tab</i> | 1 | |
| <i>clomipramine 25mg cap</i> | 2 | |
| <i>clomipramine 50mg cap</i> | 2 | |
| <i>clomipramine 75mg cap</i> | 2 | |
| <i>desipramine 100mg tab</i> | 2 | |
| <i>desipramine 10mg tab</i> | 2 | |
| <i>desipramine 150mg tab</i> | 2 | |
| <i>desipramine 25mg tab</i> | 2 | |
| <i>desipramine 50mg tab</i> | 2 | |
| <i>desipramine 75mg tab</i> | 2 | |
| <i>doxepin 100mg cap</i> | 1 | |
| <i>doxepin 10mg cap</i> | 1 | |
| <i>doxepin 10mg/ml oral soln</i> | 1 | |
| <i>doxepin 150mg cap</i> | 1 | |
| <i>doxepin 25mg cap</i> | 1 | |
| <i>doxepin 50mg cap</i> | 1 | |
| <i>doxepin 75mg cap</i> | 1 | |
| <i>imipramine 10mg tab</i> | 1 | |
| <i>imipramine 25mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|----------------------|
| <i>imipramine 50mg tab</i> | 1 | |
| <i>nortriptyline 10mg cap</i> | 1 | |
| <i>nortriptyline 25mg cap</i> | 1 | |
| <i>nortriptyline 2mg/ml oral soln</i> | 3 | |
| <i>nortriptyline 50mg cap</i> | 1 | |
| <i>nortriptyline 75mg cap</i> | 1 | |
| <i>protriptyline 10mg tab</i> | 2 | |
| <i>protriptyline 5mg tab</i> | 2 | |
| <i>trimipramine 100mg cap</i> | 2 | |
| <i>trimipramine 25mg cap</i> | 2 | |
| <i>trimipramine 50mg cap</i> | 2 | |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose 100mg tab</i> | 1 | |
| <i>acarbose 25mg tab</i> | 1 | |
| <i>acarbose 50mg tab</i> | 1 | |
| MIGLITOL 100MG TAB | 2 | |
| <i>miglitol 25mg tab</i> | 2 | |
| MIGLITOL 50MG TAB | 2 | |
| ANTIDIABETIC COMBINATIONS | | |
| <i>glipizide/metformin 2.5-250mg tab</i> | 1 | |
| <i>glipizide/metformin 2.5-500mg tab</i> | 1 | |
| <i>glipizide/metformin 5-500mg tab</i> | 1 | |
| <i>glyburide/metformin 1.25-250mg tab</i> | 1 | |
| <i>glyburide/metformin 2.5-500mg tab</i> | 1 | |
| <i>glyburide/metformin 5-500mg tab</i> | 1 | |
| GLYXAMBI 10-5MG TAB | 3 | QL=30 EA/30 Días |
| GLYXAMBI 25-5MG TAB | 3 | QL=30 EA/30 Días |
| JANUMET 1000-50MG TAB | 3 | QL=60 EA/30 Días |
| JANUMET 500-50MG TAB | 3 | QL=60 EA/30 Días |
| JANUMET XR 1000-100MG TAB | 3 | QL=30 EA/30 Días |
| JANUMET XR 1000-50MG TAB | 3 | QL=60 EA/30 Días |
| JANUMET XR 500-50MG TAB | 3 | QL=60 EA/30 Días |
| JENTADUETO 2.5-1000MG TAB | 3 | QL=60 EA/30 Días |
| JENTADUETO 2.5-500MG TAB | 3 | QL=60 EA/30 Días |
| JENTADUETO XR 2.5-1000MG TAB | 3 | QL=30 EA/30 Días |
| JENTADUETO XR 5-1000MG TAB | 3 | QL=30 EA/30 Días |
| SOLIQUA PEN INJ | 3 | INS QL=15 ML/25 Días |
| SYNJARDY 10-1000MG ER TAB | 3 | QL=30 EA/30 Días |
| SYNJARDY 12.5-1000MG ER TAB | 3 | QL=60 EA/30 Días |
| SYNJARDY 12.5-1000MG TAB | 3 | QL=60 EA/30 Días |
| SYNJARDY 12.5-500MG TAB | 3 | QL=60 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| SYNJARDY 25-1000MG ER TAB | 3 | QL=30 EA/30 Días |
| SYNJARDY 5-1000MG ER TAB | 3 | QL=60 EA/30 Días |
| SYNJARDY 5-1000MG TAB | 3 | QL=60 EA/30 Días |
| SYNJARDY 5-500MG TAB | 3 | QL=60 EA/30 Días |
| TRIJARDY XR 10-5-1000MG TAB | 3 | QL=30 EA/30 Días |
| TRIJARDY XR 12.5-2.5-1000MG TAB | 3 | QL=60 EA/30 Días |
| TRIJARDY XR 25-5-1000MG TAB | 3 | QL=30 EA/30 Días |
| TRIJARDY XR 5-2.5-1000MG TAB | 3 | QL=60 EA/30 Días |
| XIGDUO XR 10-1000MG TAB | 3 | QL=30 EA/30 Días |
| XIGDUO XR 10-500MG TAB | 3 | QL=30 EA/30 Días |
| XIGDUO XR 2.5-1000MG TAB | 3 | QL=60 EA/30 Días |
| XIGDUO XR 5-1000MG TAB | 3 | QL=60 EA/30 Días |
| XIGDUO XR 5-500MG TAB | 3 | QL=30 EA/30 Días |
| XULTOPHY 100UNIT-3.6MG/ML PEN INJ | 3 | INS QL=15 ML/30 Días |
| BIGUANIDES | | |
| <i>metformin 1000mg tab</i> | 1 | |
| <i>metformin 500mg er tab</i> | 1 | |
| <i>metformin 500mg tab</i> | 1 | |
| <i>metformin 750mg er tab</i> | 1 | |
| <i>metformin 850mg tab</i> | 1 | |
| DIABETIC OTHER | | |
| BAQSIMI 3MG/DOSE NASAL POWDER | 3 | QL=2 EA/7 Días |
| <i>diazoxide 50mg/ml susp</i> | 2 | |
| GLUCAGON (RDNA) 1MG INJ | 3 | QL=2 EA/7 Días |
| GVOKE 0.5MG/0.1ML AUTO-INJECTOR | 3 | QL=.20 ML/7 Días |
| GVOKE 1MG/0.2ML AUTO-INJECTOR | 3 | QL=.40 ML/7 Días |
| GVOKE 1MG/0.2ML INJ | 3 | QL=.40 ML/7 Días |
| GVOKE 1MG/0.2ML SYRINGE | 3 | QL=.40 ML/7 Días |
| KORLYM 300MG TAB | 5 | NDS PA QL=120 EA/30 Días |
| <i>mifepristone 300mg tab</i> | 1 | PA QL=120 EA/30 Días |
| ZEGALOGUE 0.6MG/0.6ML AUTO-INJECTOR | 3 | QL=1.20 ML/7 Días |
| ZEGALOGUE 0.6MG/0.6ML SYRINGE | 3 | QL=1.20 ML/7 Días |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA 100MG TAB | 3 | QL=30 EA/30 Días |
| JANUVIA 25MG TAB | 3 | QL=30 EA/30 Días |
| JANUVIA 50MG TAB | 3 | QL=30 EA/30 Días |
| TRADJENTA 5MG TAB | 3 | QL=30 EA/30 Días |
| INCRETIN MIMETIC AGENTS | | |
| BYDUREON 2MG/0.85ML AUTO-INJECTOR | 3 | PA QL=3.40 ML/28 Días |
| LIRAGLUTIDE 6MG/ML PEN INJ | 3 | PA QL=9 ML/30 Días |
| MOUNJARO 10MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|---------------------|
| MOUNJARO 15MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| MOUNJARO 5MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| OZEMPIC 2.68MG/ML PEN INJ | 3 | PA QL=3 ML/28 Días |
| OZEMPIC 2MG/3ML PEN INJ | 3 | PA QL=3 ML/28 Días |
| OZEMPIC 4MG/3ML PEN INJ | 3 | PA QL=3 ML/28 Días |
| RYBELSUS 14MG TAB | 3 | PA QL=30 EA/30 Días |
| RYBELSUS 3MG TAB | 3 | PA QL=30 EA/30 Días |
| RYBELSUS 7MG TAB | 3 | PA QL=30 EA/30 Días |
| TRULICITY 0.75MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| TRULICITY 1.5MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| TRULICITY 3MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| TRULICITY 4.5MG/0.5ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| VICTOZA 18MG/3ML PEN INJ | 3 | PA QL=9 ML/30 Días |
| INSULIN | | |
| HUMALOG 100UNIT/ML CARTRIDGE | 3 | INS |
| HUMALOG 100UNIT/ML KWIKPEN | 3 | INS |
| HUMALOG 200UNIT/ML PEN INJ | 3 | INS |
| HUMALOG JUNIOR 100UNIT/ML PEN INJ | 3 | INS |
| HUMALOG MIX 25-75UNIT/ML INJ | 3 | INS |
| HUMALOG MIX 25-75UNIT/ML PEN INJ | 3 | INS |
| HUMALOG MIX 50-50UNIT/ML PEN INJ | 3 | INS |
| HUMULIN 70-30UNIT/ML INJ | 3 | INS |
| HUMULIN 70-30UNIT/ML PEN INJ | 3 | INS |
| HUMULIN N 100UNIT/ML INJ | 3 | INS |
| HUMULIN N 100UNIT/ML PEN INJ | 3 | INS |
| HUMULIN R 100UNIT/ML INJ | 3 | INS |
| HUMULIN R 500UNIT/ML INJ | 3 | INS PA BvD |
| HUMULIN R 500UNIT/ML PEN INJ | 3 | INS |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML) | 3 | INS |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML) | 3 | INS |
| INSULIN LISPRO 100UNIT/ML INJ | 3 | INS PA BvD |
| LANTUS 100UNIT/ML INJ | 3 | INS |
| LANTUS 100UNIT/ML PEN INJ | 3 | INS |
| LEVEMIR 100UNIT/ML INJ | 3 | INS |
| LEVEMIR 100UNIT/ML PEN INJ | 3 | INS |
| LYUMJEV 100UNIT/ML INJ | 3 | INS PA BvD |
| LYUMJEV 100UNIT/ML PEN INJ | 3 | INS |
| LYUMJEV 200UNIT/ML PEN INJ | 3 | INS |
| TOUJEO 300UNIT/ML PEN INJ | 3 | INS |
| TOUJEO MAX 300UNIT/ML PEN INJ (3ML) | 3 | INS |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| TRESIBA 100UNIT/ML INJ | 3 | INS |
| TRESIBA 100UNIT/ML PEN INJ | 3 | INS |
| TRESIBA 200UNIT/ML PEN INJ | 3 | INS |
| INSULIN SENSITIZING AGENTS | | |
| <i>pioglitazone 15mg tab</i> | 1 | |
| <i>pioglitazone 30mg tab</i> | 1 | |
| <i>pioglitazone 45mg tab</i> | 1 | |
| MEGLITINIDE ANALOGUES | | |
| <i>nateglinide 120mg tab</i> | 1 | |
| <i>nateglinide 60mg tab</i> | 1 | |
| <i>repaglinide 0.5mg tab</i> | 1 | |
| <i>repaglinide 1mg tab</i> | 1 | |
| <i>repaglinide 2mg tab</i> | 1 | |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA 10MG TAB | 3 | QL=30 EA/30 Días |
| FARXIGA 5MG TAB | 3 | QL=30 EA/30 Días |
| JARDIANCE 10MG TAB | 3 | QL=30 EA/30 Días |
| JARDIANCE 25MG TAB | 3 | QL=30 EA/30 Días |
| SULFONYLUREAS | | |
| <i>glimepiride 1mg tab</i> | 1 | |
| <i>glimepiride 2mg tab</i> | 1 | |
| <i>glimepiride 4mg tab</i> | 1 | |
| <i>glipizide 10mg er tab</i> | 1 | |
| <i>glipizide 10mg tab</i> | 1 | |
| <i>glipizide 2.5mg er tab</i> | 1 | |
| <i>glipizide 5mg er tab</i> | 1 | |
| <i>glipizide 5mg tab</i> | 1 | |
| <i>glyburide 1.25mg tab</i> | 1 | |
| GLYBURIDE 1.5MG TAB | 1 | |
| <i>glyburide 2.5mg tab</i> | 1 | |
| GLYBURIDE 3MG TAB | 1 | |
| <i>glyburide 5mg tab</i> | 1 | |
| GLYBURIDE 6MG TAB | 1 | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| <i>atropine sulfate/diphenoxylate 0.025-2.5mg tab</i> | 1 | |
| <i>loperamide 2mg cap</i> | 1 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET 100MG CAP | 3 | |
| <i>deferasirox 125mg tab for oral susp</i> | 1 | |
| <i>deferasirox 180mg granules</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| <i>deferasirox 180mg tab</i> | 1 | |
| <i>deferasirox 250mg tab for oral susp</i> | 1 | |
| <i>deferasirox 360mg granules</i> | 1 | |
| <i>deferasirox 360mg tab</i> | 1 | |
| <i>deferasirox 500mg tab for oral susp</i> | 1 | |
| <i>deferasirox 90mg granules</i> | 1 | |
| <i>deferasirox 90mg tab</i> | 1 | |
| <i>deferiprone 1000mg tab</i> | 1 | PA |
| <i>deferiprone 500mg tab</i> | 1 | PA |
| OPIOID ANTAGONISTS | | |
| KLOXXADO 8MG/0.1ML NASAL SPRAY | 2 | |
| NALOXONE 0.4MG/ML CARTRIDGE | 2 | |
| <i>naloxone 0.4mg/ml inj</i> | 1 | |
| NALOXONE 0.4MG/ML SYRINGE | 1 | |
| <i>naloxone 1mg/ml syringe</i> | 1 | |
| <i>naloxone 40mg/ml nasal spray</i> | 1 | |
| <i>naltrexone 50mg tab</i> | 1 | |
| OPVEE 2.7MG/0.1ML NASAL SPRAY | 3 | |
| VIVITROL 380MG INJ | 5 | NDS |
| ZIMHI 5MG/0.5ML SYRINGE | 2 | |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| <i>granisetron 1mg tab</i> | 1 | PA BvD QL=60 EA/30 Días |
| <i>ondansetron 0.8mg/ml oral soln</i> | 1 | PA BvD |
| <i>ondansetron 4mg odt</i> | 1 | PA BvD |
| <i>ondansetron 4mg tab</i> | 1 | PA BvD |
| <i>ondansetron 8mg odt</i> | 1 | PA BvD |
| <i>ondansetron 8mg tab</i> | 1 | PA BvD |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| <i>meclizine 12.5mg tab</i> | 1 | |
| <i>meclizine 25mg tab</i> | 1 | |
| <i>scopolamine 1mg/72hr patch</i> | 2 | |
| ANTIEMETICS - MISCELLANEOUS | | |
| <i>doxylamine succinate/pyridoxine 10-10mg dr tab</i> | 2 | |
| <i>dronabinol 10mg cap</i> | 2 | PA QL=60 EA/30 Días |
| <i>dronabinol 2.5mg cap</i> | 2 | PA QL=60 EA/30 Días |
| <i>dronabinol 5mg cap</i> | 2 | PA QL=60 EA/30 Días |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| <i>aprepitant 125mg cap</i> | 2 | PA BvD QL=3 EA/2 Días |
| <i>aprepitant 125mg/aprepitant 80mg cap therapy pack</i> | 2 | PA BvD QL=6 EA/4 Días |
| <i>aprepitant 40mg cap</i> | 2 | PA BvD QL=3 EA/2 Días |
| <i>aprepitant 80mg cap</i> | 2 | PA BvD QL=6 EA/4 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------|
| VARUBI 90MG TAB | 4 | PA BvD QL=4 EA/28 Días |
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS | | |
| <i>caspofungin acetate 50mg inj</i> | 5 | NDS |
| <i>caspofungin acetate 70mg inj</i> | 2 | |
| <i>micafungin sodium 100mg inj</i> | 2 | |
| <i>micafungin sodium 50mg inj</i> | 2 | |
| ANTIFUNGALS | | |
| ABELCET 5MG/ML INJ | 4 | PA BvD |
| AMPHOTERICIN B 50MG INJ | 4 | PA BvD |
| <i>flucytosine 250mg cap</i> | 2 | |
| <i>flucytosine 500mg cap</i> | 2 | |
| <i>griseofulvin 125mg tab</i> | 2 | |
| <i>griseofulvin 250mg tab</i> | 2 | |
| <i>griseofulvin 25mg/ml susp</i> | 2 | |
| <i>griseofulvin 500mg tab</i> | 2 | |
| <i>nystatin 500000unit tab</i> | 1 | |
| <i>terbinafine 250mg tab</i> | 1 | |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| <i>fluconazole 100mg tab</i> | 1 | |
| <i>fluconazole 10mg/ml susp</i> | 1 | |
| <i>fluconazole 150mg tab</i> | 1 | |
| <i>fluconazole 200mg tab</i> | 1 | |
| <i>fluconazole 200mg/100ml inj</i> | 2 | |
| <i>fluconazole 400mg/200ml inj</i> | 2 | |
| <i>fluconazole 40mg/ml susp</i> | 1 | |
| <i>fluconazole 50mg tab</i> | 1 | |
| <i>itraconazole 100mg cap</i> | 2 | |
| <i>ketoconazole 200mg tab</i> | 1 | |
| NOXAFIL 300MG POWDER FOR ORAL SUSP | 4 | PA |
| <i>posaconazole 100mg dr tab</i> | 2 | PA |
| <i>posaconazole 40mg/ml susp</i> | 2 | PA |
| VORICONAZOLE 200MG INJ | 2 | PA |
| <i>voriconazole 200mg tab</i> | 2 | PA |
| <i>voriconazole 40mg/ml susp</i> | 2 | PA |
| <i>voriconazole 50mg tab</i> | 2 | PA |
| ANTIHIISTAMINES | | |
| ANTIHIISTAMINES - NON-SEDATING | | |
| <i>desloratadine 5mg tab</i> | 2 | |
| <i>levocetirizine 5mg tab</i> | 1 | |
| ANTIHIISTAMINES - PHENOTHIAZINES | | |
| <i>promethazine 1.25mg/ml oral soln</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| <i>promethazine 12.5mg rectal supp</i> | 2 | |
| <i>promethazine 12.5mg tab</i> | 1 | |
| <i>promethazine 25mg rectal supp</i> | 2 | |
| <i>promethazine 25mg tab</i> | 1 | |
| <i>promethazine 50mg tab</i> | 1 | |
| <i>promethegan 25mg rectal supp</i> | 2 | |
| ANTIHISTAMINES - PIPERIDINES | | |
| <i>cyproheptadine 0.4mg/ml oral soln</i> | 1 | |
| <i>cyproheptadine 4mg tab</i> | 1 | |
| ANTIHYPERLIPIDEMICS | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL 180MG TAB | 3 | PA QL=30 EA/30 Días |
| ANTIHYPERLIPIDEMICS - COMBINATIONS | | |
| <i>ezetimibe 10mg/simvastatin 10mg tab</i> | 2 | |
| <i>ezetimibe 10mg/simvastatin 20mg tab</i> | 2 | |
| <i>ezetimibe 10mg/simvastatin 40mg tab</i> | 2 | |
| <i>ezetimibe 10mg/simvastatin 80mg tab</i> | 2 | |
| NEXLIZET 180-10MG TAB | 3 | PA QL=30 EA/30 Días |
| ANTIHYPERLIPIDEMICS - MISC. | | |
| <i>icosapent ethyl 1000mg cap</i> | 1 | QL=120 EA/30 Días |
| <i>icosapent ethyl 500mg cap</i> | 1 | QL=120 EA/30 Días |
| <i>omega-3 acid ethyl esters (usp) 1000mg cap</i> | 2 | |
| VASCEPA 0.5GM CAP | 3 | QL=120 EA/30 Días |
| VASCEPA 1GM CAP | 3 | QL=120 EA/30 Días |
| BILE ACID SEQUESTRANTS | | |
| <i>cholestyramine resin (sugar-free) 4000mg powder for oral susp</i> | 1 | |
| <i>cholestyramine resin 4000mg powder for oral susp</i> | 1 | |
| <i>colesevelam 3750mg powder for oral susp</i> | 2 | |
| <i>colesevelam 625mg tab</i> | 2 | |
| <i>colestipol 1000mg tab</i> | 1 | |
| <i>colestipol 5000mg granules for oral susp</i> | 2 | |
| <i>prevalite 4gm powder for oral susp</i> | 1 | |
| FIBRIC ACID DERIVATIVES | | |
| <i>fenofibrate 134mg cap</i> | 1 | |
| <i>fenofibrate 145mg tab</i> | 1 | |
| <i>fenofibrate 160mg tab</i> | 1 | |
| <i>fenofibrate 200mg cap</i> | 1 | |
| <i>fenofibrate 48mg tab</i> | 1 | |
| <i>fenofibrate 54mg tab</i> | 1 | |
| <i>fenofibrate 67mg cap</i> | 1 | |
| <i>fenofibric acid 135mg dr cap</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-----------------------|
| <i>fenofibric acid 45mg dr cap</i> | 1 | |
| <i>gemfibrozil 600mg tab</i> | 1 | |
| HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin 10mg tab</i> | 1 | |
| <i>atorvastatin 20mg tab</i> | 1 | |
| <i>atorvastatin 40mg tab</i> | 1 | |
| <i>atorvastatin 80mg tab</i> | 1 | |
| <i>fluvastatin 20mg cap</i> | 2 | |
| <i>fluvastatin 40mg cap</i> | 2 | |
| <i>fluvastatin 80mg er tab</i> | 2 | |
| <i>lovastatin 10mg tab</i> | 1 | |
| <i>lovastatin 20mg tab</i> | 1 | |
| <i>lovastatin 40mg tab</i> | 1 | |
| <i>pitavastatin calcium 1mg tab</i> | 2 | ST |
| <i>pitavastatin calcium 2mg tab</i> | 2 | ST |
| <i>pitavastatin calcium 4mg tab</i> | 2 | ST |
| <i>pravastatin sodium 10mg tab</i> | 1 | |
| <i>pravastatin sodium 20mg tab</i> | 1 | |
| <i>pravastatin sodium 40mg tab</i> | 1 | |
| <i>pravastatin sodium 80mg tab</i> | 1 | |
| <i>rosuvastatin calcium 10mg tab</i> | 1 | |
| <i>rosuvastatin calcium 20mg tab</i> | 1 | |
| <i>rosuvastatin calcium 40mg tab</i> | 1 | |
| <i>rosuvastatin calcium 5mg tab</i> | 1 | |
| <i>simvastatin 10mg tab</i> | 1 | |
| <i>simvastatin 20mg tab</i> | 1 | |
| <i>simvastatin 40mg tab</i> | 1 | |
| <i>simvastatin 5mg tab</i> | 1 | |
| <i>simvastatin 80mg tab</i> | 1 | |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| <i>ezetimibe 10mg tab</i> | 1 | QL=30 EA/30 Días |
| NICOTINIC ACID DERIVATIVES | | |
| <i>niacin 1000mg er tab</i> | 1 | |
| <i>niacin 500mg er tab</i> | 1 | |
| <i>niacin 750mg er tab</i> | 1 | |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT 150MG/ML AUTO-INJECTOR | 4 | PA QL=2 ML/28 Días |
| PRALUENT 75MG/ML AUTO-INJECTOR | 4 | PA QL=2 ML/28 Días |
| REPATHA 140MG/ML AUTO-INJECTOR | 3 | PA QL=2 ML/28 Días |
| REPATHA 140MG/ML SYRINGE | 3 | PA QL=2 ML/28 Días |
| REPATHA 420MG/3.5ML CARTRIDGE | 3 | PA QL=3.50 ML/28 Días |
| ANTIHYPERTENSIVES | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| ACE INHIBITORS | | |
| <i>benazepril 10mg tab</i> | 1 | |
| <i>benazepril 20mg tab</i> | 1 | |
| <i>benazepril 40mg tab</i> | 1 | |
| <i>benazepril 5mg tab</i> | 1 | |
| <i>captopril 100mg tab</i> | 2 | |
| <i>captopril 12.5mg tab</i> | 2 | |
| <i>captopril 25mg tab</i> | 2 | |
| <i>captopril 50mg tab</i> | 2 | |
| <i>enalapril maleate 10mg tab</i> | 1 | |
| <i>enalapril maleate 2.5mg tab</i> | 1 | |
| <i>enalapril maleate 20mg tab</i> | 1 | |
| <i>enalapril maleate 5mg tab</i> | 1 | |
| <i>fosinopril sodium 10mg tab</i> | 1 | |
| <i>fosinopril sodium 20mg tab</i> | 1 | |
| <i>fosinopril sodium 40mg tab</i> | 1 | |
| <i>lisinopril 10mg tab</i> | 1 | |
| <i>lisinopril 2.5mg tab</i> | 1 | |
| <i>lisinopril 20mg tab</i> | 1 | |
| <i>lisinopril 30mg tab</i> | 1 | |
| <i>lisinopril 40mg tab</i> | 1 | |
| <i>lisinopril 5mg tab</i> | 1 | |
| <i>moexipril 15mg tab</i> | 1 | |
| <i>moexipril 7.5mg tab</i> | 1 | |
| PERINDOPRIL ERBUMINE 2MG TAB | 1 | |
| <i>perindopril erbumine 4mg tab</i> | 1 | |
| PERINDOPRIL ERBUMINE 8MG TAB | 1 | |
| <i>quinapril 10mg tab</i> | 1 | |
| <i>quinapril 20mg tab</i> | 1 | |
| <i>quinapril 40mg tab</i> | 1 | |
| <i>quinapril 5mg tab</i> | 1 | |
| <i>ramipril 1.25mg cap</i> | 1 | |
| <i>ramipril 10mg cap</i> | 1 | |
| <i>ramipril 2.5mg cap</i> | 1 | |
| <i>ramipril 5mg cap</i> | 1 | |
| <i>trandolapril 1mg tab</i> | 1 | |
| <i>trandolapril 2mg tab</i> | 1 | |
| <i>trandolapril 4mg tab</i> | 1 | |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| <i>metyrosine 250mg cap</i> | 5 | NDS |
| <i>phenoxybenzamine 10mg cap</i> | 2 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>candesartan cilexetil 16mg tab</i> | 1 | |
| <i>candesartan cilexetil 32mg tab</i> | 1 | |
| <i>candesartan cilexetil 4mg tab</i> | 1 | |
| <i>candesartan cilexetil 8mg tab</i> | 1 | |
| <i>irbesartan 150mg tab</i> | 1 | |
| <i>irbesartan 300mg tab</i> | 1 | |
| <i>irbesartan 75mg tab</i> | 1 | |
| <i>losartan potassium 100mg tab</i> | 1 | |
| <i>losartan potassium 25mg tab</i> | 1 | |
| <i>losartan potassium 50mg tab</i> | 1 | |
| <i>olmesartan medoxomil 20mg tab</i> | 1 | |
| <i>olmesartan medoxomil 40mg tab</i> | 1 | |
| <i>olmesartan medoxomil 5mg tab</i> | 1 | |
| <i>telmisartan 20mg tab</i> | 1 | |
| <i>telmisartan 40mg tab</i> | 1 | |
| <i>telmisartan 80mg tab</i> | 1 | |
| <i>valsartan 160mg tab</i> | 1 | |
| <i>valsartan 320mg tab</i> | 1 | |
| <i>valsartan 40mg tab</i> | 1 | |
| <i>valsartan 80mg tab</i> | 1 | |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| <i>clonidine 0.1mg tab</i> | 1 | |
| <i>clonidine 0.1mg/24hr weekly patch</i> | 2 | |
| <i>clonidine 0.2mg tab</i> | 1 | |
| <i>clonidine 0.2mg/24hr weekly patch</i> | 2 | |
| <i>clonidine 0.3mg tab</i> | 1 | |
| <i>clonidine 0.3mg/24hr weekly patch</i> | 2 | |
| <i>doxazosin 1mg tab</i> | 1 | |
| <i>doxazosin 2mg tab</i> | 1 | |
| <i>doxazosin 4mg tab</i> | 1 | |
| <i>doxazosin 8mg tab</i> | 1 | |
| <i>guanfacine 1mg tab</i> | 1 | |
| <i>guanfacine 2mg tab</i> | 1 | |
| <i>prazosin 1mg cap</i> | 1 | |
| <i>prazosin 2mg cap</i> | 1 | |
| <i>prazosin 5mg cap</i> | 1 | |
| <i>terazosin 10mg cap</i> | 1 | |
| <i>terazosin 1mg cap</i> | 1 | |
| <i>terazosin 2mg cap</i> | 1 | |
| <i>terazosin 5mg cap</i> | 1 | |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| <i>amlodipine/benazepril 10-20mg cap</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>amlodipine/benazepril 10-40mg cap</i> | 1 | |
| <i>amlodipine/benazepril 2.5-10mg cap</i> | 1 | |
| <i>amlodipine/benazepril 5-10mg cap</i> | 1 | |
| <i>amlodipine/benazepril 5-20mg cap</i> | 1 | |
| <i>amlodipine/benazepril 5-40mg cap</i> | 1 | |
| <i>amlodipine/olmesartan medoxomil 10-20mg tab</i> | 2 | |
| <i>amlodipine/olmesartan medoxomil 10-40mg tab</i> | 2 | |
| <i>amlodipine/olmesartan medoxomil 5-20mg tab</i> | 2 | |
| <i>amlodipine/olmesartan medoxomil 5-40mg tab</i> | 2 | |
| <i>amlodipine/valsartan 10-160mg tab</i> | 2 | |
| <i>amlodipine/valsartan 10-320mg tab</i> | 2 | |
| <i>amlodipine/valsartan 5-160mg tab</i> | 2 | |
| <i>amlodipine/valsartan 5-320mg tab</i> | 2 | |
| <i>atenolol/chlorthalidone 100-25mg tab</i> | 1 | |
| <i>atenolol/chlorthalidone 50-25mg tab</i> | 1 | |
| <i>benazepril/hydrochlorothiazide 10-12.5mg tab</i> | 1 | |
| <i>benazepril/hydrochlorothiazide 20-12.5mg tab</i> | 1 | |
| <i>benazepril/hydrochlorothiazide 20-25mg tab</i> | 1 | |
| <i>benazepril/hydrochlorothiazide 5-6.25mg tab</i> | 1 | |
| <i>bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab</i> | 1 | |
| <i>bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab</i> | 1 | |
| <i>bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab</i> | 1 | |
| <i>enalapril maleate/hydrochlorothiazide 10-25mg tab</i> | 1 | |
| <i>enalapril maleate/hydrochlorothiazide 5-12.5mg tab</i> | 1 | |
| <i>fosinopril sodium/hydrochlorothiazide 10-12.5mg tab</i> | 1 | |
| <i>fosinopril sodium/hydrochlorothiazide 20-12.5mg tab</i> | 1 | |
| <i>hydrochlorothiazide/irbesartan 12.5-150mg tab</i> | 1 | |
| <i>hydrochlorothiazide/irbesartan 12.5-300mg tab</i> | 1 | |
| <i>hydrochlorothiazide/lisinopril 12.5-10mg tab</i> | 1 | |
| <i>hydrochlorothiazide/lisinopril 12.5-20mg tab</i> | 1 | |
| <i>hydrochlorothiazide/lisinopril 25-20mg tab</i> | 1 | |
| <i>hydrochlorothiazide/losartan potassium 12.5-100mg tab</i> | 1 | |
| <i>hydrochlorothiazide/losartan potassium 12.5-50mg tab</i> | 1 | |
| <i>hydrochlorothiazide/losartan potassium 25-100mg tab</i> | 1 | |
| <i>hydrochlorothiazide/metoprolol tartrate 25-100mg tab</i> | 2 | |
| <i>hydrochlorothiazide/metoprolol tartrate 25-50mg tab</i> | 2 | |
| <i>hydrochlorothiazide/metoprolol tartrate 50-100mg tab</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------|
| <i>hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab</i> | 1 | |
| <i>hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab</i> | 1 | |
| <i>hydrochlorothiazide/olmesartan medoxomil 25-40mg tab</i> | 1 | |
| <i>hydrochlorothiazide/valsartan 12.5-160mg tab</i> | 1 | |
| <i>hydrochlorothiazide/valsartan 12.5-320mg tab</i> | 1 | |
| <i>hydrochlorothiazide/valsartan 12.5-80mg tab</i> | 1 | |
| <i>hydrochlorothiazide/valsartan 25-160mg tab</i> | 1 | |
| <i>hydrochlorothiazide/valsartan 25-320mg tab</i> | 1 | |
| DIRECT RENIN INHIBITORS | | |
| <i>aliskiren 150mg tab</i> | 2 | |
| <i>aliskiren 300mg tab</i> | 2 | |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| <i>eplerenone 25mg tab</i> | 1 | |
| <i>eplerenone 50mg tab</i> | 1 | |
| VASODILATORS | | |
| <i>hydralazine 100mg tab</i> | 1 | |
| <i>hydralazine 10mg tab</i> | 1 | |
| <i>hydralazine 25mg tab</i> | 1 | |
| <i>hydralazine 50mg tab</i> | 1 | |
| <i>minoxidil 10mg tab</i> | 1 | |
| <i>minoxidil 2.5mg tab</i> | 1 | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| <i>metronidazole 250mg tab</i> | 1 | |
| <i>metronidazole 500mg tab</i> | 1 | |
| <i>metronidazole 5mg/ml inj</i> | 2 | |
| <i>pentamidine isethionate 300mg inj</i> | 2 | |
| <i>pentamidine isethionate 50mg/ml inh soln</i> | 2 | PA BvD QL=1 EA/28 Días |
| <i>tinidazole 250mg tab</i> | 1 | |
| <i>tinidazole 500mg tab</i> | 1 | |
| <i>trimethoprim 100mg tab</i> | 1 | |
| XIFAXAN 200MG TAB | 4 | QL=9 EA/3 Días |
| XIFAXAN 550MG TAB | 3 | PA QL=60 EA/30 Días |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| <i>sulfamethoxazole/trimethoprim 200-40mg/5ml susp</i> | 1 | |
| <i>sulfamethoxazole/trimethoprim 400-80mg tab</i> | 1 | |
| <i>sulfamethoxazole/trimethoprim 800-160mg tab</i> | 1 | |
| ANTIPROTOZOAL AGENTS | | |
| <i>atovaquone 150mg/ml susp</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| NITAZOXANIDE 500MG TAB | 2 | PA QL=6 EA/3 Días |
| CARBAPENEMS | | |
| CILASTATIN/IMIPENEM 250-250MG INJ | 2 | |
| <i>cilastatin/imipenem 500-500mg inj</i> | 2 | |
| <i>ertapenem 1gm inj</i> | 2 | |
| <i>meropenem 1000mg inj</i> | 2 | |
| <i>meropenem 500mg inj</i> | 2 | |
| CYCLIC LIPOPEPTIDES | | |
| <i>daptomycin 500mg inj</i> | 5 | NDS |
| GLYCOPEPTIDES | | |
| DALVANCE 500MG INJ | 5 | NDS |
| <i>vancomycin 100mg/ml inj</i> | 2 | |
| <i>vancomycin 125mg cap</i> | 1 | QL=120 EA/30 Días |
| <i>vancomycin 1gm inj</i> | 2 | |
| <i>vancomycin 250mg cap</i> | 1 | QL=120 EA/30 Días |
| <i>vancomycin 500mg inj</i> | 2 | |
| <i>vancomycin 750mg inj</i> | 2 | |
| LEPROSTATICS | | |
| <i>dapsone 100mg tab</i> | 1 | |
| <i>dapsone 25mg tab</i> | 1 | |
| LINCOSAMIDES | | |
| <i>clindamycin 12mg/ml inj</i> | 2 | |
| <i>clindamycin 150mg cap</i> | 1 | |
| <i>clindamycin 150mg/ml (6ml) inj</i> | 2 | |
| <i>clindamycin 15mg/ml oral soln</i> | 2 | |
| <i>clindamycin 18mg/ml inj</i> | 2 | |
| <i>clindamycin 300mg cap</i> | 1 | |
| <i>clindamycin 6mg/ml inj</i> | 2 | |
| <i>clindamycin 75mg cap</i> | 1 | |
| MONOBACTAMS | | |
| <i>aztreonam 1000mg inj</i> | 2 | |
| <i>aztreonam 2000mg inj</i> | 2 | |
| CAYSTON 75MG INH SOLN | 5 | NDS PA QL=84 ML/28 Días |
| OXAZOLIDINONES | | |
| <i>linezolid 20mg/ml susp</i> | 2 | |
| <i>linezolid 2mg/ml inj</i> | 2 | |
| <i>linezolid 600mg tab</i> | 2 | |
| SIVEXTRO 200MG INJ | 5 | NDS PA QL=6 EA/6 Días |
| SIVEXTRO 200MG TAB | 5 | NDS PA QL=6 EA/6 Días |
| POLYMYXINS | | |
| <i>colistin 75mg/ml inj</i> | 2 | |
| <i>polymyxin b 250000unit/ml inj</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| URINARY ANTI-INFECTIVES | | |
| <i>fosfomycin 3gm powder for oral soln</i> | 2 | |
| <i>methenamine hippurate 1000mg tab</i> | 2 | |
| <i>nitrofurantoin macro/nitrofurantoin mono 100mg cap</i> | 1 | |
| <i>nitrofurantoin macrocrystals 100mg cap</i> | 1 | |
| <i>nitrofurantoin macrocrystals 50mg cap</i> | 1 | |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| <i>atovaquone/proguanil 250-100mg tab</i> | 1 | |
| <i>atovaquone/proguanil 62.5-25mg tab</i> | 1 | |
| COARTEM 20-120MG TAB | 3 | |
| ANTIMALARIALS | | |
| <i>chloroquine phosphate 250mg tab</i> | 1 | |
| <i>chloroquine phosphate 500mg tab</i> | 2 | |
| <i>hydroxychloroquine sulfate 100mg tab</i> | 1 | |
| <i>hydroxychloroquine sulfate 200mg tab</i> | 1 | |
| <i>hydroxychloroquine sulfate 300mg tab</i> | 1 | |
| <i>hydroxychloroquine sulfate 400mg tab</i> | 1 | |
| <i>mefloquine 250mg tab</i> | 2 | |
| PRIMAQUINE PHOSPHATE 26.3MG TAB | 2 | |
| <i>quinine sulfate 324mg cap</i> | 2 | PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| FIRDAPSE 10MG TAB | 5 | NDS PA |
| <i>pyridostigmine bromide 180mg er tab</i> | 2 | |
| <i>pyridostigmine bromide 60mg tab</i> | 1 | |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTIMYCOBACTERIAL AGENTS | | |
| <i>ethambutol 100mg tab</i> | 2 | |
| <i>ethambutol 400mg tab</i> | 2 | |
| ISONIAZID 100MG TAB | 1 | |
| <i>isoniazid 10mg/ml oral soln</i> | 3 | |
| <i>isoniazid 300mg tab</i> | 1 | |
| PRIFTIN 150MG TAB | 3 | |
| <i>pyrazinamide 500mg tab</i> | 1 | |
| <i>rifabutin 150mg cap</i> | 2 | |
| <i>rifampin 150mg cap</i> | 2 | |
| <i>rifampin 300mg cap</i> | 2 | |
| <i>rifampin 600mg inj</i> | 2 | |
| SIRTURO 100MG TAB | 5 | NDS PA |
| SIRTURO 20MG TAB | 5 | NDS PA |
| TRECTOR 250MG TAB | 4 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| CYCLOPHOSPHAMIDE 25MG TAB | 3 | PA BvD |
| CYCLOPHOSPHAMIDE 50MG TAB | 3 | PA BvD |
| GLEOSTINE 100MG CAP | 3 | |
| GLEOSTINE 10MG CAP | 3 | |
| GLEOSTINE 40MG CAP | 3 | |
| LEUKERAN 2MG TAB | 3 | |
| ANTIMETABOLITES | | |
| JYLAMVO 2MG/ML ORAL SOLN | 4 | PA NSO |
| <i>mercaptopurine 50mg tab</i> | 2 | |
| <i>methotrexate 2.5mg tab</i> | 1 | |
| <i>methotrexate 25mg/ml inj</i> | 1 | |
| <i>methotrexate 50mg/2ml inj</i> | 1 | |
| ONUREG 200MG TAB | 5 | NDS PA NSO QL=14 EA/28 Días |
| ONUREG 300MG TAB | 5 | NDS PA NSO QL=14 EA/28 Días |
| PURIXAN 2000MG/100ML SUSP | 4 | |
| TABLOID 40MG TAB | 3 | |
| XATMEP 2.5MG/ML ORAL SOLN | 4 | PA NSO |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| FRUZAQLA 1MG CAP | 5 | NDS PA NSO QL=84 EA/28 Días |
| FRUZAQLA 5MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| INLYTA 1MG TAB | 5 | NDS PA NSO QL=180 EA/30 Días |
| INLYTA 5MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| LENVIMA 10MG DAILY DOSE PACK | 5 | NDS PA NSO QL=30 EA/30 Días |
| LENVIMA 12MG DAILY DOSE PACK | 5 | NDS PA NSO QL=90 EA/30 Días |
| LENVIMA 14MG DAILY DOSE PACK | 5 | NDS PA NSO QL=60 EA/30 Días |
| LENVIMA 18MG DAILY DOSE PACK | 5 | NDS PA NSO QL=90 EA/30 Días |
| LENVIMA 20MG DAILY DOSE PACK | 5 | NDS PA NSO QL=60 EA/30 Días |
| LENVIMA 24MG DAILY DOSE PACK | 5 | NDS PA NSO QL=90 EA/30 Días |
| LENVIMA 4MG DAILY DOSE PACK | 5 | NDS PA NSO QL=30 EA/30 Días |
| LENVIMA 8MG DAILY DOSE PACK | 5 | NDS PA NSO QL=60 EA/30 Días |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA 150MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| TUKYSA 50MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA 100MG TAB | 5 | NDS PA NSO QL=180 EA/30 Días |
| VENCLEXTA 10MG TAB | 3 | PA NSO QL=60 EA/30 Días |
| VENCLEXTA 50MG TAB | 3 | PA NSO QL=30 EA/30 Días |
| VENCLEXTA TAB STARTER PACK | 5 | NDS PA NSO QL=42 EA/28 Días |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| <i>erlotinib 100mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| <i>erlotinib 150mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>erlotinib 25mg tab</i> | 1 | PA NSO QL=90 EA/30 Días |
| <i>gefitinib 250mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| GILOTRIF 20MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| GILOTRIF 30MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| GILOTRIF 40MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| TAGRISSE 40MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| TAGRISSE 80MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| VIZIMPRO 15MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| VIZIMPRO 30MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| VIZIMPRO 45MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| DAURISMO 100MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| DAURISMO 25MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| ERIVEDGE 150MG CAP | 5 | NDS PA NSO |
| ODOMZO 200MG CAP | 5 | NDS PA NSO |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| <i>abiraterone acetate 250mg tab</i> | 1 | QL=120 EA/30 Días |
| AKEEGA 500-100MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| AKEEGA 500-50MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| <i>anastrozole 1mg tab</i> | 1 | |
| <i>bicalutamide 50mg tab</i> | 1 | |
| ELIGARD 22.5MG SYRINGE | 4 | QL=1 EA/84 Días |
| ELIGARD 30MG SYRINGE | 4 | QL=1 EA/112 Días |
| ELIGARD 45MG SYRINGE | 4 | QL=1 EA/168 Días |
| ELIGARD 7.5MG SYRINGE | 4 | QL=1 EA/28 Días |
| ERLEADA 240MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ERLEADA 60MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| <i>exemestane 25mg tab</i> | 2 | |
| FIRMAGON 120MG/VIAL INJ | 3 | PA NSO |
| FIRMAGON 80MG INJ | 3 | PA NSO |
| <i>letrozole 2.5mg tab</i> | 1 | |
| LEUPROLIDE ACETATE 22.5MG INJ | 5 | QL=1 EA/84 Días |
| <i>leuprolide acetate 5mg/ml inj</i> | 2 | |
| LUPRON 11.25MG SYRINGE (NON-PEDIATRIC) | 5 | QL=1 EA/84 Días |
| LUPRON 22.5MG SYRINGE | 5 | QL=1 EA/84 Días |
| LUPRON 3.75MG SYRINGE | 5 | NDS QL=1 EA/28 Días |
| LUPRON 30MG SYRINGE | 5 | QL=1 EA/112 Días |
| LUPRON 45MG SYRINGE (NON-PEDIATRIC) | 5 | QL=1 EA/168 Días |
| LUPRON 7.5MG SYRINGE (NON-PEDIATRIC) | 5 | NDS QL=1 EA/28 Días |
| LYSODREN 500MG TAB | 3 | |
| <i>megestrol acetate 20mg tab</i> | 1 | PA NSO |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| <i>megestrol acetate 40mg tab</i> | 1 | PA NSO |
| <i>megestrol acetate 40mg/ml susp</i> | 1 | PA |
| <i>nilutamide 150mg tab</i> | 1 | |
| NUBEQA 300MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| ORGOVYX 120MG TAB | 5 | NDS PA NSO QL=30 EA/28 Días |
| ORSERDU 345MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ORSERDU 86MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| SOLTAMOX 10MG/5ML ORAL SOLN | 4 | |
| <i>tamoxifen 10mg tab</i> | 1 | |
| <i>tamoxifen 20mg tab</i> | 1 | |
| <i>toremifene 60mg tab</i> | 2 | |
| TRELSTAR 11.25MG INJ | 4 | QL=1 EA/84 Días |
| TRELSTAR 22.5MG INJ | 4 | QL=1 EA/168 Días |
| TRELSTAR 3.75MG INJ | 4 | QL=1 EA/28 Días |
| XTANDI 40MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| XTANDI 40MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| XTANDI 80MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG 40MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST 1MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| POMALYST 2MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| POMALYST 3MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| POMALYST 4MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT 100MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| AYVAKIT 200MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| AYVAKIT 25MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| AYVAKIT 300MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| AYVAKIT 50MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO 100MG ONCE WEEKLY CARTON (8-PACK) | 5 | NDS PA NSO QL=8 EA/28 Días |
| XPOVIO 40MG ONCE WEEKLY CARTON (4-PACK) | 5 | NDS PA NSO QL=4 EA/28 Días |
| XPOVIO 40MG TWICE WEEKLY CARTON (8-PACK) | 5 | NDS PA NSO QL=8 EA/28 Días |
| XPOVIO 60MG ONCE WEEKLY CARTON (4-PACK) | 5 | NDS PA NSO QL=4 EA/28 Días |
| XPOVIO 60MG TWICE WEEKLY CARTON (24 PACK) | 5 | NDS PA NSO QL=24 EA/28 Días |
| XPOVIO 80MG ONCE WEEKLY CARTON (8-PACK) | 5 | NDS PA NSO QL=8 EA/28 Días |
| XPOVIO 80MG TWICE WEEKLY CARTON (32 PACK) | 5 | NDS PA NSO QL=32 EA/28 Días |
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI 5 TABLET PACK | 5 | NDS PA NSO QL=5 EA/28 Días |
| KISQALI/FEMARA 200 CO-PACK | 5 | NDS PA NSO QL=49 EA/28 Días |
| KISQALI/FEMARA 400 CO-PACK | 5 | NDS PA NSO QL=70 EA/28 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| KISQALI/FEMARA 600 CO-PACK | 5 | NDS PA NSO QL=91 EA/28 Días |
| LONSURF 6.14-15MG TAB | 5 | NDS PA NSO |
| LONSURF 8.19-20MG TAB | 5 | NDS PA NSO |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| ALECENSA 150MG CAP | 5 | NDS PA NSO QL=240 EA/30 Días |
| ALUNBRIG 180MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ALUNBRIG 30MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| ALUNBRIG 90MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ALUNBRIG INITIATION PACK | 5 | NDS PA NSO QL=30 EA/30 Días |
| AUGTYRO 40MG CAP | 5 | NDS PA NSO QL=240 EA/30 Días |
| BALVERSA 3MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| BALVERSA 4MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| BALVERSA 5MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| BOSULIF 100MG CAP | 5 | NDS PA NSO QL=150 EA/30 Días |
| BOSULIF 100MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| BOSULIF 400MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| BOSULIF 500MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| BOSULIF 50MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| BRAFTOVI 75MG CAP | 5 | NDS PA NSO QL=180 EA/30 Días |
| BRUKINSA 80MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| CABOMETYX 20MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| CABOMETYX 40MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| CABOMETYX 60MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| CALQUENCE 100MG CAP | 5 | NDS PA NSO QL=60 EA/30 Días |
| CALQUENCE 100MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| CAPRELSA 100MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| CAPRELSA 300MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| COMETRIQ CAP 100MG DAILY DOSE PACK | 5 | NDS PA NSO QL=56 EA/28 Días |
| COMETRIQ CAP 140MG DAILY DOSE PACK | 5 | NDS PA NSO QL=112 EA/28 Días |
| COMETRIQ CAP 60MG DAILY DOSE PACK | 5 | NDS PA NSO QL=84 EA/28 Días |
| COPIKTRA 15MG CAP | 5 | NDS PA NSO QL=60 EA/30 Días |
| COPIKTRA 25MG CAP | 5 | NDS PA NSO QL=60 EA/30 Días |
| COTELLIC 20MG TAB | 5 | NDS PA NSO QL=63 EA/28 Días |
| <i>dasatinib 100mg tab</i> | 5 | NDS PA NSO QL=30 EA/30 Días |
| <i>dasatinib 140mg tab</i> | 5 | NDS PA NSO QL=30 EA/30 Días |
| <i>dasatinib 20mg tab</i> | 5 | NDS PA NSO QL=90 EA/30 Días |
| <i>dasatinib 50mg tab</i> | 5 | NDS PA NSO QL=30 EA/30 Días |
| <i>dasatinib 70mg tab</i> | 5 | NDS PA NSO QL=30 EA/30 Días |
| <i>dasatinib 80mg tab</i> | 5 | NDS PA NSO QL=30 EA/30 Días |
| <i>everolimus 10mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>everolimus 2.5mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>everolimus 2mg tab for oral susp</i> | 1 | PA NSO QL=150 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| <i>everolimus 3mg tab for oral susp</i> | 1 | PA NSO QL=90 EA/30 Días |
| <i>everolimus 5mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>everolimus 5mg tab for oral susp</i> | 1 | PA NSO QL=60 EA/30 Días |
| <i>everolimus 7.5mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| FOTIVDA 0.89MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| FOTIVDA 1.34MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| GAVRETO 100MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| IBRANCE 100MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| IBRANCE 100MG TAB | 5 | NDS PA NSO QL=21 EA/28 Días |
| IBRANCE 125MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| IBRANCE 125MG TAB | 5 | NDS PA NSO QL=21 EA/28 Días |
| IBRANCE 75MG CAP | 5 | NDS PA NSO QL=21 EA/28 Días |
| IBRANCE 75MG TAB | 5 | NDS PA NSO QL=21 EA/28 Días |
| ICLUSIG 10MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ICLUSIG 15MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ICLUSIG 30MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ICLUSIG 45MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| IDHIFA 100MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| IDHIFA 50MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| <i>imatinib 100mg tab</i> | 1 | QL=90 EA/30 Días |
| <i>imatinib 400mg tab</i> | 1 | QL=60 EA/30 Días |
| IMBRUVICA 140MG CAP | 5 | NDS PA NSO QL=90 EA/30 Días |
| IMBRUVICA 420MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| IMBRUVICA 70MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| IMBRUVICA 70MG/ML SUSP | 5 | NDS PA NSO |
| INREBIC 100MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| JAKAFI 10MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| JAKAFI 15MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| JAKAFI 20MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| JAKAFI 25MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| JAKAFI 5MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| JAYPIRCA 100MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| JAYPIRCA 50MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| KISQALI 200MG DAILY DOSE PACK (21) | 5 | NDS PA NSO QL=21 EA/28 Días |
| KISQALI 400MG DAILY DOSE PACK (42) | 5 | NDS PA NSO QL=42 EA/28 Días |
| KISQALI 600MG DAILY DOSE PACK (63) | 5 | NDS PA NSO QL=63 EA/28 Días |
| KOSELUGO 10MG CAP | 5 | NDS PA NSO QL=240 EA/30 Días |
| KOSELUGO 25MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| KRAZATI 200MG TAB | 5 | NDS PA NSO QL=180 EA/30 Días |
| <i>lapatinib 250mg tab</i> | 1 | PA NSO |
| LORBRENA 100MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| LORBRENA 25MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|------------------------------|
| LUMAKRAS 120MG TAB | 5 | NDS PA NSO QL=240 EA/30 Días |
| LUMAKRAS 320MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| LYNPARZA 100MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| LYNPARZA 150MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| LYTGOBI 4MG TAB PACK (12MG DAILY DOSE) | 5 | NDS PA NSO QL=84 EA/28 Días |
| LYTGOBI 4MG TAB PACK (16MG DAILY DOSE) | 5 | NDS PA NSO QL=112 EA/28 Días |
| LYTGOBI 4MG TAB PACK (20MG DAILY DOSE) | 5 | NDS PA NSO QL=140 EA/28 Días |
| MEKINIST 0.05MG/ML ORAL SOLN | 5 | NDS PA NSO |
| MEKINIST 0.5MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| MEKINIST 2MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| MEKTOVI 15MG TAB | 5 | NDS PA NSO QL=180 EA/30 Días |
| NERLYNX 40MG TAB | 5 | NDS PA NSO QL=180 EA/30 Días |
| NINLARO 2.3MG CAP | 5 | NDS PA NSO QL=3 EA/28 Días |
| NINLARO 3MG CAP | 5 | NDS PA NSO QL=3 EA/28 Días |
| NINLARO 4MG CAP | 5 | NDS PA NSO QL=3 EA/28 Días |
| OGSIVEO 100MG TAB 7-DAY PACK (14) | 5 | NDS PA NSO QL=56 EA/28 Días |
| OGSIVEO 150MG TAB 7-DAY PACK (14) | 5 | NDS PA NSO QL=56 EA/28 Días |
| OGSIVEO 50MG TAB | 5 | NDS PA NSO QL=180 EA/30 Días |
| OJEMDA 100MG TAB | 5 | NDS PA NSO QL=24 EA/28 Días |
| OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16) | 5 | NDS PA NSO QL=24 EA/28 Días |
| OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24) | 5 | NDS PA NSO QL=24 EA/28 Días |
| OJEMDA 25MG/ML POWDER FOR ORAL SUSP | 5 | NDS PA NSO QL=96 ML/28 Días |
| OJJAARA 100MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| OJJAARA 150MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| OJJAARA 200MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| <i>pazopanib 200mg tab</i> | 1 | PA NSO QL=120 EA/30 Días |
| PEMAZYRE 13.5MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| PEMAZYRE 4.5MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| PEMAZYRE 9MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| PIQRAY 200MG DAILY DOSE PACK | 5 | NDS PA NSO QL=30 EA/30 Días |
| PIQRAY 250MG DAILY DOSE PACK | 5 | NDS PA NSO QL=60 EA/30 Días |
| PIQRAY 300MG DAILY DOSE PACK | 5 | NDS PA NSO QL=60 EA/30 Días |
| QINLOCK 50MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| RETEVMO 120MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| RETEVMO 160MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| RETEVMO 40MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| RETEVMO 40MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| RETEVMO 80MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| RETEVMO 80MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| REZLIDHIA 150MG CAP | 5 | NDS PA NSO QL=60 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---------------------------------|----------------------|------------------------------|
| ROZLYTREK 100MG CAP | 5 | NDS PA NSO QL=150 EA/30 Días |
| ROZLYTREK 200MG CAP | 5 | NDS PA NSO QL=90 EA/30 Días |
| ROZLYTREK 50MG ORAL PELLETT | 5 | NDS PA NSO QL=336 EA/28 Días |
| RUBRACA 200MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| RUBRACA 250MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| RUBRACA 300MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| RYDAPT 25MG CAP | 5 | NDS PA NSO QL=224 EA/28 Días |
| SCSEMBLIX 100MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| SCSEMBLIX 20MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| SCSEMBLIX 40MG TAB | 5 | NDS PA NSO QL=300 EA/30 Días |
| <i>sorafenib 200mg tab</i> | 1 | PA NSO QL=120 EA/30 Días |
| STIVARGA 40MG TAB | 5 | NDS PA NSO QL=84 EA/28 Días |
| <i>sunitinib 12.5mg cap</i> | 1 | PA NSO |
| <i>sunitinib 25mg cap</i> | 1 | PA NSO |
| <i>sunitinib 37.5mg cap</i> | 1 | PA NSO |
| <i>sunitinib 50mg cap</i> | 1 | PA NSO |
| TABRECTA 150MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| TABRECTA 200MG TAB | 5 | NDS PA NSO QL=120 EA/30 Días |
| TAFINLAR 10MG TAB FOR ORAL SUSP | 5 | NDS PA NSO QL=840 EA/30 Días |
| TAFINLAR 50MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| TAFINLAR 75MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| TALZENNA 0.1MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| TALZENNA 0.25MG CAP | 5 | NDS PA NSO QL=90 EA/30 Días |
| TALZENNA 0.35MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| TALZENNA 0.5MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| TALZENNA 0.75MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| TALZENNA 1MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| TASIGNA 150MG CAP | 5 | NDS PA NSO QL=112 EA/28 Días |
| TASIGNA 200MG CAP | 5 | NDS PA NSO QL=112 EA/28 Días |
| TASIGNA 50MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| TAZVERIK 200MG TAB | 5 | NDS PA NSO QL=240 EA/30 Días |
| TEPMETKO 225MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| TIBSOVO 250MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| <i>torpenz 10mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>torpenz 2.5mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>torpenz 5mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>torpenz 7.5mg tab</i> | 1 | PA NSO QL=30 EA/30 Días |
| TRUQAP 160MG TAB | 5 | NDS PA NSO QL=64 EA/28 Días |
| TRUQAP 200MG TAB | 5 | NDS PA NSO QL=64 EA/28 Días |
| TURALIO 125MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| VANFLYTA 17.7MG TAB | 5 | NDS PA NSO QL=28 EA/28 Días |
| VANFLYTA 26.5MG TAB | 5 | NDS PA NSO QL=56 EA/28 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| VERZENIO 100MG TAB | 5 | NDS PA NSO QL=56 EA/28 Días |
| VERZENIO 150MG TAB | 5 | NDS PA NSO QL=56 EA/28 Días |
| VERZENIO 200MG TAB | 5 | NDS PA NSO QL=56 EA/28 Días |
| VERZENIO 50MG TAB | 5 | NDS PA NSO QL=56 EA/28 Días |
| VITRAKVI 100MG CAP | 5 | NDS PA NSO QL=60 EA/30 Días |
| VITRAKVI 20MG/ML ORAL SOLN | 5 | NDS PA NSO QL=300 ML/30 Días |
| VITRAKVI 25MG CAP | 5 | NDS PA NSO QL=180 EA/30 Días |
| VONJO 100MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| XALKORI 150MG ORAL PELLETT | 5 | NDS PA NSO QL=180 EA/30 Días |
| XALKORI 200MG CAP | 5 | NDS PA NSO QL=60 EA/30 Días |
| XALKORI 20MG ORAL PELLETT | 5 | NDS PA NSO QL=120 EA/30 Días |
| XALKORI 250MG CAP | 5 | NDS PA NSO QL=120 EA/30 Días |
| XALKORI 50MG ORAL PELLETT | 5 | NDS PA NSO QL=120 EA/30 Días |
| XOSPATA 40MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| ZEJULA 100MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ZEJULA 200MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ZEJULA 300MG TAB | 5 | NDS PA NSO QL=30 EA/30 Días |
| ZELBORAF 240MG TAB | 5 | NDS PA NSO QL=240 EA/30 Días |
| ZOLINZA 100MG CAP | 5 | NDS PA NSO |
| ZYDELIG 100MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| ZYDELIG 150MG TAB | 5 | NDS PA NSO QL=60 EA/30 Días |
| ZYKADIA 150MG TAB | 5 | NDS PA NSO QL=90 EA/30 Días |
| ANTINEOPLASTICS MISC. | | |
| ACTIMMUNE 2000000UNIT/0.5ML INJ | 5 | NDS PA NSO |
| BESREMI 500MCG/ML SYRINGE | 5 | NDS PA NSO QL=2 ML/28 Días |
| <i>bexarotene 75mg cap</i> | 1 | PA NSO |
| <i>hydroxyurea 500mg cap</i> | 1 | |
| MATULANE 50MG CAP | 5 | NDS |
| <i>tretinoin 10mg cap</i> | 1 | |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS | | |
| IWILFIN 192MG TAB | 5 | NDS PA NSO QL=240 EA/30 Días |
| <i>leucovorin 10mg tab</i> | 1 | |
| <i>leucovorin 15mg tab</i> | 1 | |
| <i>leucovorin 25mg tab</i> | 1 | |
| <i>leucovorin 5mg tab</i> | 1 | |
| MESNEX 400MG TAB | 3 | |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ADJUNCTIVE THERAPY | | |
| <i>carbidopa 25mg tab</i> | 2 | |
| NOURIANZ 20MG TAB | 4 | PA QL=30 EA/30 Días |
| NOURIANZ 40MG TAB | 4 | PA QL=30 EA/30 Días |
| ANTIPARKINSON ANTICHOLINERGICS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>benztropine mesylate 0.5mg tab</i> | 1 | |
| <i>benztropine mesylate 1mg tab</i> | 1 | |
| <i>benztropine mesylate 2mg tab</i> | 1 | |
| <i>trihexyphenidyl 2mg tab</i> | 1 | |
| <i>trihexyphenidyl 5mg tab</i> | 1 | |
| ANTIPARKINSON COMT INHIBITORS | | |
| <i>entacapone 200mg tab</i> | 2 | |
| <i>tolcapone 100mg tab</i> | 2 | |
| ANTIPARKINSON DOPAMINERGICS | | |
| <i>amantadine 100mg cap</i> | 1 | |
| <i>amantadine 100mg tab</i> | 2 | |
| <i>amantadine 10mg/ml oral soln</i> | 2 | |
| <i>bromocriptine 2.5mg tab</i> | 2 | |
| <i>bromocriptine 5mg cap</i> | 2 | |
| <i>carbidopa/entacapone/levodopa 12.5-200-50mg tab</i> | 2 | |
| <i>carbidopa/entacapone/levodopa 18.75-200-75mg tab</i> | 2 | |
| <i>carbidopa/entacapone/levodopa 25-200-100mg tab</i> | 2 | |
| <i>carbidopa/entacapone/levodopa 31.25-200-125mg tab</i> | 2 | |
| <i>carbidopa/entacapone/levodopa 37.5-200-150mg tab</i> | 2 | |
| <i>carbidopa/entacapone/levodopa 50-200-200mg tab</i> | 2 | |
| CARBIDOPA/LEVODOPA 10-100MG ODT | 2 | |
| <i>carbidopa/levodopa 10-100mg tab</i> | 1 | |
| <i>carbidopa/levodopa 25-100mg er tab</i> | 1 | |
| CARBIDOPA/LEVODOPA 25-100MG ODT | 2 | |
| <i>carbidopa/levodopa 25-100mg tab</i> | 1 | |
| CARBIDOPA/LEVODOPA 25-250MG ODT | 2 | |
| <i>carbidopa/levodopa 25-250mg tab</i> | 1 | |
| <i>carbidopa/levodopa 50-200mg er tab</i> | 1 | |
| NEUPRO 1MG/24HR PATCH | 4 | |
| NEUPRO 2MG/24HR PATCH | 4 | |
| NEUPRO 3MG/24HR PATCH | 4 | |
| NEUPRO 4MG/24HR PATCH | 4 | |
| NEUPRO 6MG/24HR PATCH | 4 | |
| NEUPRO 8MG/24HR PATCH | 4 | |
| <i>pramipexole 0.125mg tab</i> | 1 | |
| <i>pramipexole 0.25mg tab</i> | 1 | |
| <i>pramipexole 0.5mg tab</i> | 1 | |
| <i>pramipexole 0.75mg tab</i> | 1 | |
| <i>pramipexole 1.5mg tab</i> | 1 | |
| <i>pramipexole 1mg tab</i> | 1 | |
| <i>ropinirole 0.25mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| <i>ropinirole 0.5mg tab</i> | 1 | |
| <i>ropinirole 12mg er tab</i> | 2 | |
| <i>ropinirole 1mg tab</i> | 1 | |
| <i>ropinirole 2mg er tab</i> | 2 | |
| <i>ropinirole 2mg tab</i> | 1 | |
| <i>ropinirole 3mg tab</i> | 1 | |
| <i>ropinirole 4mg er tab</i> | 2 | |
| <i>ropinirole 4mg tab</i> | 1 | |
| <i>ropinirole 5mg tab</i> | 1 | |
| <i>ropinirole 6mg er tab</i> | 2 | |
| <i>ropinirole 8mg er tab</i> | 2 | |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| <i>rasagiline 0.5mg tab</i> | 2 | |
| <i>rasagiline 1mg tab</i> | 2 | |
| <i>selegiline 5mg cap</i> | 1 | |
| <i>selegiline 5mg tab</i> | 1 | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| <i>lithium carbonate 150mg cap</i> | 1 | |
| <i>lithium carbonate 300mg cap</i> | 1 | |
| <i>lithium carbonate 300mg er tab</i> | 1 | |
| <i>lithium carbonate 300mg tab</i> | 1 | |
| <i>lithium carbonate 450mg er tab</i> | 1 | |
| LITHIUM CARBONATE 600MG CAP | 1 | |
| <i>lithium citrate 60mg/ml oral soln</i> | 1 | |
| ANTIPSYCHOTICS - MISC. | | |
| CAPLYTA 10.5MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| CAPLYTA 21MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| CAPLYTA 42MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| <i>lurasidone 120mg tab</i> | 1 | |
| <i>lurasidone 20mg tab</i> | 1 | |
| <i>lurasidone 40mg tab</i> | 1 | |
| <i>lurasidone 60mg tab</i> | 1 | |
| <i>lurasidone 80mg tab</i> | 1 | |
| NUPLAZID 10MG TAB | 4 | PA NSO QL=30 EA/30 Días |
| NUPLAZID 34MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| VRAYLAR 1.5MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| VRAYLAR 3MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| VRAYLAR 4.5MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| VRAYLAR 6MG CAP | 4 | PA NSO QL=30 EA/30 Días |
| <i>ziprasidone 20mg cap</i> | 1 | |
| <i>ziprasidone 20mg inj</i> | 2 | QL=60 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--------------------------------------|----------------------|-------------------------|
| <i>ziprasidone 40mg cap</i> | 1 | |
| <i>ziprasidone 60mg cap</i> | 1 | |
| <i>ziprasidone 80mg cap</i> | 1 | |
| BENZISOXAZOLES | | |
| FANAPT 10MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| FANAPT 12MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| FANAPT 1MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| FANAPT 2MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| FANAPT 4MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| FANAPT 6MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| FANAPT 8MG TAB | 4 | PA NSO QL=60 EA/30 Días |
| FANAPT TITRATION PACK | 4 | PA NSO QL=60 EA/30 Días |
| INVEGA HAFYERA 1092MG/3.5ML SYRINGE | 4 | QL=3.50 ML/180 Días |
| INVEGA HAFYERA 1560MG/5ML SYRINGE | 4 | QL=5 ML/180 Días |
| INVEGA SUSTENNA 117MG/0.75ML SYRINGE | 4 | QL=.75 ML/28 Días |
| INVEGA SUSTENNA 156MG/ML SYRINGE | 4 | QL=1 ML/28 Días |
| INVEGA SUSTENNA 234MG/1.5ML SYRINGE | 4 | QL=1.50 ML/28 Días |
| INVEGA SUSTENNA 39MG/0.25ML SYRINGE | 4 | QL=.25 ML/28 Días |
| INVEGA SUSTENNA 78MG/0.5ML SYRINGE | 4 | QL=.50 ML/28 Días |
| INVEGA TRINZA 273MG/0.875ML SYRINGE | 4 | QL=.88 ML/84 Días |
| INVEGA TRINZA 410MG/1.315ML SYRINGE | 4 | QL=1.32 ML/84 Días |
| INVEGA TRINZA 546MG/1.75ML SYRINGE | 4 | QL=1.75 ML/84 Días |
| INVEGA TRINZA 819MG/2.625ML SYRINGE | 4 | QL=2.63 ML/84 Días |
| <i>paliperidone 1.5mg er tab</i> | 2 | QL=30 EA/30 Días |
| <i>paliperidone 3mg er tab</i> | 2 | QL=30 EA/30 Días |
| <i>paliperidone 6mg er tab</i> | 2 | QL=60 EA/30 Días |
| <i>paliperidone 9mg er tab</i> | 2 | QL=30 EA/30 Días |
| PERSERIS 120MG SYRINGE | 5 | NDS QL=1 EA/28 Días |
| PERSERIS 90MG SYRINGE | 5 | NDS QL=1 EA/28 Días |
| RISPERIDONE 0.25MG ODT | 2 | |
| <i>risperidone 0.25mg tab</i> | 1 | |
| <i>risperidone 0.5mg odt</i> | 2 | |
| <i>risperidone 0.5mg tab</i> | 1 | |
| <i>risperidone 12.5mg inj</i> | 2 | QL=2 EA/28 Días |
| <i>risperidone 1mg odt</i> | 2 | |
| <i>risperidone 1mg tab</i> | 1 | |
| <i>risperidone 1mg/ml oral soln</i> | 1 | |
| <i>risperidone 25mg inj</i> | 2 | QL=2 EA/28 Días |
| <i>risperidone 2mg odt</i> | 2 | |
| <i>risperidone 2mg tab</i> | 1 | |
| <i>risperidone 37.5mg inj</i> | 2 | QL=2 EA/28 Días |
| <i>risperidone 3mg odt</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-----------------------|
| <i>risperidone 3mg tab</i> | 1 | |
| <i>risperidone 4mg odt</i> | 2 | |
| <i>risperidone 4mg tab</i> | 1 | |
| <i>risperidone 50mg inj</i> | 2 | QL=2 EA/28 Días |
| UZEDY 100MG/0.28ML SYRINGE | 5 | QL=.28 ML/30 Días |
| UZEDY 125MG/0.35ML SYRINGE | 5 | NDS QL=.35 ML/30 Días |
| UZEDY 150MG/0.42ML SYRINGE | 5 | QL=.42 ML/60 Días |
| UZEDY 200MG/0.56ML SYRINGE | 5 | QL=.56 ML/60 Días |
| UZEDY 250MG/0.7ML SYRINGE | 5 | QL=7 ML/60 Días |
| UZEDY 50MG/0.14ML SYRINGE | 5 | NDS QL=.14 ML/30 Días |
| UZEDY 75MG/0.21ML SYRINGE | 5 | NDS QL=.21 ML/30 Días |
| BUTYROPHENONES | | |
| <i>haloperidol 0.5mg tab</i> | 1 | |
| <i>haloperidol 10mg tab</i> | 1 | |
| <i>haloperidol 1mg tab</i> | 1 | |
| <i>haloperidol 20mg tab</i> | 1 | |
| <i>haloperidol 2mg tab</i> | 1 | |
| <i>haloperidol 2mg/ml oral soln</i> | 1 | |
| <i>haloperidol 5mg tab</i> | 1 | |
| <i>haloperidol 5mg/ml inj</i> | 2 | |
| <i>haloperidol decanoate 100mg/ml (1ml) inj</i> | 2 | |
| <i>haloperidol decanoate 100mg/ml inj</i> | 2 | |
| <i>haloperidol decanoate 50mg/ml (1ml) inj</i> | 2 | |
| <i>haloperidol decanoate 50mg/ml inj</i> | 2 | |
| DIBENZAPINES | | |
| <i>asenapine 10mg sl tab</i> | 2 | QL=60 EA/30 Días |
| <i>asenapine 2.5mg sl tab</i> | 2 | QL=60 EA/30 Días |
| <i>asenapine 5mg sl tab</i> | 2 | QL=60 EA/30 Días |
| <i>clozapine 100mg odt</i> | 2 | |
| <i>clozapine 100mg tab</i> | 2 | |
| CLOZAPINE 12.5MG ODT | 2 | |
| <i>clozapine 150mg odt</i> | 2 | |
| <i>clozapine 200mg odt</i> | 2 | |
| <i>clozapine 200mg tab</i> | 2 | |
| <i>clozapine 25mg odt</i> | 2 | |
| <i>clozapine 25mg tab</i> | 2 | |
| <i>clozapine 50mg tab</i> | 2 | |
| <i>loxapine 10mg cap</i> | 1 | |
| <i>loxapine 25mg cap</i> | 1 | |
| <i>loxapine 50mg cap</i> | 1 | |
| <i>loxapine 5mg cap</i> | 1 | |
| <i>olanzapine 10mg inj</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|-----------------------------------|----------------------|-------------------------|
| <i>olanzapine 10mg odt</i> | 2 | |
| <i>olanzapine 10mg tab</i> | 1 | |
| <i>olanzapine 15mg odt</i> | 2 | |
| <i>olanzapine 15mg tab</i> | 1 | |
| <i>olanzapine 2.5mg tab</i> | 1 | |
| <i>olanzapine 20mg odt</i> | 2 | |
| <i>olanzapine 20mg tab</i> | 1 | |
| <i>olanzapine 5mg odt</i> | 2 | |
| <i>olanzapine 5mg tab</i> | 1 | |
| <i>olanzapine 7.5mg tab</i> | 1 | |
| <i>quetiapine 100mg tab</i> | 1 | |
| <i>quetiapine 150mg er tab</i> | 1 | |
| <i>quetiapine 200mg er tab</i> | 1 | |
| <i>quetiapine 200mg tab</i> | 1 | |
| <i>quetiapine 25mg tab</i> | 1 | |
| <i>quetiapine 300mg er tab</i> | 1 | |
| <i>quetiapine 300mg tab</i> | 1 | |
| <i>quetiapine 400mg er tab</i> | 1 | |
| <i>quetiapine 400mg tab</i> | 1 | |
| <i>quetiapine 50mg er tab</i> | 1 | |
| <i>quetiapine 50mg tab</i> | 1 | |
| SECUADO 3.8MG/24HR PATCH | 4 | PA NSO QL=30 EA/30 Días |
| SECUADO 5.7MG/24HR PATCH | 4 | PA NSO QL=30 EA/30 Días |
| SECUADO 7.6MG/24HR PATCH | 4 | PA NSO QL=30 EA/30 Días |
| VERSACLOZ 50MG/ML SUSP | 4 | |
| ZYPREXA 210MG INJ | 4 | QL=2 EA/28 Días |
| DIHYDROINDOLONES | | |
| MOLINDONE 10MG TAB | 4 | |
| MOLINDONE 25MG TAB | 4 | |
| MOLINDONE 5MG TAB | 4 | |
| PHENOTHIAZINES | | |
| <i>chlorpromazine 100mg tab</i> | 1 | |
| CHLORPROMAZINE 100MG/ML ORAL SOLN | 4 | |
| <i>chlorpromazine 10mg tab</i> | 1 | |
| <i>chlorpromazine 200mg tab</i> | 1 | |
| <i>chlorpromazine 25mg tab</i> | 1 | |
| CHLORPROMAZINE 30MG/ML ORAL SOLN | 4 | |
| <i>chlorpromazine 50mg tab</i> | 1 | |
| <i>compro 25mg rectal supp</i> | 1 | |
| FLUPHENAZINE 0.5MG/ML ORAL SOLN | 3 | |
| <i>fluphenazine 10mg tab</i> | 1 | |
| <i>fluphenazine 1mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| <i>fluphenazine 2.5mg tab</i> | 1 | |
| FLUPHENAZINE 2.5MG/ML INJ | 3 | |
| <i>fluphenazine 5mg tab</i> | 1 | |
| FLUPHENAZINE 5MG/ML ORAL SOLN | 3 | |
| <i>fluphenazine decanoate 25mg/ml inj</i> | 2 | |
| <i>perphenazine 16mg tab</i> | 1 | |
| <i>perphenazine 2mg tab</i> | 1 | |
| <i>perphenazine 4mg tab</i> | 1 | |
| <i>perphenazine 8mg tab</i> | 1 | |
| <i>prochlorperazine 10mg tab</i> | 1 | |
| <i>prochlorperazine 25mg rectal supp</i> | 1 | |
| <i>prochlorperazine 5mg tab</i> | 1 | |
| <i>thioridazine 100mg tab</i> | 1 | |
| <i>thioridazine 10mg tab</i> | 1 | |
| <i>thioridazine 25mg tab</i> | 1 | |
| <i>thioridazine 50mg tab</i> | 1 | |
| <i>trifluoperazine 10mg tab</i> | 1 | |
| <i>trifluoperazine 1mg tab</i> | 1 | |
| <i>trifluoperazine 2mg tab</i> | 1 | |
| <i>trifluoperazine 5mg tab</i> | 1 | |
| QUINOLINONE DERIVATIVES | | |
| ABILIFY 300MG INJ | 5 | NDS QL=1 EA/28 Días |
| ABILIFY 300MG SYRINGE | 5 | NDS QL=1 EA/28 Días |
| ABILIFY 400MG INJ | 5 | NDS QL=1 EA/28 Días |
| ABILIFY 400MG SYRINGE | 5 | NDS QL=1 EA/28 Días |
| ABILIFY 720MG/2.4ML SYRINGE | 5 | QL=2.40 ML/56 Días |
| ABILIFY 960MG/3.2ML SYRINGE | 5 | QL=3.20 ML/56 Días |
| <i>aripiprazole 10mg odt</i> | 2 | QL=60 EA/30 Días |
| <i>aripiprazole 10mg tab</i> | 1 | |
| <i>aripiprazole 15mg odt</i> | 2 | QL=60 EA/30 Días |
| <i>aripiprazole 15mg tab</i> | 1 | |
| <i>aripiprazole 1mg/ml oral soln</i> | 2 | |
| <i>aripiprazole 20mg tab</i> | 1 | |
| <i>aripiprazole 2mg tab</i> | 1 | |
| <i>aripiprazole 30mg tab</i> | 1 | |
| <i>aripiprazole 5mg tab</i> | 1 | |
| ARISTADA 1064MG/3.9ML SYRINGE | 5 | QL=3.90 ML/56 Días |
| ARISTADA 441MG/1.6ML SYRINGE | 5 | NDS QL=1.60 ML/28 Días |
| ARISTADA 662MG/2.4ML SYRINGE | 5 | NDS QL=2.40 ML/28 Días |
| ARISTADA 675MG/2.4ML SYRINGE | 5 | QL=2.40 ML/42 Días |
| ARISTADA 882MG/3.2ML SYRINGE | 5 | QL=3.20 ML/28 Días |
| REXULTI 0.25MG TAB | 4 | PA NSO QL=30 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| REXULTI 0.5MG TAB | 4 | PA NSO QL=30 EA/30 Días |
| REXULTI 1MG TAB | 4 | PA NSO QL=30 EA/30 Días |
| REXULTI 2MG TAB | 4 | PA NSO QL=30 EA/30 Días |
| REXULTI 3MG TAB | 4 | PA NSO QL=30 EA/30 Días |
| REXULTI 4MG TAB | 4 | PA NSO QL=30 EA/30 Días |
| THIOXANTHENES | | |
| <i>thiothixene 10mg cap</i> | 1 | |
| <i>thiothixene 1mg cap</i> | 1 | |
| <i>thiothixene 2mg cap</i> | 1 | |
| <i>thiothixene 5mg cap</i> | 1 | |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| <i>abacavir 20mg/ml oral soln</i> | 2 | |
| <i>abacavir 300mg tab</i> | 2 | |
| <i>abacavir/lamivudine 600-300mg tab</i> | 2 | |
| APTIVUS 250MG CAP | 5 | |
| <i>atazanavir 150mg cap</i> | 2 | |
| <i>atazanavir 200mg cap</i> | 2 | |
| <i>atazanavir 300mg cap</i> | 2 | |
| BIKTARVY 30-120-15MG TAB | 5 | |
| BIKTARVY 50-200-25MG TAB | 5 | |
| CIMDUO 300-300MG TAB | 5 | |
| COMPLERA 200-25-300MG TAB | 5 | |
| <i>darunavir 600mg tab</i> | 2 | |
| <i>darunavir 800mg tab</i> | 2 | |
| DELSTRIGO 100-300-300MG TAB | 5 | |
| DESCOVY 120-15MG TAB | 5 | QL=30 EA/30 Días |
| DESCOVY 200-25MG TAB | 5 | QL=30 EA/30 Días |
| DOVATO 50-300MG TAB | 5 | |
| EDURANT 25MG TAB | 5 | |
| <i>efavirenz 600mg tab</i> | 2 | |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab</i> | 5 | |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate 400-300-300mg tab</i> | 2 | |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab</i> | 2 | |
| <i>emtricitabine 200mg cap</i> | 2 | |
| <i>emtricitabine/tenofovir disoproxil fumarate 100-150mg tab</i> | 5 | QL=30 EA/30 Días |
| <i>emtricitabine/tenofovir disoproxil fumarate 133-200mg tab</i> | 5 | QL=30 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>emtricitabine/tenofovir disoproxil fumarate 167-250mg tab</i> | 5 | QL=30 EA/30 Días |
| <i>emtricitabine/tenofovir disoproxil fumarate 200-300mg tab</i> | 1 | QL=30 EA/30 Días |
| EMTRIVA 10MG/ML ORAL SOLN | 3 | |
| <i>etravirine 100mg tab</i> | 2 | |
| <i>etravirine 200mg tab</i> | 2 | |
| EVOTAZ 300-150MG TAB | 5 | |
| <i>fosamprenavir 700mg tab</i> | 5 | |
| FUZEON 90MG INJ | 5 | |
| GENVOYA 150-150-200-10MG TAB | 5 | |
| INTELENCE 25MG TAB | 3 | |
| ISENTRESS 100MG CHEW TAB | 3 | |
| ISENTRESS 100MG GRANULES FOR ORAL SUSP | 3 | |
| ISENTRESS 25MG CHEW TAB | 3 | |
| ISENTRESS 400MG TAB | 3 | |
| ISENTRESS 600MG TAB | 3 | |
| JULUCA 50-25MG TAB | 5 | |
| <i>lamivudine 10mg/ml oral soln</i> | 2 | |
| <i>lamivudine 150mg tab</i> | 2 | |
| <i>lamivudine 300mg tab</i> | 2 | |
| <i>lamivudine/zidovudine 150-300mg tab</i> | 2 | |
| <i>lopinavir/ritonavir 100-25mg tab</i> | 2 | |
| <i>lopinavir/ritonavir 200-50mg tab</i> | 2 | |
| <i>lopinavir/ritonavir 80-20mg/ml oral soln</i> | 2 | |
| <i>maraviroc 150mg tab</i> | 5 | |
| <i>maraviroc 300mg tab</i> | 5 | |
| NEVIRAPINE 10MG/ML SUSP | 2 | |
| <i>nevirapine 200mg tab</i> | 1 | |
| <i>nevirapine 400mg er tab</i> | 2 | |
| NORVIR 100MG ORAL POWDER | 3 | |
| ODEFSEY 200-25-25MG TAB | 5 | |
| PIFELTRO 100MG TAB | 5 | |
| PREZCOBIX 150-800MG TAB | 5 | |
| PREZISTA 100MG/ML SUSP | 3 | |
| PREZISTA 150MG TAB | 3 | |
| PREZISTA 75MG TAB | 3 | |
| REYATAZ 50MG ORAL POWDER | 5 | |
| <i>ritonavir 100mg tab</i> | 2 | |
| RUKOBIA 600MG ER TAB | 5 | |
| SELZENTRY 20MG/ML ORAL SOLN | 5 | |
| SELZENTRY 25MG TAB | 3 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| SELZENTRY 75MG TAB | 5 | |
| STRIBILD 150-150-200-300MG TAB | 5 | |
| SUNLENCA 300MG TAB 4-TABLET PACK | 5 | QL=4 EA/28 Días |
| SUNLENCA 300MG TAB 5-TABLET PACK | 5 | QL=5 EA/28 Días |
| SYMTUZA 150-800-200-10MG TAB | 5 | |
| <i>tenofovir disoproxil fumarate 300mg tab</i> | 2 | |
| TIVICAY 10MG TAB | 3 | |
| TIVICAY 25MG TAB | 3 | |
| TIVICAY 50MG TAB | 5 | |
| TIVICAY 5MG TAB FOR ORAL SUSP | 3 | |
| TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP | 5 | |
| TRIUMEQ 600-50-300MG TAB | 5 | |
| TRIZIVIR 300-150-300MG TAB | 5 | |
| TYBOST 150MG TAB | 3 | |
| VIRACEPT 250MG TAB | 5 | |
| VIRACEPT 625MG TAB | 5 | |
| VIREAD 150MG TAB | 5 | |
| VIREAD 200MG TAB | 5 | |
| VIREAD 250MG TAB | 5 | |
| VIREAD 40MG/GM ORAL POWDER | 3 | |
| <i>zidovudine 100mg cap</i> | 2 | |
| <i>zidovudine 10mg/ml oral soln</i> | 2 | |
| <i>zidovudine 300mg tab</i> | 2 | |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID 150MG/100MG TAB PACK (20) | 1 | QL=20 EA/5 Días |
| PAXLOVID 150MG/100MG TAB PACK (30) | 1 | QL=30 EA/5 Días |
| CMV AGENTS | | |
| LIVTENCITY 200MG TAB | 5 | NDS PA QL=120 EA/30 Días |
| PREVYMIS 240MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| PREVYMIS 480MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| <i>valganciclovir 450mg tab</i> | 2 | |
| <i>valganciclovir 50mg/ml oral soln</i> | 5 | NDS |
| HEPATITIS AGENTS | | |
| <i>adefovir dipivoxil 10mg tab</i> | 2 | |
| <i>entecavir 0.5mg tab</i> | 2 | QL=30 EA/30 Días |
| <i>entecavir 1mg tab</i> | 2 | QL=30 EA/30 Días |
| <i>lamivudine 100mg tab</i> | 2 | |
| MAVYRET 100-40MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| MAVYRET 50-20MG ORAL PELLETT | 5 | NDS PA QL=150 EA/30 Días |
| PEGASYS 180MCG/0.5ML SYRINGE | 5 | NDS |
| PEGASYS 180MCG/ML INJ | 5 | NDS |
| RIBAVIRIN 200MG CAP | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---------------------------------------|----------------------|-------------------------|
| RIBAVIRIN 200MG TAB | 1 | |
| SOFOSBUVIR/VELPATASVIR 400-100MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| VEMLIDY 25MG TAB | 5 | NDS |
| VOSEVI 400-100-100MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| HERPES AGENTS | | |
| <i>acyclovir 200mg cap</i> | 1 | |
| <i>acyclovir 400mg tab</i> | 1 | |
| <i>acyclovir 40mg/ml susp</i> | 1 | |
| <i>acyclovir 50mg/ml inj</i> | 2 | PA BvD |
| <i>acyclovir 800mg tab</i> | 1 | |
| <i>famciclovir 125mg tab</i> | 2 | |
| <i>famciclovir 250mg tab</i> | 2 | |
| <i>famciclovir 500mg tab</i> | 2 | |
| <i>valacyclovir 1000mg tab</i> | 1 | |
| <i>valacyclovir 500mg tab</i> | 1 | |
| INFLUENZA AGENTS | | |
| <i>oseltamivir 30mg cap</i> | 1 | QL=84 EA/180 Días |
| <i>oseltamivir 45mg cap</i> | 1 | QL=42 EA/180 Días |
| <i>oseltamivir 6mg/ml susp</i> | 2 | QL=540 ML/180 Días |
| <i>oseltamivir 75mg cap</i> | 1 | QL=42 EA/180 Días |
| RELENZA 5MG/BLISTER INHALER | 3 | QL=120 EA/30 Días |
| RIMANTADINE 100MG TAB | 3 | |
| XOFLUZA 40MG TAB | 4 | QL=2 EA/30 Días |
| XOFLUZA 80MG TAB | 4 | QL=1 EA/30 Días |
| MISC. ANTIVIRALS | | |
| LAGEVRIO 200MG CAP | 1 | QL=40 EA/5 Días |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| <i>carvedilol 12.5mg tab</i> | 1 | |
| <i>carvedilol 25mg tab</i> | 1 | |
| <i>carvedilol 3.125mg tab</i> | 1 | |
| <i>carvedilol 6.25mg tab</i> | 1 | |
| <i>labetalol 100mg tab</i> | 1 | |
| <i>labetalol 200mg tab</i> | 1 | |
| <i>labetalol 300mg tab</i> | 1 | |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| <i>acebutolol 200mg cap</i> | 1 | |
| <i>acebutolol 400mg cap</i> | 1 | |
| <i>atenolol 100mg tab</i> | 1 | |
| <i>atenolol 25mg tab</i> | 1 | |
| <i>atenolol 50mg tab</i> | 1 | |
| <i>betaxolol 10mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>betaxolol 20mg tab</i> | 1 | |
| <i>bisoprolol fumarate 10mg tab</i> | 1 | |
| <i>bisoprolol fumarate 5mg tab</i> | 1 | |
| <i>metoprolol succinate 100mg er tab</i> | 1 | |
| <i>metoprolol succinate 200mg er tab</i> | 1 | |
| <i>metoprolol succinate 25mg er tab</i> | 1 | |
| <i>metoprolol succinate 50mg er tab</i> | 1 | |
| <i>metoprolol tartrate 100mg tab</i> | 1 | |
| <i>metoprolol tartrate 25mg tab</i> | 1 | |
| <i>metoprolol tartrate 37.5mg tab</i> | 1 | |
| <i>metoprolol tartrate 50mg tab</i> | 1 | |
| <i>metoprolol tartrate 75mg tab</i> | 1 | |
| <i>nebivolol 10mg tab</i> | 2 | |
| <i>nebivolol 2.5mg tab</i> | 2 | |
| <i>nebivolol 20mg tab</i> | 2 | |
| <i>nebivolol 5mg tab</i> | 2 | |
| BETA BLOCKERS NON-SELECTIVE | | |
| <i>nadolol 20mg tab</i> | 2 | |
| <i>nadolol 40mg tab</i> | 2 | |
| <i>nadolol 80mg tab</i> | 2 | |
| <i>pindolol 10mg tab</i> | 1 | |
| <i>pindolol 5mg tab</i> | 1 | |
| <i>propranolol 10mg tab</i> | 1 | |
| <i>propranolol 120mg er cap</i> | 1 | |
| <i>propranolol 160mg er cap</i> | 1 | |
| <i>propranolol 20mg tab</i> | 1 | |
| <i>propranolol 40mg tab</i> | 1 | |
| <i>propranolol 4mg/ml oral soln</i> | 1 | |
| <i>propranolol 60mg er cap</i> | 1 | |
| <i>propranolol 60mg tab</i> | 1 | |
| <i>propranolol 80mg er cap</i> | 1 | |
| <i>propranolol 80mg tab</i> | 1 | |
| PROPRANOLOL 8MG/ML ORAL SOLN | 1 | |
| <i>sorine 120mg tab</i> | 1 | |
| <i>sorine 160mg tab</i> | 1 | |
| <i>sotalol 120mg tab</i> | 1 | |
| <i>sotalol 160mg tab</i> | 1 | |
| <i>sotalol 240mg tab</i> | 1 | |
| <i>sotalol 80mg tab</i> | 1 | |
| <i>sotalol af 120mg tab</i> | 1 | |
| <i>sotalol af 160mg tab</i> | 1 | |
| <i>sotalol af 80mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--------------------------------------|----------------------|--------------------|
| <i>timolol 10mg tab</i> | 1 | |
| <i>timolol 5mg tab</i> | 1 | |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine 10mg tab</i> | 1 | |
| <i>amlodipine 2.5mg tab</i> | 1 | |
| <i>amlodipine 5mg tab</i> | 1 | |
| <i>cartia 120mg er cap</i> | 1 | |
| <i>cartia 180mg er cap</i> | 1 | |
| <i>cartia 240mg er cap</i> | 1 | |
| <i>cartia 300mg er cap</i> | 1 | |
| <i>dilt 120mg er cap</i> | 1 | |
| <i>dilt 180mg er cap</i> | 1 | |
| <i>dilt 240mg er cap</i> | 1 | |
| <i>diltiazem 120mg er (12hr) cap</i> | 1 | |
| <i>diltiazem 120mg er (24hr) cap</i> | 1 | |
| <i>diltiazem 120mg er tab</i> | 2 | |
| <i>diltiazem 120mg tab</i> | 1 | |
| <i>diltiazem 180mg er (24hr) cap</i> | 1 | |
| <i>diltiazem 180mg er (24hr) tab</i> | 2 | |
| <i>diltiazem 240mg er (24hr) cap</i> | 1 | |
| <i>diltiazem 240mg er (24hr) tab</i> | 2 | |
| <i>diltiazem 300mg er (24hr) cap</i> | 1 | |
| <i>diltiazem 300mg er (24hr) tab</i> | 2 | |
| <i>diltiazem 30mg tab</i> | 1 | |
| <i>diltiazem 360mg er (24hr) cap</i> | 1 | |
| <i>diltiazem 360mg er (24hr) tab</i> | 2 | |
| <i>diltiazem 420mg er (24hr) cap</i> | 1 | |
| <i>diltiazem 420mg er tab</i> | 2 | |
| <i>diltiazem 60mg er (12hr) cap</i> | 1 | |
| <i>diltiazem 60mg tab</i> | 1 | |
| <i>diltiazem 90mg er (12hr) cap</i> | 1 | |
| <i>diltiazem 90mg tab</i> | 1 | |
| <i>felodipine 10mg er tab</i> | 1 | |
| <i>felodipine 2.5mg er tab</i> | 1 | |
| <i>felodipine 5mg er tab</i> | 1 | |
| <i>isradipine 2.5mg cap</i> | 1 | |
| <i>isradipine 5mg cap</i> | 1 | |
| <i>matzim 180mg er tab</i> | 2 | |
| <i>matzim 240mg er tab</i> | 2 | |
| <i>matzim 300mg er tab</i> | 2 | |
| <i>matzim 360mg er tab</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| <i>matzim 420mg er tab</i> | 2 | |
| <i>nicardipine 20mg cap</i> | 2 | |
| <i>nicardipine 30mg cap</i> | 2 | |
| <i>nifedipine 30mg er tab</i> | 1 | |
| <i>nifedipine 30mg osmotic er tab</i> | 1 | |
| <i>nifedipine 60mg er tab</i> | 1 | |
| <i>nifedipine 60mg osmotic er tab</i> | 1 | |
| <i>nifedipine 90mg er tab</i> | 1 | |
| <i>nifedipine 90mg osmotic er tab</i> | 1 | |
| <i>nimodipine 30mg cap</i> | 2 | |
| <i>tiadylt 120mg er cap</i> | 1 | |
| <i>tiadylt 180mg er cap</i> | 1 | |
| <i>tiadylt 240mg er cap</i> | 1 | |
| <i>tiadylt 300mg er cap</i> | 1 | |
| <i>tiadylt 360mg er cap</i> | 1 | |
| <i>tiadylt 420mg er cap</i> | 1 | |
| <i>verapamil 120mg er cap</i> | 1 | |
| <i>verapamil 120mg er tab</i> | 1 | |
| <i>verapamil 120mg tab</i> | 1 | |
| <i>verapamil 180mg er cap</i> | 1 | |
| <i>verapamil 180mg er tab</i> | 1 | |
| <i>verapamil 240mg er cap</i> | 1 | |
| <i>verapamil 240mg er tab</i> | 1 | |
| VERAPAMIL 360MG ER CAP | 1 | |
| <i>verapamil 40mg tab</i> | 1 | |
| <i>verapamil 80mg tab</i> | 1 | |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| DIGOXIN 0.05MG/ML ORAL SOLN | 2 | |
| <i>digoxin 0.125mg tab</i> | 1 | |
| <i>digoxin 0.25mg tab</i> | 1 | |
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIAC MYOSIN INHIBITORS | | |
| CAMZYOS 10MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| CAMZYOS 15MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| CAMZYOS 2.5MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| CAMZYOS 5MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| ENTRESTO 24-26MG TAB | 3 | QL=60 EA/30 Días |
| ENTRESTO 49-51MG TAB | 3 | QL=60 EA/30 Días |
| ENTRESTO 97-103MG TAB | 3 | QL=60 EA/30 Días |
| <i>hydralazine/isosorbide dinitrate 37.5-20mg tab</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| PROSTAGLANDIN VASODILATORS | | |
| ORENITRAM 0.125MG ER TAB | 4 | PA |
| ORENITRAM 0.25MG ER TAB | 5 | NDS PA |
| ORENITRAM 1MG ER TAB | 5 | NDS PA |
| ORENITRAM 2.5MG ER TAB | 5 | NDS PA |
| ORENITRAM 5MG ER TAB | 5 | NDS PA |
| ORENITRAM ER TAB MONTH 1 TITRATION KIT PACK | 5 | NDS PA |
| ORENITRAM ER TAB MONTH 2 TITRATION KIT PACK | 5 | NDS PA |
| ORENITRAM ER TAB MONTH 3 TITRATION KIT PACK | 5 | NDS PA |
| TYVASO 16-32-48MCG TITRATION PACK | 5 | NDS PA QL=252 EA/28 Días |
| TYVASO 16MCG INH POWDER | 5 | NDS PA QL=112 EA/28 Días |
| TYVASO 32-48MCG MAINTENANCE PACK | 5 | NDS PA QL=224 EA/28 Días |
| TYVASO 32MCG INH POWDER | 5 | NDS PA QL=112 EA/28 Días |
| TYVASO 48MCG INH POWDER | 5 | NDS PA QL=112 EA/28 Días |
| TYVASO 64MCG INH POWDER | 5 | NDS PA QL=112 EA/28 Días |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| <i>ambrisentan 10mg tab</i> | 1 | PA QL=30 EA/30 Días |
| <i>ambrisentan 5mg tab</i> | 1 | PA QL=30 EA/30 Días |
| <i>bosentan 125mg tab</i> | 1 | PA QL=60 EA/30 Días |
| <i>bosentan 62.5mg tab</i> | 1 | PA QL=60 EA/30 Días |
| OPSUMIT 10MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| TRACLEER 32MG TAB FOR ORAL SUSP | 5 | NDS PA QL=120 EA/30 Días |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| <i>alyq 20mg tab</i> | 1 | PA |
| <i>sildenafil 20mg tab</i> | 1 | PA |
| <i>tadalafil 20mg tab</i> | 1 | PA |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS 0.5MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| ADEMPAS 1.5MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| ADEMPAS 1MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| ADEMPAS 2.5MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| ADEMPAS 2MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| SINUS NODE INHIBITORS | | |
| CORLANOR 5MG TAB | 4 | PA |
| CORLANOR 5MG/5ML ORAL SOLN | 4 | PA |
| CORLANOR 7.5MG TAB | 4 | PA |
| <i>ivabradine 5mg tab</i> | 2 | PA |
| <i>ivabradine 7.5mg tab</i> | 2 | PA |
| TRANSTHYRETIN STABILIZERS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| VYNDAMAX 61MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| VYNDAQEL 20MG CAP | 5 | NDS PA QL=120 EA/30 Días |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO 10MG TAB | 3 | PA QL=30 EA/30 Días |
| VERQUVO 2.5MG TAB | 3 | PA QL=30 EA/30 Días |
| VERQUVO 5MG TAB | 3 | PA QL=30 EA/30 Días |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| CEFADROXIL 1000MG TAB | 2 | |
| <i>cefadroxil 100mg/ml susp</i> | 1 | |
| <i>cefadroxil 500mg cap</i> | 1 | |
| <i>cefadroxil 50mg/ml susp</i> | 1 | |
| <i>cefazolin 1000mg inj</i> | 2 | |
| <i>cefazolin 200mg/ml inj</i> | 2 | |
| <i>cefazolin 500mg inj</i> | 2 | |
| <i>cephalexin 250mg cap</i> | 1 | |
| <i>cephalexin 25mg/ml susp</i> | 1 | |
| <i>cephalexin 500mg cap</i> | 1 | |
| <i>cephalexin 50mg/ml susp</i> | 1 | |
| CEPHALOSPORINS - 2ND GENERATION | | |
| CEFACLOR 250MG CAP | 2 | |
| CEFACLOR 500MG CAP | 2 | |
| <i>cefoxitin 1gm inj</i> | 2 | |
| <i>cefoxitin 200mg/ml inj</i> | 2 | |
| <i>cefoxitin 2gm inj</i> | 2 | |
| <i>cefprozil 250mg tab</i> | 1 | |
| <i>cefprozil 25mg/ml susp</i> | 1 | |
| <i>cefprozil 500mg tab</i> | 1 | |
| <i>cefprozil 50mg/ml susp</i> | 1 | |
| <i>cefuroxime 1500mg inj</i> | 2 | |
| <i>cefuroxime 250mg tab</i> | 1 | |
| <i>cefuroxime 500mg tab</i> | 1 | |
| <i>cefuroxime 750mg inj</i> | 2 | |
| CEPHALOSPORINS - 3RD GENERATION | | |
| <i>cefdinir 25mg/ml susp</i> | 1 | |
| <i>cefdinir 300mg cap</i> | 1 | |
| <i>cefdinir 50mg/ml susp</i> | 1 | |
| <i>cefixime 20mg/ml susp</i> | 2 | |
| <i>cefixime 400mg cap</i> | 2 | |
| <i>cefixime 40mg/ml susp</i> | 2 | |
| <i>cefpodoxime 100mg tab</i> | 2 | |
| <i>cefpodoxime 10mg/ml susp</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>cefpodoxime 200mg tab</i> | 2 | |
| <i>cefpodoxime 20mg/ml susp</i> | 2 | |
| <i>ceftazidime 1gm inj</i> | 2 | |
| <i>ceftazidime 200mg/ml inj</i> | 2 | |
| <i>ceftazidime 2gm inj</i> | 2 | |
| <i>ceftriaxone 10gm inj</i> | 2 | |
| <i>ceftriaxone 1gm inj</i> | 2 | |
| <i>ceftriaxone 250mg inj</i> | 2 | |
| <i>ceftriaxone 2gm inj</i> | 2 | |
| <i>ceftriaxone 500mg inj</i> | 2 | |
| <i>tazicef 1gm inj</i> | 2 | |
| <i>tazicef 2gm inj</i> | 2 | |
| TAZICEF 6GM INJ | 2 | |
| CEPHALOSPORINS - 4TH GENERATION | | |
| <i>cefepime 1000mg inj</i> | 2 | |
| <i>cefepime 2000mg inj</i> | 2 | |
| CEPHALOSPORINS - 5TH GENERATION | | |
| TEFLARO 400MG INJ | 5 | NDS |
| TEFLARO 600MG INJ | 5 | NDS |
| CONTRACEPTIVES | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| <i>altavera 28 day pack</i> | 2 | |
| <i>alyacen 1/35 pack</i> | 2 | |
| <i>amethia 91 day pack</i> | 2 | |
| <i>apri 28 day pack</i> | 2 | |
| <i>aranelle 28 pack</i> | 2 | |
| <i>ashlyna 91 day pack</i> | 2 | |
| <i>aubra 28 day pack</i> | 2 | |
| <i>aviane 28 pack</i> | 2 | |
| <i>azurette 28 day pack</i> | 2 | |
| <i>balziva 28 day pack</i> | 2 | |
| <i>blisovi 21 fe 1.5/30 28 day pack</i> | 2 | |
| <i>blisovi 24 fe 1/20 28 day pack</i> | 2 | |
| <i>briellyn 28 day pack</i> | 2 | |
| <i>camreselo 91 day pack</i> | 2 | |
| <i>cryselle 28 pack</i> | 2 | |
| <i>cyred 28 day pack</i> | 2 | |
| <i>desogestrel/ethinyl estradiol/ethinyl estradiol 0.15-0.01-0.02mg 28 day pack</i> | 2 | |
| <i>desogestrel/ethinyl estradiol/inert ingredients 0.15-0.03-1mg pack</i> | 2 | |
| <i>dolishale 28 day pack</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg pack</i> | 2 | |
| <i>drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg pack</i> | 2 | |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium 3-0.02-0.451mg pack</i> | 2 | |
| <i>enpresse 28 day pack</i> | 2 | |
| <i>enskyce 28 day pack</i> | 2 | |
| <i>estarylla 28 day pack</i> | 2 | |
| <i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg 91 day pack</i> | 2 | |
| <i>ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg 91 day pack</i> | 2 | |
| <i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg pack</i> | 2 | |
| <i>ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg pack</i> | 2 | |
| <i>ethinyl estradiol/ferrous fumarate/norethindrone 0.025-75-0.8mg pack</i> | 2 | |
| <i>ethinyl estradiol/ferrous fumarate/norethindrone 0.035-75-0.4mg pack</i> | 2 | |
| <i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg 21 day pack</i> | 2 | |
| <i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg 28 day pack</i> | 2 | |
| <i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg pack (24)</i> | 2 | |
| <i>ethinyl estradiol/ferrous fumarate/norethindrone acetate 1-20/1-30/1-35mg-mcg pack</i> | 2 | |
| <i>ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg 28 day pack</i> | 2 | |
| <i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 28 daypack</i> | 2 | |
| <i>ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg 91 day pack</i> | 2 | |
| <i>ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg pack</i> | 2 | |
| <i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate/norgestimate 0.025-1-0.18-0.215-0.25mg</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>ethinyl estradiol/inert ingredients/norgestimate/norgestimate/norgestimate 0.035-1-0.18-0.215-0.25mg</i> | 2 | |
| <i>ethinyl estradiol/levonorgestrel 0.02-0.09mg pack</i> | 2 | |
| <i>ethinyl estradiol/levonorgestrel 91 day pack</i> | 2 | |
| <i>ethinyl estradiol/norethindrone acetate 0.02-1mg pack</i> | 2 | |
| <i>falmina 28 day pack</i> | 2 | |
| <i>finzala 24 fe chewable 28 day pack</i> | 2 | |
| <i>gemmily 28 day pack</i> | 2 | |
| <i>hailey 24 fe 28 day pack</i> | 2 | |
| <i>iclevia 91 day pack</i> | 2 | |
| <i>introvale 91 day pack</i> | 2 | |
| <i>isibloom 28 day pack</i> | 2 | |
| <i>jasmiel 28 day pack</i> | 2 | |
| <i>juleber 28 day pack</i> | 2 | |
| <i>junel 1.5/30 21 day pack</i> | 2 | |
| <i>junel 1/20 21 day pack</i> | 2 | |
| <i>junel fe 1.5/30 28 day pack</i> | 2 | |
| <i>junel fe 1/20 28 day pack</i> | 2 | |
| <i>junel fe 24 1/20 28 day pack</i> | 2 | |
| <i>kaitlib fe 28 day pack</i> | 2 | |
| <i>kariva 28 day pack</i> | 2 | |
| <i>kelnor 1/35 28 day pack</i> | 2 | |
| <i>kelnor 1/50 28 day pack</i> | 2 | |
| <i>kurvelo pack</i> | 2 | |
| <i>larin 1.5/30 pack</i> | 2 | |
| <i>larin 1/20 pack</i> | 2 | |
| <i>larin fe 1.5/30 pack</i> | 2 | |
| <i>larin fe 1/20 pack</i> | 2 | |
| <i>layolis fe 28 pack</i> | 2 | |
| <i>leena 28 day pack</i> | 2 | |
| <i>lessina 28 day pack</i> | 2 | |
| <i>levonest 28 day pack</i> | 2 | |
| <i>levonorgestrel-ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg pack</i> | 2 | |
| <i>levora 0.15/30 28 day pack</i> | 2 | |
| <i>loestrin fe 1/20 28 day pack</i> | 2 | |
| <i>loryna 28 day pack</i> | 2 | |
| <i>low-ogestrel 28 day pack</i> | 2 | |
| <i>lutera 28 day pack</i> | 2 | |
| <i>marlissa 28 day pack</i> | 2 | |
| <i>merzee 28 day pack</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>mibelas 24 fe chewable 28 day pack</i> | 2 | |
| <i>microgestin 1.5/30 21 day pack</i> | 2 | |
| <i>microgestin 1/20 21 day pack</i> | 2 | |
| <i>microgestin 24 fe 28 day pack</i> | 2 | |
| <i>microgestin fe 1.5/30 28 day pack</i> | 2 | |
| <i>microgestin fe 1/20 28 day pack</i> | 2 | |
| <i>mili 28 day pack</i> | 2 | |
| <i>necon 0.5/35 28 day pack</i> | 2 | |
| <i>nikki 28 day pack</i> | 2 | |
| <i>nortrel 0.5/35 28 day pack</i> | 2 | |
| <i>nortrel 1/35 21 day pack</i> | 2 | |
| <i>nortrel 1/35 28 day pack</i> | 2 | |
| <i>nortrel 7/7/7 28 day pack</i> | 2 | |
| <i>nylia 1/35 28 day pack</i> | 2 | |
| <i>nylia 7/7/7 28 day pack</i> | 2 | |
| <i>nymyo 28 day pack</i> | 2 | |
| <i>ocella 28 day pack</i> | 2 | |
| <i>pimtrea tab pack</i> | 2 | |
| <i>portia 28 day pack</i> | 2 | |
| <i>reclipsen 28 day pack</i> | 2 | |
| <i>rivelsa 91 day pack</i> | 2 | |
| <i>setlakin 91 day pack</i> | 2 | |
| <i>sprintec 28 day pack</i> | 2 | |
| <i>sronyx 28 day pack</i> | 2 | |
| <i>syeda 28 day pack</i> | 2 | |
| <i>tarina 24 fe 1/20 28 day pack</i> | 2 | |
| <i>tarina fe 1/20 28 day pack</i> | 2 | |
| <i>tilia fe pack</i> | 2 | |
| <i>tri-estarylla 28 day pack</i> | 2 | |
| <i>tri-legest 28 day pack</i> | 2 | |
| <i>tri-lo- estarylla 28 day pack</i> | 2 | |
| <i>tri-lo-sprintec 28 day pack</i> | 2 | |
| <i>tri-mili 28 day pack</i> | 2 | |
| <i>tri-nymyo 28 day pack</i> | 2 | |
| <i>tri-sprintec 28 day pack</i> | 2 | |
| <i>tri-vylibra 28 day pack</i> | 2 | |
| <i>tri-vylibra lo 28 day pack</i> | 2 | |
| <i>trivora 28 day pack</i> | 2 | |
| <i>turqoz 28 day pack</i> | 2 | |
| TYBLUME 28 DAY PACK | 3 | |
| <i>tydemy 28 day pack</i> | 2 | |
| VELIVET 28 DAY PACK | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| <i>vestura 3-0.02mg pack</i> | 2 | |
| <i>vienva 28 day pack</i> | 2 | |
| <i>vyfemla 28 day pack</i> | 2 | |
| <i>vylibra 28 day pack</i> | 2 | |
| <i>wymzya fe 28 day pack</i> | 2 | |
| <i>zovia 1/35e 28 day pack</i> | 2 | |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| <i>norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch</i> | 2 | |
| <i>xulane 150-35mcg/24hr patch</i> | 2 | |
| <i>zafemy 150-35mcg/24hr patch</i> | 2 | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA 0.15-0.013MG/24HR VAGINAL SYSTEM | 4 | QL=1 EA/365 Días |
| <i>eluryng 0.120-0.015mg/24hr vaginal system</i> | 2 | |
| <i>enilloring 0.120-0.015mg/24hr vaginal system</i> | 2 | |
| <i>ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system</i> | 2 | |
| <i>haloette 0.120-0.015mg/24hr vaginal system</i> | 2 | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE | 3 | |
| <i>medroxyprogesterone acetate 150mg/ml inj</i> | 2 | |
| <i>medroxyprogesterone acetate 150mg/ml syringe</i> | 2 | |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <i>camila 28 day 0.35mg pack</i> | 2 | |
| <i>deblitane 0.35mg tab 28 day pack</i> | 2 | |
| <i>errin 28 day 0.35mg pack</i> | 2 | |
| <i>heather 0.35mg 28-day pack</i> | 2 | |
| <i>incassia 0.35mg 28 day pack</i> | 2 | |
| <i>lyleq 28 day 0.35mg pack</i> | 2 | |
| <i>lyza 0.35mg pack</i> | 2 | |
| <i>nora-be 28 day 0.35mg pack</i> | 2 | |
| <i>norethindrone 0.35mg pack</i> | 2 | |
| <i>sharobel 0.35mg 28 day pack</i> | 2 | |
| SLYND 4MG TAB PACK | 4 | |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| <i>budesonide 3mg dr cap</i> | 2 | |
| <i>budesonide 9mg er tab</i> | 2 | PA QL=30 EA/30 Días |
| DEXAMETHASONE 0.1MG/ML ORAL SOLN | 1 | |
| <i>dexamethasone 0.5mg tab</i> | 1 | |
| <i>dexamethasone 0.75mg tab</i> | 1 | |
| <i>dexamethasone 1.5mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| <i>dexamethasone 1mg tab</i> | 1 | |
| <i>dexamethasone 2mg tab</i> | 1 | |
| <i>dexamethasone 4mg tab</i> | 1 | |
| <i>dexamethasone 6mg tab</i> | 1 | |
| <i>hydrocortisone 10mg tab</i> | 1 | |
| <i>hydrocortisone 20mg tab</i> | 1 | |
| <i>hydrocortisone 5mg tab</i> | 1 | |
| <i>methylprednisolone 16mg tab</i> | 1 | PA BvD |
| <i>methylprednisolone 32mg tab</i> | 1 | PA BvD |
| <i>methylprednisolone 4mg pack</i> | 1 | |
| <i>methylprednisolone 4mg tab</i> | 1 | PA BvD |
| <i>methylprednisolone 8mg tab</i> | 1 | PA BvD |
| <i>prednisolone 1mg/ml oral soln</i> | 1 | PA BvD |
| <i>prednisolone 3mg/ml oral soln</i> | 1 | PA BvD |
| <i>prednisolone 4mg/ml oral soln</i> | 1 | PA BvD |
| <i>prednisolone 5mg/ml oral soln</i> | 2 | PA BvD |
| <i>prednisone 10mg tab</i> | 1 | PA BvD |
| <i>prednisone 1mg tab</i> | 1 | PA BvD |
| PREDNISON 1MG/ML ORAL SOLN | 2 | PA BvD |
| <i>prednisone 2.5mg tab</i> | 1 | PA BvD |
| <i>prednisone 20mg tab</i> | 1 | PA BvD |
| <i>prednisone 50mg tab</i> | 1 | PA BvD |
| <i>prednisone 5mg tab</i> | 1 | PA BvD |
| MINERALOCORTICOIDS | | |
| <i>fludrocortisone acetate 0.1mg tab</i> | 1 | |
| COUGH/COLD/ALLERGY | | |
| MUCOLYTICS | | |
| <i>acetylcysteine 100mg/ml inh soln</i> | 1 | PA BvD |
| <i>acetylcysteine 200mg/ml inh soln</i> | 1 | PA BvD |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| <i>acutane 10mg cap</i> | 2 | |
| <i>acutane 20mg cap</i> | 2 | |
| <i>acutane 40mg cap</i> | 2 | |
| <i>adapalene 0.1% cream</i> | 2 | PA QL=45 GM/30 Días |
| <i>adapalene 0.3% gel</i> | 2 | PA QL=45 GM/30 Días |
| <i>adapalene/benzoyl peroxide 0.1-2.5% gel</i> | 2 | PA QL=45 GM/30 Días |
| <i>amneestem 10mg cap</i> | 2 | |
| <i>amneestem 20mg cap</i> | 2 | |
| <i>amneestem 40mg cap</i> | 2 | |
| <i>benzoyl peroxide/clindamycin phosphate 5-1.2% topical gel</i> | 2 | QL=90 GM/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| <i>claravis 10mg cap</i> | 2 | |
| <i>claravis 20mg cap</i> | 2 | |
| <i>claravis 30mg cap</i> | 2 | |
| <i>claravis 40mg cap</i> | 2 | |
| <i>clindacin 1% pad</i> | 1 | QL=120 EA/30 Días |
| <i>clindamycin 1% gel</i> | 1 | QL=75 GM/30 Días |
| <i>clindamycin 1% gel (twice-daily)</i> | 1 | QL=75 GM/30 Días |
| <i>clindamycin 1% lotion</i> | 1 | QL=60 ML/30 Días |
| <i>clindamycin 1% pad</i> | 1 | QL=120 EA/30 Días |
| <i>clindamycin 1% topical soln</i> | 1 | QL=60 ML/30 Días |
| <i>clindamycin/benzoyl peroxide 1-5% gel</i> | 2 | QL=100 GM/30 Días |
| <i>clindamycin/benzoyl peroxide 1.2-2.5% gel</i> | 2 | QL=100 GM/30 Días |
| <i>ERY 2% PAD</i> | 2 | QL=60 EA/30 Días |
| <i>erythromycin 2% gel</i> | 1 | QL=60 GM/30 Días |
| <i>erythromycin 2% topical soln</i> | 1 | QL=60 ML/30 Días |
| <i>erythromycin/benzoyl peroxide 5-3% gel</i> | 2 | QL=46.60 GM/30 Días |
| <i>isotretinoin 10mg cap</i> | 2 | |
| <i>isotretinoin 20mg cap</i> | 2 | |
| <i>isotretinoin 30mg cap</i> | 2 | |
| <i>isotretinoin 40mg cap</i> | 2 | |
| <i>sulfacetamide sodium 10% lotion</i> | 2 | QL=118 ML/30 Días |
| <i>tretinoin 0.01% gel</i> | 2 | PA QL=45 GM/30 Días |
| <i>tretinoin 0.025% cream</i> | 2 | PA QL=45 GM/30 Días |
| <i>tretinoin 0.025% gel</i> | 2 | PA QL=45 GM/30 Días |
| <i>tretinoin 0.05% cream</i> | 2 | PA QL=45 GM/30 Días |
| <i>tretinoin 0.1% cream</i> | 2 | PA QL=45 GM/30 Días |
| <i>zenatane 10mg cap</i> | 2 | |
| <i>zenatane 20mg cap</i> | 2 | |
| <i>zenatane 30mg cap</i> | 2 | |
| <i>zenatane 40mg cap</i> | 2 | |
| ANTIBIOTICS - TOPICAL | | |
| <i>gentamicin 0.1% cream</i> | 1 | QL=30 GM/30 Días |
| <i>gentamicin 0.1% ointment</i> | 1 | QL=120 GM/30 Días |
| <i>mupirocin 2% ointment</i> | 1 | QL=220 GM/30 Días |
| ANTIFUNGALS - TOPICAL | | |
| <i>ciclopirox 0.77% cream</i> | 1 | QL=90 GM/30 Días |
| <i>ciclopirox 0.77% gel</i> | 1 | QL=100 GM/30 Días |
| <i>ciclopirox 0.77% lotion</i> | 1 | QL=60 ML/30 Días |
| <i>ciclopirox 1% shampoo</i> | 2 | QL=120 ML/30 Días |
| <i>ciclopirox 8% topical soln</i> | 1 | QL=13.20 ML/30 Días |
| <i>clotrimazole 1% cream</i> | 1 | QL=45 GM/30 Días |
| <i>clotrimazole/betamethasone 1-0.05% cream</i> | 1 | QL=90 GM/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| CLOTRIMAZOLE/BETAMETHASONE 1-0.05% LOTION | 2 | QL=60 ML/30 Días |
| <i>econazole nitrate 1% cream</i> | 1 | QL=85 GM/30 Días |
| <i>ketoconazole 2% cream</i> | 1 | QL=120 GM/30 Días |
| <i>ketoconazole 2% shampoo</i> | 1 | QL=240 ML/30 Días |
| <i>nyamyc 100000unit/gm topical powder</i> | 1 | QL=60 GM/30 Días |
| <i>nystatin 100000 unit/gm ointment</i> | 1 | QL=30 GM/30 Días |
| <i>nystatin 100000unit/gm topical powder</i> | 1 | QL=60 GM/30 Días |
| <i>nystatin 100000unit/ml cream</i> | 1 | QL=30 GM/30 Días |
| <i>nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment</i> | 1 | QL=60 GM/30 Días |
| <i>nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream</i> | 1 | QL=60 GM/30 Días |
| <i>nystop 100000unit/gm topical powder</i> | 1 | QL=60 GM/30 Días |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| DICLOFENAC EPOLAMINE 1.3% PATCH | 4 | PA QL=60 EA/30 Días |
| <i>diclofenac sodium 1.5% topical soln</i> | 2 | QL=300 ML/30 Días |
| FLECTOR 1.3% PATCH | 4 | PA QL=60 EA/30 Días |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| <i>bexarotene 1% gel</i> | 1 | PA NSO QL=60 GM/30 Días |
| <i>diclofenac sodium 3% gel</i> | 2 | PA QL=100 GM/30 Días |
| FLUOROURACIL 2% TOPICAL SOLN | 3 | QL=10 ML/30 Días |
| <i>fluorouracil 5% cream</i> | 1 | QL=40 GM/30 Días |
| <i>fluorouracil 5% topical solution</i> | 3 | QL=10 ML/30 Días |
| PANRETIN 0.1% GEL | 5 | NDS PA NSO |
| VALCHLOR 0.016% GEL | 5 | NDS PA NSO QL=240 GM/30 Días |
| ANTIPSORIATICS | | |
| <i>acitretin 10mg cap</i> | 2 | |
| <i>acitretin 17.5mg cap</i> | 2 | |
| <i>acitretin 25mg cap</i> | 2 | |
| <i>calcipotriene 0.005% cream</i> | 2 | PA QL=120 GM/30 Días |
| <i>calcipotriene 0.005% ointment</i> | 2 | PA QL=120 GM/30 Días |
| CALCIPOTRIENE 0.005% TOPICAL SOLN | 2 | PA QL=120 ML/30 Días |
| METHOXSALEN 10MG CAP | 2 | |
| SKYRIZI 150MG/ML AUTO-INJECTOR | 5 | PA QL=7 ML/365 Días |
| SKYRIZI 150MG/ML SYRINGE | 5 | PA QL=7 ML/365 Días |
| STELARA 45MG/0.5ML INJ | 5 | PA QL=.50 ML/28 Días |
| STELARA 45MG/0.5ML SYRINGE | 5 | PA QL=.50 ML/28 Días |
| STELARA 90MG/ML SYRINGE | 5 | PA QL=1 ML/28 Días |
| TALTZ 20MG/0.25ML SYRINGE | 5 | NDS PA QL=.25 ML/28 Días |
| TALTZ 40MG/0.5ML SYRINGE | 5 | NDS PA QL=.50 ML/28 Días |
| TALTZ 80MG/ML AUTO-INJECTOR | 5 | NDS PA QL=3 ML/28 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|------------------------|
| TALTZ 80MG/ML SYRINGE | 5 | NDS PA QL=3 ML/28 Días |
| <i>tazarotene 0.1% cream</i> | 2 | PA QL=60 GM/30 Días |
| TAZORAC 0.05% CREAM | 4 | PA QL=60 GM/30 Días |
| TREMFYA 100MG/ML AUTO-INJECTOR | 5 | PA QL=2 ML/28 Días |
| TREMFYA 100MG/ML SYRINGE | 5 | PA QL=2 ML/28 Días |
| ZORYVE 0.3% CREAM | 3 | PA QL=60 GM/30 Días |
| ANTISEBORRHEIC PRODUCTS | | |
| <i>selenium sulfide 2.5% shampoo</i> | 1 | |
| ANTIVIRALS - TOPICAL | | |
| <i>acyclovir 5% ointment</i> | 1 | QL=30 GM/30 Días |
| <i>penciclovir 1% cream</i> | 2 | QL=5 GM/7 Días |
| BURN PRODUCTS | | |
| <i>silver sulfadiazine 1% cream</i> | 1 | |
| <i>ssd 1% cream</i> | 1 | |
| SULFAMYLON 85MG/GM CREAM | 3 | QL=453.60 GM/30 Días |
| CORTICOSTEROIDS - TOPICAL | | |
| <i>ala-cort 1% cream</i> | 1 | QL=240 GM/30 Días |
| <i>ala-cort 2.5% cream</i> | 1 | QL=454 GM/30 Días |
| <i>alclometasone dipropionate 0.05% cream</i> | 2 | QL=120 GM/30 Días |
| <i>alclometasone dipropionate 0.05% ointment</i> | 2 | QL=120 GM/30 Días |
| <i>betamethasone 0.05% aug cream</i> | 1 | QL=100 GM/30 Días |
| <i>betamethasone 0.05% aug lotion</i> | 2 | QL=120 ML/30 Días |
| <i>betamethasone 0.05% aug ointment</i> | 1 | QL=100 GM/30 Días |
| <i>betamethasone 0.05% cream</i> | 1 | QL=90 GM/30 Días |
| BETAMETHASONE 0.05% GEL | 2 | QL=100 GM/30 Días |
| <i>betamethasone 0.05% lotion</i> | 1 | QL=120 ML/30 Días |
| <i>betamethasone 0.05% ointment</i> | 2 | QL=90 GM/30 Días |
| <i>betamethasone 0.1% cream</i> | 1 | QL=180 GM/30 Días |
| <i>betamethasone 0.1% lotion</i> | 1 | QL=120 ML/30 Días |
| <i>betamethasone 0.1% ointment</i> | 1 | QL=180 GM/30 Días |
| <i>clobetasol propionate 0.05% cream</i> | 1 | QL=120 GM/30 Días |
| <i>clobetasol propionate 0.05% e cream</i> | 2 | QL=120 GM/30 Días |
| <i>clobetasol propionate 0.05% foam</i> | 2 | QL=100 GM/30 Días |
| <i>clobetasol propionate 0.05% gel</i> | 2 | QL=120 GM/30 Días |
| <i>clobetasol propionate 0.05% lotion</i> | 2 | QL=118 ML/30 Días |
| <i>clobetasol propionate 0.05% ointment</i> | 1 | QL=120 GM/30 Días |
| <i>clobetasol propionate 0.05% shampoo</i> | 2 | QL=236 ML/30 Días |
| <i>clobetasol propionate 0.05% topical soln</i> | 1 | QL=100 ML/30 Días |
| <i>clobetasol propionate 0.05% topical spray</i> | 2 | QL=125 ML/30 Días |
| <i>clodan 0.05% shampoo</i> | 2 | QL=236 ML/30 Días |
| <i>desonide 0.05% ointment</i> | 2 | QL=120 GM/30 Días |
| <i>desoximetasone 0.25% cream</i> | 2 | QL=120 GM/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------------|
| <i>desoximetasone 0.25% ointment</i> | 2 | QL=120 GM/30 Días |
| <i>fluocinolone acetonide 0.01% cream</i> | 1 | QL=120 GM/30 Días |
| <i>fluocinolone acetonide 0.01% oil</i> | 2 | QL=120 ML/30 Días |
| <i>fluocinolone acetonide 0.01% topical soln</i> | 1 | QL=90 ML/30 Días |
| <i>fluocinolone acetonide 0.025% cream</i> | 1 | QL=120 GM/30 Días |
| <i>fluocinolone acetonide 0.025% ointment</i> | 1 | QL=120 GM/30 Días |
| <i>fluocinonide 0.05% cream</i> | 1 | QL=60 GM/30 Días |
| <i>fluocinonide 0.05% e cream</i> | 1 | QL=120 GM/30 Días |
| FLUOCINONIDE 0.05% GEL | 1 | QL=60 GM/30 Días |
| <i>fluocinonide 0.05% ointment</i> | 1 | QL=60 GM/30 Días |
| <i>fluocinonide 0.05% topical soln</i> | 1 | QL=60 ML/30 Días |
| <i>fluocinonide 0.1% cream</i> | 1 | QL=60 GM/30 Días |
| <i>fluticasone propionate 0.005% ointment</i> | 1 | QL=240 GM/30 Días |
| <i>fluticasone propionate 0.05% cream</i> | 1 | QL=240 GM/30 Días |
| <i>halobetasol propionate 0.05% cream</i> | 2 | QL=50 GM/30 Días |
| <i>halobetasol propionate 0.05% ointment</i> | 2 | QL=50 GM/30 Días |
| <i>hydrocortisone 1% cream</i> | 1 | QL=240 GM/30 Días |
| <i>hydrocortisone 2.5% ointment</i> | 1 | QL=240 GM/30 Días |
| HYDROCORTISONE LOTION 2.5% | 1 | QL=118 ML/30 Días |
| <i>mometasone furoate 0.1% cream</i> | 1 | QL=180 GM/30 Días |
| <i>mometasone furoate 0.1% lotion</i> | 1 | QL=180 ML/30 Días |
| <i>mometasone furoate 0.1% ointment</i> | 1 | QL=180 GM/30 Días |
| <i>triamcinolone acetonide 0.025% cream</i> | 1 | QL=454 GM/30 Días |
| <i>triamcinolone acetonide 0.025% lotion</i> | 1 | QL=120 ML/30 Días |
| <i>triamcinolone acetonide 0.025% ointment</i> | 1 | QL=454 GM/30 Días |
| <i>triamcinolone acetonide 0.1% cream</i> | 1 | QL=454 GM/30 Días |
| <i>triamcinolone acetonide 0.1% lotion</i> | 1 | QL=120 ML/30 Días |
| <i>triamcinolone acetonide 0.1% ointment</i> | 1 | QL=454 GM/30 Días |
| <i>triamcinolone acetonide 0.5% cream</i> | 1 | QL=454 GM/30 Días |
| <i>triamcinolone acetonide 0.5% ointment</i> | 1 | QL=120 GM/30 Días |
| <i>triderm 0.1% cream</i> | 1 | QL=454 GM/30 Días |
| <i>triderm 0.5% cream</i> | 1 | QL=454 GM/30 Días |
| ECZEMA AGENTS | | |
| ADBRY 150MG/ML SYRINGE | 5 | NDS PA QL=6 ML/28 Días |
| CIBINQO 100MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| CIBINQO 200MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| CIBINQO 50MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| DUPIXENT 100MG/0.67ML SYRINGE | 5 | NDS PA QL=1.34 ML/28 Días |
| DUPIXENT 200MG/1.14ML AUTO-INJECTOR | 5 | NDS PA QL=4.56 ML/28 Días |
| DUPIXENT 200MG/1.14ML SYRINGE | 5 | NDS PA QL=4.56 ML/28 Días |
| DUPIXENT 300MG/2ML AUTO-INJECTOR | 5 | NDS PA QL=8 ML/28 Días |
| DUPIXENT 300MG/2ML SYRINGE | 5 | NDS PA QL=8 ML/28 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| EMOLLIENTS | | |
| <i>ammonium lactate 12% cream</i> | 1 | |
| <i>ammonium lactate 12% lotion</i> | 1 | |
| ENZYMES - TOPICAL | | |
| SANTYL 250UNIT/GM OINTMENT | 3 | QL=90 GM/30 Días |
| HAIR GROWTH AGENTS | | |
| LITFULO 50MG CAP | 5 | NDS PA QL=28 EA/28 Días |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| <i>imiquimod 5% cream</i> | 1 | QL=24 EA/30 Días |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| <i>pimecrolimus 1% cream</i> | 2 | QL=100 GM/30 Días |
| <i>tacrolimus 0.03% ointment</i> | 1 | QL=100 GM/30 Días |
| <i>tacrolimus 0.1% ointment</i> | 1 | QL=100 GM/30 Días |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOFILOX 0.5% TOPICAL SOLN | 2 | QL=7 ML/30 Días |
| LOCAL ANESTHETICS - TOPICAL | | |
| <i>lidocaine 4% topical soln</i> | 1 | QL=50 ML/30 Días |
| <i>lidocaine 5% ointment</i> | 1 | PA QL=107 GM/30 Días |
| <i>lidocaine 5% patch</i> | 2 | PA QL=90 EA/30 Días |
| <i>lidocaine/prilocaine 2.5-2.5% cream</i> | 1 | QL=30 GM/30 Días |
| <i>lidocan 5% patch</i> | 2 | PA QL=90 EA/30 Días |
| <i>tridacaine 5% patch</i> | 2 | PA QL=90 EA/30 Días |
| ROSACEA AGENTS | | |
| <i>azelaic acid 15% gel</i> | 2 | QL=50 GM/30 Días |
| FINACEA 15% FOAM | 3 | QL=50 GM/30 Días |
| <i>metronidazole 0.75% cream</i> | 1 | QL=45 GM/30 Días |
| <i>metronidazole 0.75% gel</i> | 1 | QL=45 GM/30 Días |
| <i>metronidazole 0.75% lotion</i> | 2 | QL=59 ML/30 Días |
| <i>metronidazole 1% gel</i> | 2 | QL=60 GM/30 Días |
| SCABICIDES & PEDICULICIDES | | |
| <i>malathion 0.5% lotion</i> | 2 | |
| <i>permethrin 5% cream</i> | 1 | |
| WOUND CARE PRODUCTS | | |
| REGANEX 0.01% GEL | 3 | PA QL=30 GM/15 Días |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON 120000-24000-76000UNIT DR CAP | 3 | |
| CREON 15000-3000-9500UNIT DR CAP | 3 | |
| CREON 180000-36000-114000UNIT DR CAP | 3 | |
| CREON 30000-6000-19000UNIT DR CAP | 3 | |
| CREON 60000-12000-38000UNIT DR CAP | 3 | |
| SUCRAID 8500UNIT/ML ORAL SOLN | 5 | NDS PA |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| ZENPEP 105000-25000-79000UNIT DR CAP | 4 | ST |
| ZENPEP 14000-3000-10000UNIT DR CAP | 4 | ST |
| ZENPEP 24000-5000-17000UNIT DR CAP | 4 | ST |
| ZENPEP 252600-60000-189600UNIT DR CAP | 4 | ST |
| ZENPEP 40000-126000-168000UNIT DR CAP | 4 | ST |
| ZENPEP 42000-10000-32000UNIT DR CAP | 4 | ST |
| ZENPEP 63000-15000-47000UNIT DR CAP | 4 | ST |
| ZENPEP 84000-20000-63000UNIT DR CAP | 4 | ST |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| <i>acetazolamide 125mg tab</i> | 1 | |
| <i>acetazolamide 250mg tab</i> | 1 | |
| <i>acetazolamide 500mg er cap</i> | 2 | |
| <i>methazolamide 25mg tab</i> | 2 | |
| <i>methazolamide 50mg tab</i> | 2 | |
| DIURETIC COMBINATIONS | | |
| AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB | 1 | |
| <i>hydrochlorothiazide/spironolactone 25-25mg tab</i> | 1 | |
| <i>hydrochlorothiazide/triamterene 25-37.5mg cap</i> | 1 | |
| <i>hydrochlorothiazide/triamterene 25-37.5mg tab</i> | 1 | |
| <i>hydrochlorothiazide/triamterene 50-75mg tab</i> | 1 | |
| LOOP DIURETICS | | |
| <i>bumetanide 0.25mg/ml inj</i> | 2 | |
| <i>bumetanide 0.5mg tab</i> | 1 | |
| <i>bumetanide 1mg tab</i> | 1 | |
| <i>bumetanide 2mg tab</i> | 1 | |
| FUROSCIX 80MG/10ML CARTRIDGE | 5 | NDS QL=8 EA/7 Días |
| <i>furosemide 10mg/ml inj</i> | 2 | |
| <i>furosemide 10mg/ml oral soln</i> | 1 | |
| <i>furosemide 20mg tab</i> | 1 | |
| <i>furosemide 40mg tab</i> | 1 | |
| <i>furosemide 80mg tab</i> | 1 | |
| FUROSEMIDE 8MG/ML ORAL SOLN | 1 | |
| <i>torseamide 100mg tab</i> | 1 | |
| <i>torseamide 10mg tab</i> | 1 | |
| <i>torseamide 20mg tab</i> | 1 | |
| <i>torseamide 5mg tab</i> | 1 | |
| POTASSIUM SPARING DIURETICS | | |
| <i>amiloride 5mg tab</i> | 1 | |
| <i>spironolactone 100mg tab</i> | 1 | |
| <i>spironolactone 25mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------------|
| <i>spironolactone 50mg tab</i> | 1 | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| <i>chlorthalidone 25mg tab</i> | 1 | |
| <i>chlorthalidone 50mg tab</i> | 1 | |
| <i>hydrochlorothiazide 12.5mg cap</i> | 1 | |
| <i>hydrochlorothiazide 12.5mg tab</i> | 1 | |
| <i>hydrochlorothiazide 25mg tab</i> | 1 | |
| <i>hydrochlorothiazide 50mg tab</i> | 1 | |
| <i>indapamide 1.25mg tab</i> | 1 | |
| <i>indapamide 2.5mg tab</i> | 1 | |
| <i>metolazone 10mg tab</i> | 1 | |
| <i>metolazone 2.5mg tab</i> | 1 | |
| <i>metolazone 5mg tab</i> | 1 | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA 1MG TAB | 5 | NDS PA QL=240 EA/30 Días |
| ISTURISA 5MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| RECORLEV 150MG TAB | 5 | NDS PA QL=240 EA/30 Días |
| BONE DENSITY REGULATORS | | |
| <i>alendronate sodium 10mg tab</i> | 1 | |
| <i>alendronate sodium 35mg tab</i> | 1 | |
| <i>alendronate sodium 70mg tab</i> | 1 | |
| <i>alendronate sodium 70mg/75ml oral soln</i> | 2 | |
| <i>ibandronate 150mg tab</i> | 1 | QL=1 EA/30 Días |
| PROLIA 60MG/ML SYRINGE | 4 | ST QL=1 ML/168 Días |
| <i>risedronate sodium 150mg tab</i> | 2 | |
| <i>risedronate sodium 30mg tab</i> | 2 | |
| <i>risedronate sodium 35mg tab</i> | 2 | |
| <i>risedronate sodium 35mg tab (12) pack</i> | 2 | |
| <i>risedronate sodium 35mg tab (4) pack</i> | 2 | |
| <i>risedronate sodium 5mg tab</i> | 2 | |
| <i>salmon calcitonin 200unit/act nasal spray</i> | 1 | |
| TERIPARATIDE 0.02MG/ACT PEN INJ | 5 | NDS QL=2.48 ML/28 Días |
| TYMLOS 3120MCG/1.56ML PEN INJ | 5 | NDS QL=1.56 ML/30 Días |
| XGEVA 120MG/1.7ML INJ | 5 | NDS PA QL=1.70 ML/28 Días |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT 10MG INJ | 5 | NDS PA |
| SOMAVERT 15MG INJ | 5 | NDS PA |
| SOMAVERT 20MG INJ | 5 | NDS PA |
| SOMAVERT 25MG INJ | 5 | NDS PA |
| SOMAVERT 30MG INJ | 5 | NDS PA |
| GROWTH HORMONES | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| NORDITROPIN 10MG/1.5ML PEN INJ | 5 | NDS PA |
| NORDITROPIN 15MG/1.5ML PEN INJ | 5 | NDS PA |
| NORDITROPIN 30MG/3ML PEN INJ | 5 | NDS PA |
| NORDITROPIN 5MG/1.5ML PEN INJ | 5 | NDS PA |
| OMNITROPE 10MG/1.5ML CARTRIDGE | 5 | NDS PA |
| OMNITROPE 5.8MG INJ | 5 | NDS PA |
| OMNITROPE 5MG/1.5ML CARTRIDGE | 5 | NDS PA |
| SKYTROFA 11MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 13.3MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 3.6MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 3MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 4.3MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 5.2MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 6.3MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 7.6MG CARTRIDGE | 5 | NDS PA |
| SKYTROFA 9.1MG CARTRIDGE | 5 | NDS PA |
| SOGROYA 10MG/1.5ML PEN INJ | 5 | NDS PA |
| SOGROYA 15MG/1.5ML PEN INJ | 5 | NDS PA |
| SOGROYA 5MG/1.5ML PEN INJ | 5 | NDS PA |
| HORMONE RECEPTOR MODULATORS | | |
| OSPHENA 60MG TAB | 4 | PA |
| <i>raloxifene 60mg tab</i> | 2 | |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX 40MG/4ML INJ | 5 | NDS PA |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL 2MG/ML NASAL INHALER | 5 | NDS PA |
| METABOLIC MODIFIERS | | |
| <i>betaine 1000mg powder for oral soln</i> | 1 | |
| <i>calcitriol 0.25mcg cap</i> | 1 | |
| <i>calcitriol 0.5mcg cap</i> | 1 | |
| <i>calcitriol 1mcg/ml oral soln</i> | 1 | |
| <i>carglumic acid 200mg tab for oral susp</i> | 1 | PA |
| <i>cinacalcet 30mg tab</i> | 2 | |
| <i>cinacalcet 60mg tab</i> | 2 | |
| <i>cinacalcet 90mg tab</i> | 2 | |
| GALAFOLD 123MG 28 DAY PACK | 5 | NDS PA QL=15 EA/30 Días |
| <i>javygtor 100mg powder for oral soln</i> | 1 | PA |
| <i>javygtor 100mg tab</i> | 1 | PA |
| <i>javygtor 500mg powder for oral soln</i> | 1 | PA |
| <i>levocarnitine 100mg/ml oral soln</i> | 1 | |
| <i>levocarnitine 330mg tab</i> | 1 | |
| <i>nitisinone 10mg cap</i> | 5 | NDS PA |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| <i>nitisinone 20mg cap</i> | 5 | NDS PA |
| <i>nitisinone 2mg cap</i> | 5 | NDS PA |
| <i>nitisinone 5mg cap</i> | 5 | NDS PA |
| ORFADIN 4MG/ML SUSP | 5 | NDS PA |
| PALYNZIQ 10MG/0.5ML SYRINGE | 5 | NDS PA |
| PALYNZIQ 2.5MG/0.5ML SYRINGE | 5 | NDS PA |
| PALYNZIQ 20MG/ML SYRINGE | 5 | NDS PA |
| <i>paricalcitol 1mcg cap</i> | 2 | |
| <i>paricalcitol 2mcg cap</i> | 2 | |
| <i>paricalcitol 4mcg cap</i> | 2 | |
| PHEBURANE 483MG/GM ORAL PELLETT | 5 | NDS |
| <i>sapropterin 100mg powder for oral soln</i> | 1 | PA |
| <i>sapropterin 100mg tab</i> | 1 | PA |
| <i>sapropterin 500mg powder for oral soln</i> | 1 | PA |
| <i>sodium phenylbutyrate 3gm/tsp oral powder</i> | 2 | |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA 10MG TAB | 3 | PA QL=30 EA/30 Días |
| KERENDIA 20MG TAB | 3 | PA QL=30 EA/30 Días |
| POSTERIOR PITUITARY HORMONES | | |
| <i>desmopressin acetate 0.01% (0.01mg/act) nasal spray</i> | 2 | |
| <i>desmopressin acetate 0.1mg tab</i> | 2 | |
| <i>desmopressin acetate 0.2mg tab</i> | 2 | |
| PROLACTIN INHIBITORS | | |
| <i>cabergoline 0.5mg tab</i> | 1 | |
| SOMATOSTATIC AGENTS | | |
| <i>octreotide 0.05mg/ml inj</i> | 1 | PA |
| <i>octreotide 0.1mg/ml inj</i> | 1 | PA |
| <i>octreotide 0.2mg/ml inj</i> | 1 | PA |
| <i>octreotide 0.5mg/ml inj</i> | 1 | PA |
| <i>octreotide 1mg/ml inj</i> | 1 | PA |
| SIGNIFOR 0.3MG/ML INJ | 5 | NDS PA QL=60 ML/30 Días |
| SIGNIFOR 0.6MG/ML INJ | 5 | NDS PA QL=60 ML/30 Días |
| SIGNIFOR 0.9MG/ML INJ | 5 | NDS PA QL=60 ML/30 Días |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| <i>estradiol/norethindrone acetate 0.5-0.1mg pack</i> | 1 | |
| <i>estradiol/norethindrone acetate 1-0.5mg pack</i> | 1 | |
| <i>ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack</i> | 1 | |
| <i>ethinyl estradiol/norethindrone acetate 0.005-1mg pack</i> | 1 | |
| <i>fyavolv 0.0025-0.5mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>fyavolv 0.005-1mg tab</i> | 1 | |
| <i>jinteli 0.005-1mg tab</i> | 1 | |
| <i>mimvey pack</i> | 1 | |
| PREMPHASE 28 DAY PACK | 3 | |
| PREMPRO 0.3/1.5MG 28 DAY PACK | 3 | |
| PREMPRO 0.45/1.5MG 28 DAY PACK | 3 | |
| PREMPRO 0.625/2.5MG 28 DAY PACK | 3 | |
| PREMPRO 0.625/5MG 28 DAY PACK | 3 | |
| ESTROGENS | | |
| <i>dotti 0.025mg/24hr patch</i> | 1 | |
| <i>dotti 0.0375mg/24hr patch</i> | 1 | |
| <i>dotti 0.05mg/24hr patch</i> | 1 | |
| <i>dotti 0.075mg/24hr patch</i> | 1 | |
| <i>dotti 0.1mg/24hr patch</i> | 1 | |
| <i>estradiol 0.00104mg/hr twice weekly patch</i> | 1 | |
| <i>estradiol 0.00104mg/hr weekly patch</i> | 1 | |
| <i>estradiol 0.00156mg/hr twice weekly patch</i> | 1 | |
| <i>estradiol 0.00156mg/hr weekly patch</i> | 1 | |
| <i>estradiol 0.00208mg/hr twice weekly patch</i> | 1 | |
| <i>estradiol 0.00208mg/hr weekly patch</i> | 1 | |
| <i>estradiol 0.0025mg/hr weekly patch</i> | 1 | |
| <i>estradiol 0.00312mg/hr weekly patch</i> | 1 | |
| <i>estradiol 0.00313mg/hr twice weekly patch</i> | 1 | |
| <i>estradiol 0.00417mg/hr twice weekly patch</i> | 1 | |
| <i>estradiol 0.00417mg/hr weekly patch</i> | 1 | |
| <i>estradiol 0.5mg tab</i> | 1 | |
| <i>estradiol 1mg tab</i> | 1 | |
| <i>estradiol 2mg tab</i> | 1 | |
| <i>estradiol valerate 10mg/ml inj</i> | 2 | |
| <i>estradiol valerate 20mg/ml inj</i> | 2 | |
| <i>estradiol valerate 40mg/ml inj</i> | 2 | |
| <i>lyllana 0.025mg/24hr patch</i> | 1 | |
| <i>lyllana 0.0375mg/24hr patch</i> | 1 | |
| <i>lyllana 0.05mg/24hr patch</i> | 1 | |
| <i>lyllana 0.075mg/24hr patch</i> | 1 | |
| <i>lyllana 0.1mg/24hr patch</i> | 1 | |
| MENEST 0.3MG TAB | 4 | |
| MENEST 0.625MG TAB | 4 | |
| MENEST 1.25MG TAB | 4 | |
| MENEST 2.5MG TAB | 4 | |
| PREMARIN 0.3MG TAB | 3 | |
| PREMARIN 0.45MG TAB | 3 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| PREMARIN 0.625MG TAB | 3 | |
| PREMARIN 0.9MG TAB | 3 | |
| PREMARIN 1.25MG TAB | 3 | |
| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| BAXDELA 450MG TAB | 3 | PA QL=60 EA/30 Días |
| <i>ciprofloxacin 250mg tab</i> | 1 | |
| <i>ciprofloxacin 2mg/ml inj</i> | 2 | |
| <i>ciprofloxacin 500mg tab</i> | 1 | |
| <i>ciprofloxacin 750mg tab</i> | 1 | |
| <i>levofloxacin 250mg tab</i> | 1 | |
| <i>levofloxacin 500mg tab</i> | 1 | |
| <i>levofloxacin 500mg/100ml inj</i> | 2 | |
| <i>levofloxacin 750mg tab</i> | 1 | |
| <i>levofloxacin 750mg/150ml inj</i> | 2 | |
| <i>levofloxacin oral soln 25mg/ml</i> | 2 | |
| MOXIFLOXACIN 1.6MG/ML INJ | 2 | |
| <i>moxifloxacin 400mg tab</i> | 2 | |
| <i>ofloxacin 400mg tab</i> | 2 | |
| GASTROINTESTINAL AGENTS - MISC. | | |
| 5-HT4 RECEPTOR AGONISTS | | |
| MOTEGRITY 1MG TAB | 4 | PA |
| MOTEGRITY 2MG TAB | 4 | PA |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE 3MG TAB | 3 | |
| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
| OCALIVA 10MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| OCALIVA 5MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| GALLSTONE SOLUBILIZING AGENTS | | |
| RELTONE 200MG CAP | 4 | PA |
| RELTONE 400MG CAP | 4 | PA |
| <i>ursodiol 250mg tab</i> | 1 | |
| <i>ursodiol 300mg cap</i> | 1 | |
| <i>ursodiol 500mg tab</i> | 1 | |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| <i>cromolyn sodium 20mg/ml oral soln</i> | 2 | |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| <i>lubiprostone 24mcg cap</i> | 2 | QL=60 EA/30 Días |
| <i>lubiprostone 8mcg cap</i> | 2 | QL=60 EA/30 Días |
| GASTROINTESTINAL STIMULANTS | | |
| <i>metoclopramide 10mg tab</i> | 1 | |
| <i>metoclopramide 1mg/ml oral soln</i> | 1 | |

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| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------|
| <i>metoclopramide 5mg tab</i> | 1 | |
| INFLAMMATORY BOWEL AGENTS | | |
| <i>balsalazide disodium 750mg cap</i> | 1 | |
| CIMZIA 200MG INJ | 5 | NDS PA QL=2 EA/28 Días |
| CIMZIA 200MG/ML SYRINGE | 5 | NDS PA QL=2 EA/28 Días |
| <i>mesalamine 1000mg rectal supp</i> | 2 | |
| <i>mesalamine 1200mg dr tab</i> | 2 | |
| <i>mesalamine 375mg er cap</i> | 2 | |
| <i>mesalamine 400mg dr cap</i> | 2 | |
| <i>mesalamine 66.7mg/ml enema</i> | 2 | |
| <i>mesalamine 800mg dr tab</i> | 2 | |
| SKYRIZI 180MG/1.2ML CARTRIDGE | 5 | PA QL=1.20 ML/56 Días |
| SKYRIZI 360MG/2.4ML CARTRIDGE | 5 | PA QL=2.40 ML/56 Días |
| <i>sulfasalazine 500mg dr tab</i> | 1 | |
| <i>sulfasalazine 500mg tab</i> | 1 | |
| INTESTINAL ACIDIFIERS | | |
| <i>enulose 10gm/15ml oral soln</i> | 1 | |
| <i>generlac 10gm/15ml oral soln</i> | 1 | |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| <i>alose tron 0.5mg tab</i> | 2 | |
| <i>alose tron 1mg tab</i> | 2 | |
| LINZESS 145MCG CAP | 4 | PA QL=30 EA/30 Días |
| LINZESS 290MCG CAP | 4 | PA QL=30 EA/30 Días |
| LINZESS 72MCG CAP | 4 | PA QL=30 EA/30 Días |
| LIVE FECAL MICROBIOTA | | |
| VOWST 30000000UNIT CAP | 5 | PA QL=12 EA/365 Días |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK 12.5MG TAB | 3 | PA |
| MOVANTIK 25MG TAB | 3 | PA |
| RELISTOR 12MG/0.6ML INJ | 4 | PA |
| RELISTOR 12MG/0.6ML SYRINGE | 4 | PA |
| RELISTOR 8MG/0.4ML SYRINGE | 4 | PA |
| SYMPROIC 0.2MG TAB | 3 | PA |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA 210MG TAB | 4 | PA |
| <i>calcium acetate 667mg cap</i> | 1 | |
| <i>calcium acetate 667mg tab</i> | 1 | |
| FOSRENOL 1000MG ORAL POWDER | 3 | |
| FOSRENOL 750MG ORAL POWDER | 3 | |
| <i>lanthanum carbonate 1000mg chew tab</i> | 2 | |
| <i>lanthanum carbonate 500mg chew tab</i> | 2 | |
| <i>lanthanum carbonate 750mg chew tab</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-------------------------|
| <i>sevelamer carbonate 2400mg powder for oral susp</i> | 2 | |
| <i>sevelamer carbonate 800mg powder for oral susp</i> | 2 | |
| <i>sevelamer carbonate 800mg tab</i> | 2 | |
| VELPHORO 500MG CHEW TAB | 4 | |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX 5MG INJ | 5 | NDS PA |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO 250MG | 5 | NDS PA QL=84 EA/28 Días |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| <i>potassium citrate 10meq er tab</i> | 2 | |
| <i>potassium citrate 15meq er tab</i> | 2 | |
| <i>potassium citrate 5meq er tab</i> | 2 | |
| CYSTINOSIS AGENTS | | |
| CYSTAGON 150MG CAP | 3 | |
| CYSTAGON 50MG CAP | 3 | |
| GENITOURINARY IRRIGANTS | | |
| <i>sodium chloride 0.9% irrigation soln</i> | 2 | |
| IGA NEPHROPATHY (IGAN) AGENTS | | |
| FILSPARI 200MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| FILSPARI 400MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON 100MG CAP | 3 | |
| PROSTATIC HYPERTROPHY AGENTS | | |
| <i>alfuzosin 10mg er tab</i> | 1 | |
| <i>dutasteride 0.5mg cap</i> | 1 | |
| <i>finasteride 5mg tab</i> | 1 | |
| <i>silodosin 4mg cap</i> | 1 | |
| <i>silodosin 8mg cap</i> | 1 | |
| <i>tamsulosin 0.4mg cap</i> | 1 | |
| URINARY STONE AGENTS | | |
| LITHOSTAT 250MG TAB | 4 | |
| <i>tiopronin 100mg tab</i> | 1 | |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| <i>colchicine/probenecid 0.5-500mg tab</i> | 1 | |
| GOUT AGENTS | | |
| <i>allopurinol 100mg tab</i> | 1 | |
| <i>allopurinol 300mg tab</i> | 1 | |
| <i>colchicine 0.6mg tab</i> | 2 | |
| <i>febuxostat 40mg tab</i> | 2 | ST |
| <i>febuxostat 80mg tab</i> | 2 | ST |

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| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| URICOSURICS | | |
| <i>probenecid 500mg tab</i> | 1 | |
| HEMATOLOGICAL AGENTS - MISC. | | |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| <i>icatibant 10mg/ml syringe</i> | 1 | NDS PA |
| <i>sajazir 30mg/3ml syringe</i> | 1 | PA |
| COMPLEMENT INHIBITORS | | |
| BERINERT 500UNIT INJ | 5 | NDS PA |
| CINRYZE 500UNIT INJ | 5 | NDS PA |
| HAEGARDA 2000UNIT INJ | 5 | NDS PA |
| HAEGARDA 3000UNIT INJ | 5 | NDS PA |
| RUCONEST 2100UNIT INJ | 5 | NDS PA |
| HEMATORHEOLOGIC AGENTS | | |
| <i>pentoxifylline 400mg er tab</i> | 1 | |
| PLASMA KALLIKREIN INHIBITORS | | |
| ORLADEYO 110MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| ORLADEYO 150MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| TAKHZYRO 300MG/2ML INJ | 5 | NDS PA QL=4 ML/28 Días |
| TAKHZYRO 300MG/2ML SYRINGE | 5 | NDS PA QL=4 ML/28 Días |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>anagrelide 0.5mg cap</i> | 1 | |
| <i>anagrelide 1mg cap</i> | 1 | |
| <i>aspirin/dipyridamole 25-200mg er cap</i> | 2 | |
| BRILINTA 60MG TAB | 3 | |
| BRILINTA 90MG TAB | 3 | |
| CABLIVI 11MG INJ | 5 | NDS PA QL=30 EA/30 Días |
| <i>cilostazol 100mg tab</i> | 1 | |
| <i>cilostazol 50mg tab</i> | 1 | |
| <i>clopidogrel 75mg tab</i> | 1 | |
| <i>dipyridamole 25mg tab</i> | 1 | |
| <i>dipyridamole 50mg tab</i> | 1 | |
| <i>dipyridamole 75mg tab</i> | 1 | |
| <i>prasugrel 10mg tab</i> | 1 | |
| <i>prasugrel 5mg tab</i> | 1 | |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND 20MG TAB (4-WEEK PACK) | 5 | NDS PA QL=56 EA/28 Días |
| PYRUKYND 20MG/50MG TAB TAPER PACK | 5 | NDS PA QL=14 EA/14 Días |
| PYRUKYND 50MG TAB (4-WEEK PACK) | 5 | NDS PA QL=56 EA/28 Días |
| PYRUKYND 5MG TAB (4-WEEK PACK) | 5 | NDS PA QL=56 EA/28 Días |
| PYRUKYND 5MG TAB TAPER PACK | 5 | NDS PA QL=7 EA/7 Días |
| PYRUKYND 5MG/20MG TAB TAPER PACK | 5 | NDS PA QL=14 EA/14 Días |
| HEMATOPOIETIC AGENTS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA 84MG CAP | 5 | NDS PA QL=60 EA/30 Días |
| <i>miglustat 100mg cap</i> | 1 | PA |
| <i>yargesa 100mg cap</i> | 1 | PA |
| AGENTS FOR SICKLE CELL DISEASE | | |
| DROXIA 200MG CAP | 3 | |
| DROXIA 300MG CAP | 3 | |
| DROXIA 400MG CAP | 3 | |
| <i>glutamine 5000mg powder for oral soln</i> | 1 | PA QL=180 EA/30 Días |
| OXBRYTA 300MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| OXBRYTA 300MG TAB FOR ORAL SUSP | 5 | NDS PA QL=150 EA/30 Días |
| OXBRYTA 500MG TAB | 5 | NDS PA QL=150 EA/30 Días |
| HEMATOPOIETIC GROWTH FACTORS | | |
| DOPTELET 20MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| DOPTELET TAB 40MG DAILY DOSE PACK | 5 | NDS PA QL=10 EA/5 Días |
| DOPTELET TAB 60MG DAILY DOSE PACK | 5 | NDS PA QL=15 EA/5 Días |
| NIVESTYM 300MCG/0.5ML SYRINGE | 5 | NDS |
| NIVESTYM 300MCG/ML INJ | 5 | NDS |
| NIVESTYM 480MCG/0.8ML SYRINGE | 5 | NDS |
| NIVESTYM 480MCG/1.6ML INJ | 5 | NDS |
| NYVEPRIA 6MG/0.6ML SYRINGE | 5 | NDS |
| PROMACTA 12.5MG POWDER FOR ORAL SUSP | 5 | NDS PA |
| PROMACTA 12.5MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| PROMACTA 25MG POWDER FOR ORAL SUSP | 5 | NDS PA |
| PROMACTA 25MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| PROMACTA 50MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| PROMACTA 75MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| RETACRIT 10000UNIT/ML INJ | 3 | PA |
| RETACRIT 20000UNIT/2ML INJ | 3 | PA |
| RETACRIT 20000UNIT/ML INJ | 3 | PA |
| RETACRIT 2000UNIT/ML INJ | 3 | PA |
| RETACRIT 3000UNIT/ML INJ | 3 | PA |
| RETACRIT 40000UNIT/ML INJ | 3 | PA |
| RETACRIT 4000UNIT/ML INJ | 3 | PA |
| ZARXIO 300MCG/0.5ML SYRINGE | 5 | NDS |
| ZARXIO 480MCG/0.8ML SYRINGE | 5 | NDS |
| ZIEXTENZO 6MG/0.6ML SYRINGE | 5 | NDS |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| <i>tranexamic acid 650mg tab</i> | 2 | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| BARBITURATE HYPNOTICS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| <i>phenobarbital 100mg tab</i> | 1 | |
| <i>phenobarbital 15mg tab</i> | 1 | |
| <i>phenobarbital 16.2mg tab</i> | 1 | |
| <i>phenobarbital 30mg tab</i> | 1 | |
| <i>phenobarbital 32.4mg tab</i> | 1 | |
| <i>phenobarbital 4mg/ml oral soln</i> | 1 | |
| <i>phenobarbital 60mg tab</i> | 1 | |
| <i>phenobarbital 64.8mg tab</i> | 1 | |
| <i>phenobarbital 97.2mg tab</i> | 1 | |
| NON-BARBITURATE HYPNOTICS | | |
| <i>eszopiclone 1mg tab</i> | 1 | QL=30 EA/30 Días |
| <i>eszopiclone 2mg tab</i> | 1 | QL=30 EA/30 Días |
| <i>eszopiclone 3mg tab</i> | 1 | QL=30 EA/30 Días |
| <i>temazepam 15mg cap</i> | 1 | QL=30 EA/30 Días |
| <i>temazepam 30mg cap</i> | 1 | QL=30 EA/30 Días |
| <i>triazolam 0.125mg tab</i> | 1 | QL=30 EA/30 Días |
| <i>triazolam 0.25mg tab</i> | 1 | QL=60 EA/30 Días |
| <i>zaleplon 10mg cap</i> | 1 | QL=30 EA/30 Días |
| <i>zaleplon 5mg cap</i> | 1 | QL=30 EA/30 Días |
| <i>zolpidem tartrate 10mg tab</i> | 1 | QL=30 EA/30 Días |
| <i>zolpidem tartrate 12.5mg er tab</i> | 2 | QL=30 EA/30 Días |
| <i>zolpidem tartrate 5mg tab</i> | 1 | QL=60 EA/30 Días |
| <i>zolpidem tartrate 6.25mg er tab</i> | 2 | QL=30 EA/30 Días |
| OREXIN RECEPTOR ANTAGONISTS | | |
| DAYVIGO 10MG TAB | 4 | PA QL=30 EA/30 Días |
| DAYVIGO 5MG TAB | 4 | PA QL=30 EA/30 Días |
| QUVIVIQ 25MG TAB | 4 | PA QL=30 EA/30 Días |
| QUVIVIQ 50MG TAB | 4 | PA QL=30 EA/30 Días |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| <i>ramelteon 8mg tab</i> | 2 | QL=30 EA/30 Días |
| <i>tasimelteon 20mg cap</i> | 5 | NDS PA QL=30 EA/30 Días |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| GAVILYTE-C POWDER FOR ORAL SOLN | 1 | |
| <i>gavilyte-g powder for oral soln</i> | 1 | |
| <i>gavilyte-n powder for oral soln</i> | 1 | |
| <i>peg 3350 powder for oral soln (100gm Moviprep equiv)</i> | 1 | |
| <i>peg 3350/electrolyte oral soln</i> | 1 | |
| <i>peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|----------------------|
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i> 17.5-3.13-1.6gm/177ml prep kit | 1 | |
| SUFLAVE SOLN PACK | 3 | |
| LAXATIVES - MISCELLANEOUS | | |
| <i>constulose 10gm/15ml oral soln</i> | 1 | |
| <i>lactulose 667mg/ml oral soln</i> | 1 | |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| <i>azithromycin 20mg/ml susp</i> | 1 | |
| <i>azithromycin 250mg pack</i> | 1 | |
| <i>azithromycin 250mg tab</i> | 1 | |
| <i>azithromycin 40mg/ml susp</i> | 1 | |
| <i>azithromycin 500mg inj</i> | 2 | |
| <i>azithromycin 500mg tab</i> | 1 | |
| <i>azithromycin 500mg tab pack</i> | 1 | |
| <i>azithromycin 600mg tab</i> | 1 | |
| CLARITHROMYCIN | | |
| <i>clarithromycin 250mg tab</i> | 1 | |
| CLARITHROMYCIN 25MG/ML SUSP | 3 | |
| <i>clarithromycin 500mg er tab</i> | 2 | |
| <i>clarithromycin 500mg tab</i> | 1 | |
| CLARITHROMYCIN 50MG/ML SUSP | 3 | |
| ERYTHROMYCINS | | |
| <i>ery-tab 250mg dr tab</i> | 2 | |
| <i>ery-tab 333mg dr tab</i> | 2 | |
| <i>ery-tab 500mg dr tab</i> | 2 | |
| ERYTHROMYCIN 250MG DR CAP | 2 | |
| <i>erythromycin 250mg dr tab</i> | 2 | |
| <i>erythromycin 250mg tab</i> | 2 | |
| <i>erythromycin 333mg dr tab</i> | 2 | |
| <i>erythromycin 500mg dr tab</i> | 2 | |
| <i>erythromycin 500mg tab</i> | 2 | |
| <i>erythromycin ethylsuccinate 40mg/ml susp</i> | 2 | |
| <i>erythromycin ethylsuccinate 80mg/ml susp</i> | 2 | |
| FIDAXOMICIN | | |
| DIFICID 200MG TAB | 3 | PA QL=20 EA/10 Días |
| DIFICID 40MG/ML SUSP | 3 | PA QL=136 ML/10 Días |
| MEDICAL DEVICES AND SUPPLIES | | |
| BANDAGES-DRESSINGS-TAPE | | |
| GAUZE PADS & DRESSINGS - PADS 2 X 2 | 2 | |
| MISC. DEVICES | | |
| ALCOHOL SWAB 1X1 (DIABETIC) | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| PARENTERAL THERAPY SUPPLIES | | |
| INSULIN PEN NEEDLE | 2 | |
| INSULIN SYRINGE (DISP) U-100 0.3ML | 2 | |
| INSULIN SYRINGE (DISP) U-100 1/2ML | 2 | |
| INSULIN SYRINGE (DISP) U-100 1ML | 2 | |
| NEEDLES INSULIN DISP. SAFETY | 2 | |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AIMOVIG 140MG/ML AUTO-INJECTOR | 3 | PA QL=1 ML/30 Días |
| AIMOVIG 70MG/ML AUTO-INJECTOR | 3 | PA QL=1 ML/30 Días |
| EMGALITY 100MG/ML SYRINGE | 3 | PA QL=3 ML/30 Días |
| EMGALITY 120MG/ML AUTO-INJECTOR | 3 | PA QL=2 ML/30 Días |
| EMGALITY 120MG/ML SYRINGE | 3 | PA QL=2 ML/30 Días |
| UBRELVY 100MG TAB | 3 | PA QL=16 EA/30 Días |
| UBRELVY 50MG TAB | 3 | PA QL=16 EA/30 Días |
| ZAVZPRET 10MG/ACT NASAL SPRAY | 3 | PA QL=6 EA/30 Días |
| MIGRAINE PRODUCTS | | |
| <i>dihydroergotamine mesylate 0.5mg/act nasal inhaler</i> | 2 | PA QL=16 ML/30 Días |
| SEROTONIN AGONISTS | | |
| <i>eletriptan 20mg tab</i> | 2 | QL=18 EA/30 Días |
| <i>eletriptan 40mg tab</i> | 2 | QL=18 EA/30 Días |
| <i>naratriptan 1mg tab</i> | 2 | QL=18 EA/30 Días |
| <i>naratriptan 2.5mg tab</i> | 2 | QL=18 EA/30 Días |
| REYVOW 100MG TAB | 3 | PA QL=8 EA/30 Días |
| REYVOW 50MG TAB | 3 | PA QL=8 EA/30 Días |
| <i>rizatriptan 10mg odt</i> | 1 | QL=36 EA/60 Días |
| <i>rizatriptan 10mg tab</i> | 1 | QL=36 EA/60 Días |
| <i>rizatriptan 5mg odt</i> | 1 | QL=36 EA/60 Días |
| <i>rizatriptan 5mg tab</i> | 1 | QL=36 EA/60 Días |
| <i>sumatriptan 100mg tab</i> | 1 | QL=18 EA/30 Días |
| <i>sumatriptan 20mg/act nasal spray</i> | 2 | QL=12 EA/30 Días |
| <i>sumatriptan 25mg tab</i> | 1 | QL=18 EA/30 Días |
| <i>sumatriptan 4mg/0.5ml cartridge</i> | 2 | QL=5 ML/30 Días |
| <i>sumatriptan 50mg tab</i> | 1 | QL=18 EA/30 Días |
| <i>sumatriptan 5mg/act nasal spray</i> | 2 | QL=12 EA/30 Días |
| <i>sumatriptan 6mg/0.5ml auto-injector</i> | 2 | QL=5 ML/30 Días |
| <i>sumatriptan 6mg/0.5ml cartridge</i> | 2 | QL=5 ML/30 Días |
| <i>sumatriptan 6mg/0.5ml inj</i> | 2 | QL=5 ML/30 Días |
| <i>zolmitriptan 2.5mg odt</i> | 2 | QL=18 EA/30 Días |
| <i>zolmitriptan 2.5mg tab</i> | 2 | QL=18 EA/30 Días |
| <i>zolmitriptan 5mg odt</i> | 2 | QL=18 EA/30 Días |
| <i>zolmitriptan 5mg tab</i> | 2 | QL=18 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>zolmitriptan 5mg/act nasal spray</i> | 2 | QL=12 EA/30 Días |
| MINERALS & ELECTROLYTES | | |
| ELECTROLYTE MIXTURES | | |
| ELECTROLYTE-148 SOLUTION | 2 | |
| GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ | 3 | PA BvD |
| GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ | 3 | PA BvD |
| GLUCOSE 25MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ | 2 | |
| <i>glucose 50mg/ml/potassium chloride 0.01meq/ml/sodium chloride 4.5mg/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/potassium chloride 0.03meq/ml/sodium chloride 4.5mg/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj</i> | 2 | |
| GLUCOSE 50MG/ML/POTASSIUM CHLORIDE 0.04MEQ/ML/SODIUM CHLORIDE 9MG/ML INJ | 3 | |
| <i>glucose 50mg/ml/sodium chloride 2mg/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/sodium chloride 4.5mg/ml inj</i> | 2 | |
| <i>glucose 50mg/ml/sodium chloride 9mg/ml inj</i> | 2 | |
| KCL/D5W/LR INJ 0.15% | 3 | |
| <i>kcl/nacl 20meq-0.45% inj</i> | 2 | |
| <i>kcl/nacl 20meq-0.9% inj</i> | 2 | |
| <i>kcl/nacl 40meq-9% inj</i> | 2 | |
| PLASMA-LYTE 148 INJ | 3 | |
| PLASMA-LYTE A INJ | 3 | |
| TPN ELECTROLYTES INJ | 2 | PA BvD |
| MAGNESIUM | | |
| <i>magnesium sulfatate 500mg/ml inj</i> | 2 | |
| <i>magnesium sulfatate 500mg/ml syringe</i> | 2 | |
| POTASSIUM | | |
| <i>klor-con 10meq er tab</i> | 1 | |
| <i>klor-con 10meq micro er tab</i> | 1 | |
| <i>klor-con 15meq micro er tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|-----------------------------|
| <i>klor-con 20meq micro er tab</i> | 1 | |
| <i>klor-con 20meq powder for oral soln</i> | 2 | |
| <i>klor-con 8meq er tab</i> | 1 | |
| <i>potassium chloride 1.33meq/ml oral soln</i> | 2 | |
| <i>potassium chloride 10meq er cap</i> | 1 | |
| <i>potassium chloride 10meq er tab</i> | 1 | |
| <i>potassium chloride 10meq micro er tab</i> | 1 | |
| POTASSIUM CHLORIDE 10MEQ/100ML INJ | 2 | |
| <i>potassium chloride 15meq micro er tab</i> | 1 | |
| <i>potassium chloride 2.67meq/ml oral soln</i> | 2 | |
| <i>potassium chloride 20meq er tab</i> | 1 | |
| <i>potassium chloride 20meq micro er tab</i> | 1 | |
| <i>potassium chloride 20meq powder for oral soln</i> | 2 | |
| POTASSIUM CHLORIDE 20MEQ/100ML INJ | 2 | |
| <i>potassium chloride 2meq/ml (20ml) inj</i> | 2 | |
| <i>potassium chloride 2meq/ml inj</i> | 2 | |
| POTASSIUM CHLORIDE 40MEQ/100ML INJ | 2 | |
| <i>potassium chloride 8meq er cap</i> | 1 | |
| <i>potassium chloride 8meq er tab</i> | 1 | |
| SODIUM | | |
| <i>sodium chloride 0.45% inj</i> | 2 | |
| <i>sodium chloride 0.9% inj</i> | 2 | |
| <i>sodium chloride 3% inj</i> | 2 | |
| <i>sodium chloride 50mg/ml inj</i> | 2 | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| <i>penicillamine 250mg tab</i> | 2 | |
| <i>trientine 250mg cap</i> | 1 | PA |
| IMMUNOMODULATORS | | |
| <i>lenalidomide 10mg cap</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>lenalidomide 15mg cap</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>lenalidomide 2.5mg cap</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>lenalidomide 20mg cap</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>lenalidomide 25mg cap</i> | 1 | PA NSO QL=30 EA/30 Días |
| <i>lenalidomide 5mg cap</i> | 1 | PA NSO QL=30 EA/30 Días |
| REVLIMID 10MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| REVLIMID 15MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| REVLIMID 2.5MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| REVLIMID 20MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| REVLIMID 25MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| REVLIMID 5MG CAP | 5 | NDS PA NSO QL=30 EA/30 Días |
| REZUROCK 200MG TAB | 5 | NDS PA QL=30 EA/30 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------------|
| THALOMID 100MG CAP | 5 | NDS QL=30 EA/30 Días |
| THALOMID 150MG CAP | 5 | NDS QL=60 EA/30 Días |
| THALOMID 200MG CAP | 5 | NDS QL=60 EA/30 Días |
| THALOMID 50MG CAP | 5 | NDS QL=30 EA/30 Días |
| IMMUNOSUPPRESSIVE AGENTS | | |
| <i>azathioprine 50mg tab</i> | 1 | PA BvD |
| <i>cyclosporine 100mg cap</i> | 2 | PA BvD |
| <i>cyclosporine 25mg cap</i> | 2 | PA BvD |
| <i>cyclosporine modified 100mg cap</i> | 2 | PA BvD |
| <i>cyclosporine modified 100mg/ml oral soln</i> | 2 | PA BvD |
| <i>cyclosporine modified 25mg cap</i> | 2 | PA BvD |
| <i>cyclosporine modified 50mg cap</i> | 2 | PA BvD |
| ENSPRYNG 120MG/ML SYRINGE | 5 | NDS PA QL=2 ML/28 Días |
| ENVARUSUS XR 0.75MG TAB | 4 | PA BvD |
| ENVARUSUS XR 1MG TAB | 4 | PA BvD |
| ENVARUSUS XR 4MG TAB | 4 | PA BvD |
| <i>everolimus 0.25mg tab</i> | 2 | PA BvD |
| <i>everolimus 0.5mg tab</i> | 2 | PA BvD |
| <i>everolimus 0.75mg tab</i> | 2 | PA BvD |
| <i>everolimus 1mg tab</i> | 2 | PA BvD |
| <i>engraf 100mg cap</i> | 2 | PA BvD |
| <i>engraf 100mg/ml oral soln</i> | 2 | PA BvD |
| <i>engraf 25mg cap</i> | 2 | PA BvD |
| LUPKYNIS 7.9MG CAP | 5 | NDS PA QL=180 EA/30 Días |
| <i>mycophenolate mofetil 200mg/ml susp</i> | 2 | PA BvD |
| <i>mycophenolate mofetil 250mg cap</i> | 1 | PA BvD |
| <i>mycophenolate mofetil 500mg tab</i> | 1 | PA BvD |
| <i>mycophenolic acid 180mg dr tab</i> | 2 | PA BvD |
| <i>mycophenolic acid 360mg dr tab</i> | 2 | PA BvD |
| PROGRAF 0.2MG GRANULES FOR ORAL SUSP | 4 | PA BvD |
| PROGRAF 1MG GRANULES FOR ORAL SUSP | 4 | PA BvD |
| <i>sirolimus 0.5mg tab</i> | 2 | PA BvD |
| <i>sirolimus 1mg tab</i> | 2 | PA BvD |
| <i>sirolimus 1mg/ml oral soln</i> | 2 | PA BvD |
| <i>sirolimus 2mg tab</i> | 2 | PA BvD |
| <i>tacrolimus 0.5mg cap</i> | 1 | PA BvD |
| <i>tacrolimus 1mg cap</i> | 1 | PA BvD |
| <i>tacrolimus 5mg cap</i> | 1 | PA BvD |
| POTASSIUM REMOVING AGENTS | | |
| <i>kionex 15gm/60ml susp</i> | 1 | |
| LOKELMA 10GM POWDER FOR ORAL SUSP | 3 | PA |
| LOKELMA 5GM POWDER FOR ORAL SUSP | 3 | PA |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|------------------------|
| <i>sodium polystyrene sulfonate 15000mg powder for oral susp</i> | 2 | |
| <i>sps 15gm/60ml susp</i> | 1 | |
| VELTASSA 16.8GM POWDER FOR ORAL SUSP | 3 | PA |
| VELTASSA 25.2GM POWDER FOR ORAL SUSP | 3 | PA |
| VELTASSA 8.4GM POWDER FOR ORAL SUSP | 3 | PA |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA 200MG/ML AUTO-INJECTOR | 5 | NDS PA QL=4 ML/28 Días |
| BENLYSTA 200MG/ML SYRINGE | 5 | NDS PA QL=4 ML/28 Días |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| <i>lidocaine viscous 2% topical soln</i> | 1 | |
| ANTI-INFECTIVES - THROAT | | |
| <i>clotrimazole 10mg lozenge</i> | 1 | |
| <i>nystatin 100000unit/ml susp</i> | 1 | |
| ANTISEPTICS - MOUTH/THROAT | | |
| <i>chlorhexidine gluconate 0.12% mouthwash</i> | 1 | |
| <i>periogard 0.12% mouthwash</i> | 1 | |
| STEROIDS - MOUTH/THROAT/DENTAL | | |
| <i>kourzeq 0.1% oral paste</i> | 1 | |
| <i>triamcinolone acetonide 0.1% oral paste</i> | 1 | |
| THROAT PRODUCTS - MISC. | | |
| <i>cevimeline 30mg cap</i> | 2 | |
| <i>pilocarpine 5mg tab</i> | 1 | |
| <i>pilocarpine 7.5mg tab</i> | 1 | |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| <i>baclofen 10mg tab</i> | 1 | |
| <i>baclofen 20mg tab</i> | 1 | |
| <i>baclofen 5mg tab</i> | 1 | |
| <i>carisoprodol 350mg tab</i> | 1 | |
| <i>chlorzoxazone 500mg tab</i> | 2 | |
| <i>cyclobenzaprine 10mg tab</i> | 1 | |
| <i>cyclobenzaprine 5mg tab</i> | 1 | |
| <i>metaxalone 800mg tab</i> | 2 | |
| <i>methocarbamol 500mg tab</i> | 1 | |
| <i>methocarbamol 750mg tab</i> | 1 | |
| <i>orphenadrine citrate 100mg er tab</i> | 1 | |
| <i>tizanidine 2mg cap</i> | 2 | |
| <i>tizanidine 2mg tab</i> | 1 | |
| <i>tizanidine 4mg cap</i> | 2 | |
| <i>tizanidine 4mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------------|
| <i>tizanidine 6mg cap</i> | 2 | |
| DIRECT MUSCLE RELAXANTS | | |
| <i>dantrolene sodium 100mg cap</i> | 2 | |
| <i>dantrolene sodium 25mg cap</i> | 2 | |
| <i>dantrolene sodium 50mg cap</i> | 2 | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL ANTIALLERGY | | |
| <i>azelastine 0.1% (137mcg/act) nasal inhaler</i> | 1 | |
| <i>olopatadine 0.6% (0.665mg/act) nasal inhaler</i> | 2 | |
| NASAL ANTICHOLINERGICS | | |
| <i>ipratropium bromide 0.03% (0.021mg/act) nasal inhaler</i> | 1 | |
| <i>ipratropium bromide 0.06% (0.042mg/act) nasal inhaler</i> | 1 | |
| NASAL STEROIDS | | |
| <i>flunisolide 25% (25mcg/act) nasal inhaler</i> | 2 | QL=50 ML/30 Días |
| <i>fluticasone propionate 50mcg/act nasal inhaler</i> | 1 | QL=32 GM/30 Días |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| <i>RADICAVA 105MG/5ML SUSP</i> | 5 | NDS PA QL=70 ML/28 Días |
| <i>riluzole 50mg tab</i> | 2 | |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| <i>EVRYSDI 0.75MG/ML ORAL SOLN</i> | 5 | NDS PA QL=200 ML/30 Días |
| NUTRIENTS | | |
| CARBOHYDRATES | | |
| <i>glucose 100mg/ml inj</i> | 2 | PA BvD |
| <i>glucose 50mg/ml inj</i> | 2 | |
| LIPIDS | | |
| <i>DOJOLVI 100% ORAL SOLN</i> | 5 | NDS PA |
| <i>INTRALIPID 20GM/100ML INJ</i> | 2 | PA BvD |
| <i>INTRALIPID 30GM/100ML INJ</i> | 4 | PA BvD |
| <i>NUTRILIPID 20GM/100ML INJ</i> | 2 | PA BvD |
| PROTEINS | | |
| <i>CLINIMIX 4.25/10 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX 4.25/5 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX 5/15 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX 5/20 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX E 2.75/5 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX E 4.25/10 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX E 4.25/5 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX E 5/15 INJ</i> | 3 | PA BvD |
| <i>CLINIMIX E 5/20 INJ</i> | 3 | PA BvD |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <i>clinisol 15 inj</i> | 2 | PA BvD |
| <i>plenamine 15% inj</i> | 2 | PA BvD |
| PREMASOL 10% INJ | 4 | PA BvD |
| PROSOL 20% INJ | 4 | PA BvD |
| TRAVASOL 10% INJ | 4 | PA BvD |
| TROPHAMINE 10% INJ | 4 | PA BvD |
| OPHTHALMIC AGENTS | | |
| BETA-BLOCKERS - OPTHALMIC | | |
| BETAXOLOL 0.5% OPTH SOLN | 1 | |
| <i>brimonidine tartrate/timolol 0.2-0.5% ophth soln</i> | 2 | |
| CARTEOLOL 1% OPTH SOLN | 1 | |
| <i>dorzolamide/timolol 22.3-6.8mg/ml ophth soln</i> | 1 | |
| <i>dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)</i> | 1 | |
| LEVOBUNOLOL 0.5% OPTH SOLN | 1 | |
| <i>timolol 0.25% ophth gel</i> | 2 | |
| <i>timolol 0.25% ophth soln</i> | 1 | |
| <i>timolol 0.25% ophth soln (preservative-free)</i> | 2 | |
| <i>timolol 0.5% ophth gel</i> | 2 | |
| <i>timolol 0.5% ophth soln</i> | 1 | |
| <i>timolol 0.5% ophth soln (preservative-free)</i> | 2 | |
| CYCLOPLEGIC MYDRIATICS | | |
| <i>atropine sulfate 1% ophth soln</i> | 2 | |
| MIOTICS | | |
| PHOSPHOLINE IODIDE 0.125% OPTH SOLN | 4 | |
| <i>pilocarpine 1% ophth soln</i> | 1 | |
| <i>pilocarpine 2% ophth soln</i> | 1 | |
| <i>pilocarpine 4% ophth soln</i> | 1 | |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| APRACLONIDINE 0.5% OPTH SOLN | 2 | |
| <i>brimonidine tartrate 0.1% ophth soln</i> | 2 | |
| <i>brimonidine tartrate 0.15% ophth soln</i> | 2 | |
| <i>brimonidine tartrate 0.2% ophth soln</i> | 1 | |
| SIMBRINZA 0.2-1% OPTH SUSP | 3 | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| BACITRACIN 500UNIT/GM OPTH OINTMENT | 2 | |
| <i>bacitracin/polymyxin B 0.5-10unit/mg ophth ointment</i> | 1 | QL=7 GM/7 Días |
| <i>ciprofloxacin 0.3% ophth soln</i> | 1 | QL=60 ML/30 Días |
| <i>erythromycin 0.5% ophth ointment</i> | 1 | QL=7 GM/7 Días |
| <i>gentamicin 0.3% ophth soln</i> | 1 | QL=10 ML/7 Días |
| <i>moxifloxacin 0.5% ophth soln</i> | 1 | QL=6 ML/7 Días |
| NATACYN 5% OPTH SUSP | 3 | QL=15 ML/7 Días |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|---------------------------|
| <i>neo-polycin ophth ointment</i> | 1 | QL=7 GM/7 Días |
| <i>neomycin/bacitracin/polymyxin ophth ointment 5mg-400unit-10000unit</i> | 1 | QL=7 GM/7 Días |
| NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN | 1 | QL=10 ML/7 Días |
| <i>ofloxacin 0.3% ophth soln</i> | 1 | QL=60 ML/30 Días |
| <i>polycin 0.5-10unit/mg ophth ointment</i> | 1 | QL=7 GM/7 Días |
| <i>polymyxin b/trimethoprim 10000 Unit/ML-0.1% ophth soln</i> | 1 | QL=10 ML/7 Días |
| <i>sulfacetamide sodium 10% ophth soln</i> | 1 | QL=15 ML/7 Días |
| <i>tobramycin 0.3% ophth soln</i> | 1 | QL=60 ML/30 Días |
| TRIFLURIDINE 1% OPHTH SOLN | 2 | QL=15 ML/7 Días |
| XDEMVIY 0.25% OPHTH SOLN | 5 | PA QL=10 ML/42 Días |
| OPHTHALMIC IMMUNOMODULATORS | | |
| <i>cyclosporine 0.05% ophth susp</i> | 1 | QL=60 EA/30 Días |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA 5% OPHTH SOLN | 3 | QL=60 EA/30 Días |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA 0.02% OPHTH SOLN | 3 | QL=5 ML/30 Días |
| ROCKLATAN 0.05-0.2MG/ML OPHTH SOLN | 3 | QL=5 ML/30 Días |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE 0.002% OPHTH SOLN | 5 | NDS PA QL=112 ML/365 Días |
| OPHTHALMIC STEROIDS | | |
| DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN | 2 | |
| <i>dexamethasone/neomycin/polymyxin b 0.1% ophth ointment</i> | 1 | |
| <i>dexamethasone/tobramycin 0.3-0.1% ophth susp</i> | 1 | |
| <i>difluprednate 0.05% ophth susp</i> | 2 | |
| <i>fluorometholone 0.1% ophth susp</i> | 1 | |
| <i>loteprednol etabonate 0.5% ophth gel</i> | 2 | |
| <i>loteprednol etabonate 0.5% ophth susp</i> | 2 | |
| <i>neo-polycin hc ophth ointment</i> | 1 | |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone ophth 1% ointment</i> | 1 | |
| <i>neomycin/polymyxin/dexamethasone 0.1% ophth susp</i> | 1 | |
| PREDNISOLONE 1% OPHTH SOLN | 1 | |
| PREDNISOLONE ACETATE 1% OPHTH SUSP | 1 | |
| SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN | 1 | |
| TOBRADEX 0.1-0.3% OPHTH OINTMENT | 3 | |
| OPHTHALMICS - MISC. | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| <i>azelastine 0.05% ophth soln</i> | 1 | |
| <i>brinzolamide 1% ophth susp</i> | 2 | |
| <i>bromfenac 0.09% ophth soln</i> | 2 | QL=6.80 ML/365 Días |
| CROMOLYN SODIUM 4% OPHTH SOLN | 1 | |
| CYSTADROPS 0.37% OPHTH SOLN | 5 | NDS PA QL=20 ML/28 Días |
| CYSTARAN 0.44% OPHTH SOLN | 5 | NDS PA QL=60 ML/28 Días |
| <i>diclofenac sodium 0.1% ophth soln</i> | 1 | QL=20 ML/365 Días |
| <i>dorzolamide 2% ophth soln</i> | 1 | |
| <i>epinastine 0.05% ophth soln</i> | 2 | |
| FLURBIPROFEN SODIUM 0.03% OPHTH SOLN | 3 | |
| ILEVRO 0.3% OPHTH SUSP | 3 | QL=12 ML/365 Días |
| <i>ketorolac tromethamine 0.4% ophth soln</i> | 1 | QL=20 ML/365 Días |
| <i>ketorolac tromethamine 0.5% ophth soln</i> | 1 | |
| PROLENSA 0.07% OPHTH SOLN | 3 | QL=12 ML/365 Días |
| PROSTAGLANDINS - OPHTHALMIC | | |
| <i>bimatoprost 0.03% ophth soln</i> | 2 | QL=5 ML/30 Días |
| <i>latanoprost 0.005% ophth soln</i> | 1 | QL=5 ML/30 Días |
| LUMIGAN 0.01% OPHTH SOLN | 3 | QL=5 ML/30 Días |
| <i>tafluprost 0.0015% ophth soln</i> | 2 | ST QL=30 EA/30 Días |
| <i>travoprost 0.004% ophth soln</i> | 2 | QL=5 ML/30 Días |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| <i>acetic acid 2% otic soln</i> | 1 | |
| OTIC ANTI-INFECTIVES | | |
| CIPROFLOXACIN 0.2% OTIC SOLN | 3 | |
| <i>ofloxacin 0.3% otic soln</i> | 1 | |
| OTIC COMBINATIONS | | |
| CIPRO HC 0.2-1% OTIC SUSP | 4 | |
| <i>ciprofloxacin/dexamethasone 0.3-0.1% otic susp</i> | 2 | |
| <i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln</i> | 1 | |
| <i>neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp</i> | 1 | |
| OTIC STEROIDS | | |
| <i>flac 0.01% otic soln</i> | 2 | |
| <i>fluocinolone acetonide 0.01% otic soln</i> | 2 | |
| <i>hydrocortisone/acetic acid 1-2% otic soln</i> | 1 | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| BIVIGAM 5GM/50ML INJ | 5 | NDS PA |
| GAMMAGARD 10GM INJ | 5 | NDS PA |
| GAMMAGARD 2.5GM/25ML INJ | 5 | NDS PA |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| GAMMAGARD 5GM INJ | 5 | NDS PA |
| GAMMAKED 1GM/10ML INJ | 5 | NDS PA |
| GAMMAPLEX 10GM/100ML INJ | 5 | NDS PA |
| GAMMAPLEX 10GM/200ML INJ | 5 | NDS PA |
| GAMMAPLEX 20GM/200ML INJ | 5 | NDS PA |
| GAMMAPLEX 5GM/50ML INJ | 5 | NDS PA |
| GAMUNEX 1GM/10ML INJ | 5 | NDS PA |
| OCTAGAM 1GM/20ML INJ | 5 | NDS PA |
| OCTAGAM 2GM/20ML INJ | 5 | NDS PA |
| PANZYGA 10GM/100ML INJ | 5 | NDS PA |
| PANZYGA 1GM/10ML INJ | 5 | NDS PA |
| PANZYGA 2.5GM/25ML INJ | 5 | NDS PA |
| PANZYGA 20GM/200ML INJ | 5 | NDS PA |
| PANZYGA 30GM/300ML INJ | 5 | NDS PA |
| PANZYGA 5GM/50ML INJ | 5 | NDS PA |
| PRIVIGEN 20GM/200ML INJ | 5 | NDS PA |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| AMOXICILLIN 125MG CHEW TAB | 1 | |
| <i>amoxicillin 250mg cap</i> | 1 | |
| AMOXICILLIN 250MG CHEW TAB | 1 | |
| <i>amoxicillin 25mg/ml susp</i> | 1 | |
| <i>amoxicillin 40mg/ml susp</i> | 1 | |
| <i>amoxicillin 500mg cap</i> | 1 | |
| <i>amoxicillin 500mg tab</i> | 1 | |
| <i>amoxicillin 50mg/ml susp</i> | 1 | |
| <i>amoxicillin 80mg/ml susp</i> | 1 | |
| <i>amoxicillin 875mg tab</i> | 1 | |
| <i>ampicillin 1000mg inj</i> | 2 | |
| <i>ampicillin 100mg/ml inj</i> | 2 | |
| AMPICILLIN 125MG INJ | 3 | |
| <i>ampicillin 500mg cap</i> | 1 | |
| NATURAL PENICILLINS | | |
| BICILLIN L-A 1200000UNIT/2ML SYRINGE | 3 | |
| BICILLIN L-A 2400000UNIT/4ML SYRINGE | 3 | |
| BICILLIN L-A 600000UNIT/ML SYRINGE | 3 | |
| <i>penicillin g potassium 1000000unit/ml inj</i> | 2 | |
| PENICILLIN G POTASSIUM 40000UNIT/ML INJ | 2 | |
| PENICILLIN G POTASSIUM 60000UNIT/ML INJ | 2 | |
| PENICILLIN G SODIUM 100000UNIT/ML INJ | 3 | |
| <i>penicillin v potassium 250mg tab</i> | 1 | |
| PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>penicillin v potassium 500mg tab</i> | 1 | |
| PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN | 1 | |
| PENICILLIN COMBINATIONS | | |
| <i>amoxicillin 250mg/clavulanate 125mg tab</i> | 1 | |
| AMOXICILLIN/CLAVULANATE 1000-62.5MG ER TAB | 4 | |
| AMOXICILLIN/CLAVULANATE 400-57MG CHEW TAB | 1 | |
| <i>amoxicillin/clavulanate 500-125mg tab</i> | 1 | |
| <i>amoxicillin/clavulanate 875-125mg tab</i> | 1 | |
| <i>amoxicillin/k clavulanate 200-28.5mg/5ml susp</i> | 1 | |
| <i>amoxicillin/k clavulanate 250-62.5mg/5ml susp</i> | 1 | |
| <i>amoxicillin/k clavulanate 400-57mg/5ml susp</i> | 1 | |
| <i>amoxicillin/k clavulanate 600-42.9mg/5ml susp</i> | 1 | |
| <i>ampicillin/sulbactam 100-50mg/ml inj</i> | 2 | |
| <i>ampicillin/sulbactam 1000-500mg inj</i> | 2 | |
| <i>ampicillin/sulbactam 2000-1000mg inj</i> | 2 | |
| <i>piperacillin/tazobactam 2000-250mg inj</i> | 2 | |
| <i>piperacillin/tazobactam 3000-375mg inj</i> | 2 | |
| <i>piperacillin/tazobactam 36-4.5gm inj</i> | 2 | |
| <i>piperacillin/tazobactam 4000-500mg inj</i> | 2 | |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| <i>dicloxacillin 250mg cap</i> | 1 | |
| <i>dicloxacillin 500mg cap</i> | 1 | |
| <i>nafcillin 100mg/ml inj</i> | 2 | |
| <i>nafcillin 1gm inj</i> | 2 | |
| <i>nafcillin 2gm inj</i> | 2 | |
| <i>oxacillin 100mg/ml inj</i> | 2 | |
| <i>oxacillin 1gm inj</i> | 2 | |
| OXACILLIN 20MG/ML INJ | 3 | |
| <i>oxacillin 2gm inj</i> | 2 | |
| OXACILLIN 40MG/ML INJ | 3 | |
| PROGESTINS | | |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate 10mg tab</i> | 1 | |
| <i>medroxyprogesterone acetate 2.5mg tab</i> | 1 | |
| <i>medroxyprogesterone acetate 5mg tab</i> | 1 | |
| MEGESTROL ACETATE 125MG/ML SUSP | 2 | PA |
| <i>norethindrone acetate 5mg tab</i> | 1 | |
| <i>progesterone 100mg cap</i> | 1 | |
| <i>progesterone 200mg cap</i> | 1 | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|--------------------------|
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| <i>acamprosate calcium 333mg dr tab</i> | 2 | |
| <i>disulfiram 250mg tab</i> | 1 | |
| <i>disulfiram 500mg tab</i> | 1 | |
| LUCEMYRA 0.18MG TAB | 4 | PA QL=192 EA/14 Días |
| ANTI-CATAPLECTIC AGENTS | | |
| LUMRYZ 4.5GM GRANULES FOR ORAL SUSP | 5 | NDS PA QL=30 EA/30 Días |
| LUMRYZ 6GM GRANULES FOR ORAL SUSP | 5 | NDS PA QL=30 EA/30 Días |
| LUMRYZ 7.5GM GRANULES FOR ORAL SUSP | 5 | NDS PA QL=30 EA/30 Días |
| LUMRYZ 9GM GRANULES FOR ORAL SUSP | 5 | NDS PA QL=30 EA/30 Días |
| SODIUM OXYBATE 500MG/ML ORAL SOLN | 5 | NDS PA QL=540 ML/30 Días |
| XYWAV 0.5GM/ML ORAL SOLN | 5 | NDS PA QL=540 ML/30 Días |
| ANTIDEMENTIA AGENTS | | |
| <i>donepezil 10mg odt</i> | 1 | QL=30 EA/30 Días |
| <i>donepezil 10mg tab</i> | 1 | |
| <i>donepezil 23mg tab</i> | 2 | QL=30 EA/30 Días |
| <i>donepezil 5mg odt</i> | 1 | QL=30 EA/30 Días |
| <i>donepezil 5mg tab</i> | 1 | |
| <i>galantamine 12mg tab</i> | 1 | |
| <i>galantamine 4mg tab</i> | 1 | |
| <i>galantamine 8mg tab</i> | 1 | |
| <i>galantamine hydrobromide 16mg er cap</i> | 2 | |
| <i>galantamine hydrobromide 24mg er cap</i> | 2 | |
| GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN | 2 | |
| <i>galantamine hydrobromide 8mg er cap</i> | 2 | |
| <i>memantine 10mg tab</i> | 1 | |
| <i>memantine 14mg er cap</i> | 2 | |
| <i>memantine 21mg er cap</i> | 2 | |
| <i>memantine 28mg er cap</i> | 2 | |
| <i>memantine 2mg/ml oral soln</i> | 2 | |
| <i>memantine 5/10mg titration pack</i> | 1 | |
| <i>memantine 5mg tab</i> | 1 | |
| <i>memantine 7mg er cap</i> | 2 | |
| <i>rivastigmine 1.5mg cap</i> | 1 | |
| <i>rivastigmine 13.3mg/24hr patch</i> | 2 | |
| <i>rivastigmine 3mg cap</i> | 1 | |
| <i>rivastigmine 4.5mg cap</i> | 1 | |
| <i>rivastigmine 4.6mg/24hr patch</i> | 2 | |
| <i>rivastigmine 6mg cap</i> | 1 | |
| <i>rivastigmine 9.5mg/24hr patch</i> | 2 | |
| FIBROMYALGIA AGENTS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------------|
| SAVELLA 100MG TAB | 3 | QL=60 EA/30 Días |
| SAVELLA 12.5MG TAB | 3 | QL=60 EA/30 Días |
| SAVELLA 25MG TAB | 3 | QL=60 EA/30 Días |
| SAVELLA 50MG TAB | 3 | QL=60 EA/30 Días |
| SAVELLA TAB 4-WEEK TITRATION PACK (55) | 3 | |
| MOVEMENT DISORDER DRUG THERAPY | | |
| AUSTEDO 12MG TAB | 5 | NDS PA QL=120 EA/30 Días |
| AUSTEDO 18MG ER TAB | 5 | NDS PA QL=30 EA/30 Días |
| AUSTEDO 6MG TAB | 5 | NDS PA QL=120 EA/30 Días |
| AUSTEDO 9MG TAB | 5 | NDS PA QL=120 EA/30 Días |
| AUSTEDO XR 12MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| AUSTEDO XR 24MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| AUSTEDO XR 30MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| AUSTEDO XR 36MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| AUSTEDO XR 42MG TAB | 5 | NDS PA QL=30 Unit/30 Días |
| AUSTEDO XR 48MG TAB | 5 | NDS PA QL=30 EA/30 Días |
| AUSTEDO XR 6MG TAB | 5 | NDS PA QL=90 EA/30 Días |
| AUSTEDO XR ONCE DAILY 4 WEEK TITRATION PACK | 5 | NDS PA QL=42 EA/28 Días |
| AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK | 5 | NDS PA QL=28 EA/28 Días |
| INGREZZA 40MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| INGREZZA 40MG SPRINKLE CAP | 5 | NDS PA QL=30 EA/30 Días |
| INGREZZA 60MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| INGREZZA 60MG SPRINKLE CAP | 5 | NDS PA QL=30 EA/30 Días |
| INGREZZA 80MG CAP | 5 | NDS PA QL=30 EA/30 Días |
| INGREZZA 80MG SPRINKLE CAP | 5 | NDS PA QL=30 EA/30 Días |
| INGREZZA CAP PACK | 5 | NDS PA QL=28 EA/28 Días |
| tetrabenazine 12.5mg tab | 1 | |
| tetrabenazine 25mg tab | 1 | |
| MULTIPLE SCLEROSIS AGENTS | | |
| AVONEX 30MCG/0.5ML AUTO-INJECTOR | 5 | NDS |
| AVONEX 30MCG/0.5ML SYRINGE | 5 | NDS |
| BETASERON 0.3MG INJ | 5 | NDS |
| dalfampridine 10mg er tab | 1 | QL=60 EA/30 Días |
| dimethyl fumarate 120mg dr cap | 1 | |
| dimethyl fumarate 240mg dr cap | 1 | |
| dimethyl fumarate/dimethyl fumarate 120-240mg pack | 1 | |
| fingolimod 0.5mg cap | 1 | |
| glatiramer acetate 20mg/ml syringe | 1 | |
| glatiramer acetate 40mg/ml syringe | 1 | |
| glatopa 20mg/ml syringe | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| <i>glatopa 40mg/ml syringe</i> | 1 | |
| KESIMPTA 20MG/0.4ML PEN INJ | 5 | NDS |
| MAVENCLAD 10 TABLET PACK 10MG | 5 | NDS |
| MAVENCLAD 4 TABLET PACK 10MG | 5 | NDS |
| MAVENCLAD 5 TABLET PACK 10MG | 5 | NDS |
| MAVENCLAD 6 TABLET PACK 10MG | 5 | NDS |
| MAVENCLAD 7 TABLET PACK 10MG | 5 | NDS |
| MAVENCLAD 8 TABLET PACK 10MG | 5 | NDS |
| MAVENCLAD 9 TABLET PACK 10MG | 5 | NDS |
| MAYZENT 0.25MG STARTER PACK | 5 | NDS |
| MAYZENT 0.25MG TAB | 5 | NDS |
| MAYZENT 1MG TAB | 5 | NDS |
| MAYZENT 2MG TAB | 5 | NDS |
| MAYZENT STARTER PACK (7) | 3 | |
| PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR | 5 | NDS |
| PLEGRIDY 125MCG/0.5ML SYRINGE | 5 | NDS |
| REBIF 22MCG/0.5ML AUTO-INJECTOR | 5 | NDS |
| REBIF 22MCG/0.5ML SYRINGE | 5 | NDS |
| REBIF 44MCG/0.5ML AUTO-INJECTOR | 5 | NDS |
| REBIF 44MCG/0.5ML SYRINGE | 5 | NDS |
| REBIF REBIDOSE PACK | 5 | NDS |
| REBIF TITRATION PACK | 5 | NDS |
| <i>teriflunomide 14mg tab</i> | 1 | |
| <i>teriflunomide 7mg tab</i> | 1 | |
| ZEPOSIA 0.92MG CAP | 5 | NDS PA |
| ZEPOSIA 28-DAY STARTER KIT | 5 | NDS PA |
| ZEPOSIA CAP 7-DAY STARTER PACK | 5 | NDS PA |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUEDEXTA 20-10MG CAP | 3 | PA QL=60 EA/30 Días |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| ERGOLOID MESYLATES USP 1MG TAB | 4 | |
| PIMOZIDE 1MG TAB | 3 | |
| PIMOZIDE 2MG TAB | 3 | |
| SMOKING DETERRENENTS | | |
| <i>bupropion 150mg sr tab</i> | 1 | |
| NICOTROL 10MG INH SOLN | 3 | |
| NICOTROL 10MG/ML NASAL INHALER | 3 | |
| <i>varenicline 0.5mg tab</i> | 2 | |
| <i>varenicline 0.5mg/1mg first month pack</i> | 2 | |
| <i>varenicline 1mg tab</i> | 2 | |
| <i>varenicline 1mg tab pack (56)</i> | 2 | |
| RESPIRATORY AGENTS - MISC. | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|---|----------------------|------------------------------|
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | |
| ARALAST 1000MG INJ | 5 | NDS PA |
| GLASSIA 1000MG/50ML INJ | 5 | NDS PA |
| PROLASTIN 1000MG INJ | 5 | NDS PA |
| ZEMAIRA 1000MG INJ | 5 | NDS PA |
| CYSTIC FIBROSIS AGENTS | | |
| BRONCHITOL 40MG INH POWDER | 5 | NDS PA QL=560 EA/28 Días |
| KALYDECO 13.4MG GRANULES | 5 | NDS PA QL=56 EA/28 Días |
| KALYDECO 150MG TAB | 5 | NDS PA QL=60 EA/30 Días |
| KALYDECO 25MG GRANULES | 5 | NDS PA QL=60 EA/30 Días |
| KALYDECO 5.8MG GRANULES | 5 | NDS PA QL=56 EA/28 Días |
| KALYDECO 50MG GRANULES | 5 | NDS PA QL=60 EA/30 Días |
| KALYDECO 75MG GRANULES | 5 | NDS PA QL=60 EA/30 Días |
| ORKAMBI 125-100MG GRANULES | 5 | NDS PA QL=60 EA/30 Días |
| ORKAMBI 125-100MG TAB | 5 | NDS PA QL=120 EA/30 Días |
| ORKAMBI 125-200MG TAB | 5 | NDS PA QL=120 EA/30 Días |
| ORKAMBI 188-150MG GRANULES | 5 | NDS PA QL=60 EA/30 Días |
| ORKAMBI 94-75MG GRANULES | 5 | NDS PA QL=56 EA/28 Días |
| PULMOZYME 1MG/ML INH SOLN | 5 | NDS PA BvD QL=150 ML/30 Días |
| SYMDEKO 50-75MG/75MG PACK | 5 | NDS PA QL=60 EA/30 Días |
| SYMDEKO TAB 4-WEEK PACK | 5 | NDS PA QL=60 EA/30 Días |
| TRIKAFTA 100-50-75MG/150MG PACK | 5 | NDS PA QL=90 EA/30 Días |
| TRIKAFTA 100-50-75MG/75MG GRANULES PACK | 5 | NDS PA QL=56 EA/28 Días |
| TRIKAFTA 50-37.5-25MG/75MG TAB PACK | 5 | NDS PA QL=84 EA/28 Días |
| TRIKAFTA 80-40-60MG/59.5MG GRANULES PACK | 5 | NDS PA QL=56 EA/28 Días |
| PULMONARY FIBROSIS AGENTS | | |
| OFEV 100MG CAP | 5 | NDS PA QL=60 EA/30 Días |
| OFEV 150MG CAP | 5 | NDS PA QL=60 EA/30 Días |
| <i>pirfenidone 267mg cap</i> | 1 | PA QL=270 EA/30 Días |
| <i>pirfenidone 267mg tab</i> | 1 | PA QL=270 EA/30 Días |
| <i>pirfenidone 801mg tab</i> | 1 | PA QL=90 EA/30 Días |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| <i>sulfadiazine 500mg tab</i> | 3 | |
| TETRACYCLINES | | |
| AMINOMETHYLCYCLINES | | |
| NUZYRA 150MG TAB | 5 | NDS PA QL=30 EA/14 Días |
| GLYCYLCYCLINES | | |
| <i>tigecycline 50mg inj</i> | 5 | NDS |
| TETRACYCLINES | | |
| <i>demeclocycline 150mg tab</i> | 2 | |
| <i>demeclocycline 300mg tab</i> | 2 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>doxy 100mg inj</i> | 2 | |
| <i>doxycycline hyclate 100mg cap</i> | 1 | |
| <i>doxycycline hyclate 100mg tab</i> | 1 | |
| <i>doxycycline hyclate 20mg tab</i> | 1 | |
| <i>doxycycline hyclate 50mg cap</i> | 1 | |
| <i>doxycycline monohydrate 100mg cap</i> | 1 | |
| <i>doxycycline monohydrate 100mg tab</i> | 1 | |
| <i>doxycycline monohydrate 50mg cap</i> | 1 | |
| <i>doxycycline monohydrate 50mg tab</i> | 1 | |
| <i>doxycycline monohydrate 5mg/ml susp</i> | 2 | |
| <i>minocycline 100mg cap</i> | 1 | |
| <i>minocycline 100mg tab</i> | 2 | |
| <i>minocycline 50mg cap</i> | 1 | |
| <i>minocycline 50mg tab</i> | 2 | |
| <i>minocycline 75mg cap</i> | 1 | |
| <i>minocycline 75mg tab</i> | 2 | |
| <i>tetracycline 250mg cap</i> | 2 | |
| <i>tetracycline 500mg cap</i> | 2 | |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| <i>methimazole 10mg tab</i> | 1 | |
| <i>methimazole 5mg tab</i> | 1 | |
| <i>propylthiouracil 50mg tab</i> | 1 | |
| THYROID HORMONES | | |
| <i>euthyrox 100mcg tab</i> | 1 | |
| <i>euthyrox 112mcg tab</i> | 1 | |
| <i>euthyrox 125mcg tab</i> | 1 | |
| <i>euthyrox 137mcg tab</i> | 1 | |
| <i>euthyrox 150mcg tab</i> | 1 | |
| <i>euthyrox 175mcg tab</i> | 1 | |
| <i>euthyrox 200mcg tab</i> | 1 | |
| <i>euthyrox 25mcg tab</i> | 1 | |
| <i>euthyrox 50mcg tab</i> | 1 | |
| <i>euthyrox 75mcg tab</i> | 1 | |
| <i>euthyrox 88mcg tab</i> | 1 | |
| <i>levothyroxine sodium 100mcg tab</i> | 1 | |
| <i>levothyroxine sodium 112mcg tab</i> | 1 | |
| <i>levothyroxine sodium 125mcg tab</i> | 1 | |
| <i>levothyroxine sodium 137mcg tab</i> | 1 | |
| <i>levothyroxine sodium 150mcg tab</i> | 1 | |
| <i>levothyroxine sodium 175mcg tab</i> | 1 | |
| <i>levothyroxine sodium 200mcg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>levothyroxine sodium 25mcg tab</i> | 1 | |
| <i>levothyroxine sodium 300mcg tab</i> | 1 | |
| <i>levothyroxine sodium 50mcg tab</i> | 1 | |
| <i>levothyroxine sodium 75mcg tab</i> | 1 | |
| <i>levothyroxine sodium 88mcg tab</i> | 1 | |
| <i>levoxyl 100mcg tab</i> | 1 | |
| <i>levoxyl 112mcg tab</i> | 1 | |
| <i>levoxyl 125mcg tab</i> | 1 | |
| <i>levoxyl 137mcg tab</i> | 1 | |
| <i>levoxyl 150mcg tab</i> | 1 | |
| <i>levoxyl 175mcg tab</i> | 1 | |
| <i>levoxyl 200mcg tab</i> | 1 | |
| <i>levoxyl 25mcg tab</i> | 1 | |
| <i>levoxyl 50mcg tab</i> | 1 | |
| <i>levoxyl 75mcg tab</i> | 1 | |
| <i>levoxyl 88mcg tab</i> | 1 | |
| <i>liothyronine sodium 25mcg tab</i> | 1 | |
| <i>liothyronine sodium 50mcg tab</i> | 1 | |
| <i>liothyronine sodium 5mcg tab</i> | 1 | |
| SYNTHROID 100MCG TAB | 4 | |
| SYNTHROID 112MCG TAB | 4 | |
| SYNTHROID 125MCG TAB | 4 | |
| SYNTHROID 137MCG TAB | 4 | |
| SYNTHROID 150MCG TAB | 4 | |
| SYNTHROID 175MCG TAB | 4 | |
| SYNTHROID 200MCG TAB | 4 | |
| SYNTHROID 25MCG TAB | 4 | |
| SYNTHROID 300MCG TAB | 4 | |
| SYNTHROID 50MCG TAB | 4 | |
| SYNTHROID 75MCG TAB | 4 | |
| SYNTHROID 88MCG TAB | 4 | |
| <i>unithroid 100mcg tab</i> | 1 | |
| <i>unithroid 112mcg tab</i> | 1 | |
| <i>unithroid 125mcg tab</i> | 1 | |
| <i>unithroid 137mcg tab</i> | 1 | |
| <i>unithroid 150mcg tab</i> | 1 | |
| <i>unithroid 175mcg tab</i> | 1 | |
| <i>unithroid 200mcg tab</i> | 1 | |
| <i>unithroid 25mcg tab</i> | 1 | |
| <i>unithroid 300mcg tab</i> | 1 | |
| <i>unithroid 50mcg tab</i> | 1 | |
| <i>unithroid 75mcg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>unithroid 88mcg tab</i> | 1 | |
| TOXOIDS | | |
| TOXOID COMBINATIONS | | |
| ADACEL INJ | 3 | VAC |
| ADACEL SYRINGE | 3 | VAC |
| BOOSTRIX INJ | 3 | VAC |
| BOOSTRIX SYRINGE | 3 | VAC |
| DAPTACEL INJ | 3 | |
| DIPHThERIA/TETANUS TOXOID INJ | 3 | PA BvD |
| INFANRIX SYRINGE | 3 | |
| KINRIX SYRINGE | 3 | |
| PEDIARIX SYRINGE | 3 | |
| PENTACEL 96-30-68UNIT/ML INJ | 3 | |
| QUADRACEL INJ | 3 | |
| QUADRACEL INJ | 3 | |
| QUADRACEL SYRINGE | 3 | |
| TDVAX 4-4UNIT/ML INJ | 3 | PA BvD VAC |
| TENIVAC 4-10UNIT/ML INJ | 3 | PA BvD VAC |
| TENIVAC 4-10UNIT/ML SYRINGE | 3 | PA BvD VAC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| <i>dicyclomine 10mg cap</i> | 1 | |
| <i>dicyclomine 20mg tab</i> | 1 | |
| <i>dicyclomine 2mg/ml oral soln</i> | 2 | |
| <i>glycopyrrolate 1mg tab</i> | 2 | |
| <i>glycopyrrolate 2mg tab</i> | 2 | |
| <i>methscopolamine bromide 2.5mg tab</i> | 2 | |
| <i>methscopolamine bromide 5mg tab</i> | 2 | |
| H-2 ANTAGONISTS | | |
| <i>cimetidine 200mg tab</i> | 1 | |
| <i>cimetidine 300mg tab</i> | 1 | |
| <i>cimetidine 400mg tab</i> | 1 | |
| <i>cimetidine 800mg tab</i> | 1 | |
| <i>famotidine 20mg tab</i> | 1 | |
| <i>famotidine 40mg tab</i> | 1 | |
| <i>famotidine 8mg/ml susp</i> | 2 | |
| NIZATIDINE 150MG CAP | 1 | |
| NIZATIDINE 300MG CAP | 1 | |
| MISC. ANTI-ULCER | | |
| <i>sucralfate 1000mg tab</i> | 1 | |
| <i>sucralfate 100mg/ml susp</i> | 2 | |
| PROTON PUMP INHIBITORS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <i>esomeprazole 20mg dr cap</i> | 1 | |
| <i>esomeprazole 40mg dr cap</i> | 1 | |
| <i>lansoprazole 15mg dr cap</i> | 1 | |
| <i>lansoprazole 30mg dr cap</i> | 1 | |
| <i>omeprazole 10mg dr cap</i> | 1 | |
| <i>omeprazole 20mg dr cap</i> | 1 | |
| <i>omeprazole 40mg dr cap</i> | 1 | |
| <i>pantoprazole 20mg dr tab</i> | 1 | |
| <i>pantoprazole 40mg dr tab</i> | 1 | |
| <i>rabeprazole sodium 20mg dr tab</i> | 1 | |
| ULCER DRUGS - PROSTAGLANDINS | | |
| <i>misoprostol 100mcg tab</i> | 1 | |
| <i>misoprostol 200mcg tab</i> | 1 | |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| <i>darifenacin 15mg er tab</i> | 2 | |
| <i>darifenacin 7.5mg er tab</i> | 2 | |
| <i>fesoterodine fumarate 4mg er tab</i> | 2 | |
| <i>fesoterodine fumarate 8mg er tab</i> | 2 | |
| <i>oxybutynin chloride 10mg er tab</i> | 1 | |
| <i>oxybutynin chloride 15mg er tab</i> | 1 | |
| <i>oxybutynin chloride 1mg/ml oral soln</i> | 1 | |
| <i>oxybutynin chloride 5mg er tab</i> | 1 | |
| <i>oxybutynin chloride 5mg tab</i> | 1 | |
| <i>solifenacin succinate 10mg tab</i> | 1 | |
| <i>solifenacin succinate 5mg tab</i> | 1 | |
| <i>tolterodine tartrate 1mg tab</i> | 1 | |
| <i>tolterodine tartrate 2mg er cap</i> | 2 | |
| <i>tolterodine tartrate 2mg tab</i> | 1 | |
| <i>tolterodine tartrate 4mg er cap</i> | 2 | |
| <i>tropium chloride 20mg tab</i> | 1 | |
| <i>tropium chloride 60mg er cap</i> | 2 | |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| GEMTESA 75MG TAB | 4 | PA |
| MYRBETRIQ 25MG ER TAB | 3 | |
| MYRBETRIQ 50MG ER TAB | 3 | |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| <i>bethanechol chloride 10mg tab</i> | 1 | |
| <i>bethanechol chloride 25mg tab</i> | 1 | |
| <i>bethanechol chloride 50mg tab</i> | 1 | |
| <i>bethanechol chloride 5mg tab</i> | 1 | |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS | | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--------------------------------|----------------------|--------------------|
| <i>flavoxate 100mg tab</i> | 2 | |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| ACTHIB INJ | 3 | |
| BCG LIVE TICE STRAIN 50MG INJ | 3 | VAC |
| BEXSERO SYRINGE | 3 | VAC |
| HIBERIX 10MCG INJ | 3 | |
| MENACTRA INJ | 3 | VAC |
| MENQUADFI INJ | 3 | VAC |
| MENVEO INJ | 3 | VAC |
| PEDVAXHIB 7.5MCG/0.5ML INJ | 3 | |
| PENBRAYA INJ | 3 | VAC |
| TRUMENBA SYRINGE | 3 | VAC |
| TYPHIM VI 25MCG/0.5ML INJ | 3 | VAC |
| TYPHIM VI 25MCG/0.5ML SYRINGE | 3 | VAC |
| VAXCHORA SUSP | 3 | VAC |
| VIRAL VACCINES | | |
| ABRYSVO 120MCG/0.5ML INJ | 3 | VAC |
| AREXVY 120MCG/0.5ML INJ | 3 | VAC |
| ENGERIX-B 10MCG/0.5ML SYRINGE | 3 | PA BvD VAC |
| ENGERIX-B 20MCG/ML INJ | 3 | PA BvD VAC |
| ENGERIX-B 20MCG/ML SYRINGE | 3 | PA BvD VAC |
| GARDASIL 9 INJ | 3 | VAC |
| GARDASIL 9 SYRINGE | 3 | VAC |
| HAVRIX 1440ELU/ML SYRINGE | 3 | VAC |
| HAVRIX 720ELU/0.5ML SYRINGE | 3 | |
| HEPLISAV-B 20MCG/0.5ML SYRINGE | 3 | PA BvD VAC |
| IMOVAX 2.5UNIT/ML INJ | 3 | PA BvD VAC |
| IPOL INJ | 3 | VAC |
| IXCHIQ INJ | 3 | VAC |
| IXIARO 0.012MG/ML SYRINGE | 3 | VAC |
| JYNNEOS 0.5ML INJ | 3 | VAC |
| M-M-R II INJ | 3 | VAC |
| MRESVIA 50MCG/0.5ML SYRINGE | 3 | VAC |
| PREHEVBRIO 10MCG/ML INJ | 3 | PA BvD VAC |
| PRIORIX INJ | 3 | VAC |
| PROQUAD INJ | 3 | |
| RABAVERT 2.5UNIT/ML INJ | 3 | PA BvD VAC |
| RECOMBIVAX 10MCG/ML INJ | 3 | PA BvD VAC |
| RECOMBIVAX 10MCG/ML SYRINGE | 3 | PA BvD VAC |
| RECOMBIVAX 40MCG/ML INJ | 3 | PA BvD VAC |
| RECOMBIVAX 5MCG/0.5ML INJ | 3 | PA BvD VAC |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

| Nombre del medicamento | Nivel de Medicamento | Requisitos/Límites |
|--|----------------------|---------------------|
| RECOMBIVAX 5MCG/0.5ML SYRINGE | 3 | PA BvD VAC |
| ROTARIX SUSP | 3 | |
| ROTATEQ SUSP | 3 | |
| SHINGRIX 50MCG/0.5ML INJ | 3 | QL=2 EA/365 DíasVAC |
| TICOVAC 1.2MCG/0.25ML SYRINGE | 3 | |
| TICOVAC 2.4MCG/0.5ML SYRINGE | 3 | VAC |
| TWINRIX SYRINGE | 3 | VAC |
| VAQTA 25UNIT/0.5ML INJ | 3 | |
| VAQTA 25UNIT/0.5ML SYRINGE | 3 | |
| VAQTA 50UNIT/ML INJ | 3 | VAC |
| VAQTA 50UNIT/ML SYRINGE | 3 | VAC |
| VARIVAX 1350PFU/0.5ML INJ | 3 | VAC |
| YF-VAX INJ | 3 | VAC |
| YF-VAX INJ | 3 | VAC |
| VAGINAL AND RELATED PRODUCTS | | |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin 2% vaginal cream</i> | 1 | |
| <i>metronidazole 0.75% vaginal gel</i> | 1 | |
| <i>terconazole 0.4% vaginal cream</i> | 1 | |
| <i>terconazole 0.8% vaginal cream</i> | 1 | |
| <i>terconazole 80mg vaginal insert</i> | 1 | |
| VAGINAL ESTROGENS | | |
| <i>estradiol 0.01% vaginal cream</i> | 1 | |
| <i>estradiol 0.01mg vaginal insert</i> | 2 | |
| ESTRING 2MG (7.5 MCG/24HR) VAGINAL SYSTEM | 4 | ST |
| FEMRING 0.05MG/24HR VAGINAL SYSTEM | 4 | ST |
| FEMRING 0.1MG/24HR VAGINAL SYSTEM | 4 | ST |
| PREMARIN 0.625MG/GM VAGINAL CREAM | 3 | |
| <i>yuvafem 10mcg vaginal insert</i> | 2 | |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| <i>epinephrine 0.15mg/0.3ml auto-injector (2pack)</i> | 1 | QL=2 EA/15 Días |
| <i>epinephrine 0.3mg/0.3ml auto-injector (2pack)</i> | 1 | QL=2 EA/15 Días |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| <i>droxidopa 100mg cap</i> | 1 | PA |
| <i>droxidopa 200mg cap</i> | 1 | PA |
| <i>droxidopa 300mg cap</i> | 1 | PA |
| VASOPRESSORS | | |
| <i>midodrine 10mg tab</i> | 1 | |
| <i>midodrine 2.5mg tab</i> | 1 | |
| <i>midodrine 5mg tab</i> | 1 | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

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|---|-----|--|-----|--|----|
| <i>abacavir 20mg/ml oral soln</i> | 58 | <i>acetylcysteine 100mg/ml inh soln</i> | 72 | AIMOVIG 70MG/ML AUTO-INJECTOR | 90 |
| <i>abacavir 300mg tab</i> | 58 | <i>acetylcysteine 200mg/ml inh soln</i> | 72 | AKEEGA 500-100MG TAB | 45 |
| <i>abacavir/lamivudine 600-300mg tab</i> | 58 | <i>acitretin 10mg cap</i> | 74 | AKEEGA 500-50MG TAB | 45 |
| ABELCET 5MG/ML INJ | 35 | <i>acitretin 17.5mg cap</i> | 74 | <i>ala-cort 1% cream</i> | 75 |
| ABILIFY 300MG INJ | 57 | <i>acitretin 25mg cap</i> | 74 | <i>ala-cort 2.5% cream</i> | 75 |
| ABILIFY 300MG SYRINGE | 57 | ACTEMRA | 11 | <i>albendazole 200mg tab</i> | 16 |
| ABILIFY 400MG INJ | 57 | 162MG/0.9ML AUTO-INJECTOR | | <i>albuterol 0.21mg/ml (0.63mg/3ml) inh soln</i> | 19 |
| ABILIFY 400MG SYRINGE | 57 | ACTEMRA | 11 | <i>albuterol 0.4mg/ml (2mg/5ml) oral soln</i> | 19 |
| ABILIFY 720MG/2.4ML SYRINGE | 57 | 162MG/0.9ML SYRINGE | | <i>albuterol 0.83mg/ml (0.083%) inh soln</i> | 19 |
| ABILIFY 960MG/3.2ML SYRINGE | 57 | ACTHIB INJ | 109 | <i>albuterol 1.25mg/3ml neb soln</i> | 19 |
| <i>abiraterone acetate 250mg tab</i> | 45 | ACTIMMUNE | 51 | <i>albuterol 108mcg HFA inhaler (6.7gm)</i> | 20 |
| ABRYSVO | 109 | 2000000UNIT/0.5ML INJ | | <i>albuterol 108mcg HFA inhaler (8.5gm)</i> | 20 |
| 120MCG/0.5ML INJ | | <i>acyclovir 200mg cap</i> | 61 | <i>albuterol 2mg tab</i> | 20 |
| <i>acamprosate calcium 333mg dr tab</i> | 101 | <i>acyclovir 400mg tab</i> | 61 | <i>albuterol 4mg tab</i> | 20 |
| <i>acarbose 100mg tab</i> | 30 | <i>acyclovir 40mg/ml susp</i> | 61 | <i>albuterol 5mg/ml inh soln</i> | 20 |
| <i>acarbose 25mg tab</i> | 30 | <i>acyclovir 5% ointment</i> | 75 | <i>alclometasone dipropionate 0.05% cream</i> | 75 |
| <i>acarbose 50mg tab</i> | 30 | <i>acyclovir 50mg/ml inj</i> | 61 | <i>alclometasone dipropionate 0.05% ointment</i> | 75 |
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| <i>accutane 40mg cap</i> | 72 | ADACEL SYRINGE | 107 | <i>alendronate sodium 10mg tab</i> | 79 |
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| <i>acetaminophen/hydrocodone bitartrate 21.7mg-0.5mg/ml oral soln</i> | 14 | ADBRY 150MG/ML SYRINGE | 76 | <i>alfuzosin 10mg er tab</i> | 85 |
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| <i>acetazolamide 250mg tab</i> | 78 | ADEMPAS 0.5MG TAB | 65 | <i>aliskiren 300mg tab</i> | 41 |
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Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

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| <i>alprazolam 0.25mg tab</i> | 17 | <i>2.5-10mg cap</i> | | <i>amoxicillin 500mg tab</i> | 99 |
| <i>alprazolam 0.5mg tab</i> | 17 | <i>amlodipine/benazepril</i> | 40 | <i>amoxicillin 50mg/ml susp</i> | 99 |
| <i>alprazolam 1mg tab</i> | 17 | <i>5-10mg cap</i> | | <i>amoxicillin 80mg/ml susp</i> | 99 |
| <i>alprazolam 2mg tab</i> | 17 | <i>amlodipine/benazepril</i> | 40 | <i>amoxicillin 875mg tab</i> | 99 |
| <i>altavera 28 day pack</i> | 67 | <i>5-20mg cap</i> | | AMOXICILLIN/CLAVUL | 100 |
| ALUNBRIG 180MG TAB | 47 | <i>amlodipine/benazepril</i> | 40 | ANATE 1000-62.5MG ER | |
| ALUNBRIG 30MG TAB | 47 | <i>5-40mg cap</i> | | TAB | |
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| ALUNBRIG INITIATION | 47 | <i>medoxomil 10-20mg tab</i> | | ANATE 400-57MG | |
| PACK | | <i>amlodipine/olmesartan</i> | 40 | CHEW TAB | |
| ALVESCO 160MCG | 19 | <i>medoxomil 10-40mg tab</i> | | <i>amoxicillin/clavulanate</i> | 100 |
| INHALER | | <i>amlodipine/olmesartan</i> | 40 | <i>500-125mg tab</i> | |
| ALVESCO 80MCG | 19 | <i>medoxomil 5-20mg tab</i> | | <i>amoxicillin/clavulanate</i> | 100 |
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| <i>alyacen 1/35 pack</i> | 67 | <i>medoxomil 5-40mg tab</i> | | <i>amoxicillin/k clavulanate</i> | 100 |
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| <i>amantadine 100mg cap</i> | 52 | <i>10-160mg tab</i> | | <i>amoxicillin/k clavulanate</i> | 100 |
| <i>amantadine 100mg tab</i> | 52 | <i>amlodipine/valsartan</i> | 40 | <i>250-62.5mg/5ml susp</i> | |
| <i>amantadine 10mg/ml oral</i> | 52 | <i>10-320mg tab</i> | | <i>amoxicillin/k clavulanate</i> | 100 |
| <i>soln</i> | | <i>amlodipine/valsartan</i> | 40 | <i>400-57mg/5ml susp</i> | |
| <i>ambrisentan 10mg tab</i> | 65 | <i>5-160mg tab</i> | | <i>amoxicillin/k clavulanate</i> | 100 |
| <i>ambrisentan 5mg tab</i> | 65 | <i>amlodipine/valsartan</i> | 40 | <i>600-42.9mg/5ml susp</i> | |
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| <i>amiodarone 200mg tab</i> | 18 | <i>amne steem 40mg cap</i> | 72 | <i>etamine 15mg er cap</i> | |
| <i>amiodarone 400mg tab</i> | 18 | <i>amoxapine 100mg tab</i> | 29 | <i>amphetamine/dextroamph</i> | 8 |
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| <i>amitriptyline 10mg tab</i> | 29 | <i>amoxapine 25mg tab</i> | 29 | <i>amphetamine/dextroamph</i> | 8 |
| <i>amitriptyline 150mg tab</i> | 29 | <i>amoxapine 50mg tab</i> | 29 | <i>etamine 20mg er cap</i> | |
| <i>amitriptyline 25mg tab</i> | 29 | AMOXICILLIN 125MG | 99 | <i>amphetamine/dextroamph</i> | 8 |
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| <i>10-20mg cap</i> | | <i>125mg tab</i> | | <i>etamine 30mg tab</i> | |

Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

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| <i>ampicillin/sulbactam 100-50mg/ml inj</i> | 100 | <i>aripiprazole 30mg tab</i> | 57 | <i>atenolol 25mg tab</i> | 61 |
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| <i>aprepitant 125mg cap</i> | 34 | <i>armodafinil 250mg tab</i> | 9 | <i>atomoxetine 40mg cap</i> | 8 |
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| <i>aprepitant 40mg cap</i> | 34 | ARNUITY 100MCG INHALER | 19 | <i>atomoxetine 80mg cap</i> | 8 |
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| <i>(137mcg/act) nasal</i> | | <i>iazide 20-12.5mg tab</i> | | <i>lotion</i> | |
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| <i>bisoprolol fumarate 5mg</i> | 62 | <i>brimonidine tartrate</i> | 96 | <i>buprenorphine 20mcg/hr</i> | 15 |
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| CREON | 77 | | | <i>deferasirox 250mg tab for oral susp</i> | 34 |
| 180000-36000-114000U NIT DR CAP | | | | <i>deferasirox 360mg granules</i> | 34 |
| CREON | 77 | | | <i>deferasirox 360mg tab</i> | 34 |
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| <i>deferasirox 90mg tab</i> | 34 | <i>desoximetasone 0.25% ointment</i> | 76 | <i>dexmethylphenidate 5mg er cap</i> | 9 |
| <i>deferiprone 1000mg tab</i> | 34 | <i>desvenlafaxine succinate 100mg er tab</i> | 28 | <i>dexmethylphenidate 5mg tab</i> | 9 |
| <i>deferiprone 500mg tab</i> | 34 | <i>desvenlafaxine succinate 25mg er tab</i> | 28 | <i>dextroamphetamine sulfate 10mg er cap</i> | 8 |
| DELSTRIGO | 58 | <i>desvenlafaxine succinate 50mg er tab</i> | 28 | <i>dextroamphetamine sulfate 10mg tab</i> | 8 |
| 100-300-300MG TAB | | DEXAMETHASONE | 71 | <i>dextroamphetamine sulfate 15mg er cap</i> | 8 |
| <i>demeclocycline 150mg tab</i> | 104 | <i>dexamethasone 0.5mg tab</i> | 71 | <i>dextroamphetamine sulfate 5mg er cap</i> | 8 |
| <i>demeclocycline 300mg tab</i> | 104 | <i>dexamethasone 0.75mg tab</i> | 71 | <i>dextroamphetamine sulfate 5mg tab</i> | 8 |
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| <i>desipramine 100mg tab</i> | 29 | DEXAMETHASONE | 97 | <i>diazepam 10mg/2ml rectal gel</i> | 23 |
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| <i>diflunisal 500mg tab</i> | 13 | <i>diltiazem 60mg tab</i> | 63 | <i>donepezil 10mg tab</i> | 101 |
| <i>difluprednate 0.05% ophth susp</i> | 97 | <i>diltiazem 90mg er (12hr) cap</i> | 63 | <i>donepezil 23mg tab</i> | 101 |
| DIGOXIN 0.05MG/ML ORAL SOLN | 64 | <i>diltiazem 90mg tab</i> | 63 | <i>donepezil 5mg odt</i> | 101 |
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Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

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| <i>tab</i> | | <i>fluorouracil 5% topical</i> | 74 | <i>250-50mcg/act dry</i> | |
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| <i>fluconazole 150mg tab</i> | 35 | <i>fluoxetine 40mg cap</i> | 27 | <i>500-50mcg/act dry</i> | |
| <i>fluconazole 200mg tab</i> | 35 | <i>fluoxetine 4mg/ml oral</i> | 27 | <i>powder inhaler</i> | |
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| <i>fluconazole 400mg/200ml</i> | 35 | FLUPHENAZINE | 56 | <i>fluvastatin 80mg er tab</i> | 37 |
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| <i>fluconazole 40mg/ml susp</i> | 35 | <i>fluphenazine 10mg tab</i> | 56 | <i>100mg tab</i> | |
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| <i>tab</i> | | <i>gabapentin 600mg tab</i> | 24 | <i>oral soln</i> | |
| <i>fosinopril sodium 40mg</i> | 38 | <i>(Neurontin equiv)</i> | | <i>gavilyte-n powder for</i> | 88 |
| <i>tab</i> | | <i>gabapentin 800mg tab</i> | 24 | <i>oral soln</i> | |
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| FOSRENOL 750MG | 84 | <i>galantamine</i> | 101 | <i>gengraf 100mg/ml oral</i> | 93 |
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| <i>furosemide 10mg/ml oral</i> | 78 | INJ | | <i>gentamicin 1.2mg/ml inj</i> | 10 |
| <i>soln</i> | | GAMMAGARD | 98 | GENTAMICIN 1.6MG/ML | 10 |
| <i>furosemide 20mg tab</i> | 78 | 2.5GM/25ML INJ | | INJ | |
| <i>furosemide 40mg tab</i> | 78 | GAMMAGARD 5GM INJ | 99 | GENTAMICIN 1MG/ML | 10 |
| <i>furosemide 80mg tab</i> | 78 | GAMMAKED 1GM/10ML | 99 | INJ | |
| FUROSEMIDE 8MG/ML | 78 | INJ | | <i>gentamicin 40mg/ml inj</i> | 10 |
| ORAL SOLN | | | | | |

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| GILOTRIF 20MG TAB | 45 | <i>chloride</i> | | <i>glyburide 1.25mg tab</i> | 33 |
| GILOTRIF 30MG TAB | 45 | <i>0.01meq/ml/sodium</i> | | GLYBURIDE 1.5MG TAB | 33 |
| GILOTRIF 40MG TAB | 45 | <i>chloride 4.5mg/ml inj</i> | | <i>glyburide 2.5mg tab</i> | 33 |
| GLASSIA 1000MG/50ML | 104 | <i>glucose</i> | 91 | GLYBURIDE 3MG TAB | 33 |
| INJ | | <i>50mg/ml/potassium</i> | | <i>glyburide 5mg tab</i> | 33 |
| <i>glatiramer acetate</i> | 102 | <i>chloride 0.02meq/ml inj</i> | | GLYBURIDE 6MG TAB | 33 |
| <i>20mg/ml syringe</i> | | <i>glucose</i> | 91 | <i>glyburide/metformin</i> | 30 |
| <i>glatiramer acetate</i> | 102 | <i>50mg/ml/potassium</i> | | <i>1.25-250mg tab</i> | |
| <i>40mg/ml syringe</i> | | <i>chloride</i> | | <i>glyburide/metformin</i> | 30 |
| <i>glatopa 20mg/ml syringe</i> | 102 | <i>0.02meq/ml/sodium</i> | | <i>2.5-500mg tab</i> | |
| <i>glatopa 40mg/ml syringe</i> | 103 | <i>chloride 2.25mg/ml inj</i> | | <i>glyburide/metformin</i> | 30 |
| GLEOSTINE 100MG CAP | 44 | <i>glucose</i> | 91 | <i>5-500mg tab</i> | |
| GLEOSTINE 10MG CAP | 44 | <i>50mg/ml/potassium</i> | | <i>glycopyrrolate 1mg tab</i> | 107 |
| GLEOSTINE 40MG CAP | 44 | <i>chloride</i> | | <i>glycopyrrolate 2mg tab</i> | 107 |
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| <i>glimepiride 4mg tab</i> | 33 | <i>glucose</i> | 91 | <i>granisetron 1mg tab</i> | 34 |
| <i>glipizide 10mg er tab</i> | 33 | <i>50mg/ml/potassium</i> | | <i>griseofulvin 125mg tab</i> | 35 |
| <i>glipizide 10mg tab</i> | 33 | <i>chloride</i> | | <i>griseofulvin 250mg tab</i> | 35 |
| <i>glipizide 2.5mg er tab</i> | 33 | <i>0.02meq/ml/sodium</i> | | <i>griseofulvin 25mg/ml</i> | 35 |
| <i>glipizide 5mg er tab</i> | 33 | <i>chloride 9mg/ml inj</i> | | <i>susp</i> | |
| <i>glipizide 5mg tab</i> | 33 | <i>glucose</i> | 91 | <i>griseofulvin 500mg tab</i> | 35 |
| <i>glipizide/metformin</i> | 30 | <i>50mg/ml/potassium</i> | | <i>guanfacine 1mg er tab</i> | 8 |
| <i>2.5-250mg tab</i> | | <i>chloride</i> | | <i>guanfacine 1mg tab</i> | 39 |
| <i>glipizide/metformin</i> | 30 | <i>0.03meq/ml/sodium</i> | | <i>guanfacine 2mg er tab</i> | 8 |
| <i>2.5-500mg tab</i> | | <i>chloride 4.5mg/ml inj</i> | | <i>guanfacine 2mg tab</i> | 39 |
| <i>glipizide/metformin</i> | 30 | <i>glucose</i> | 91 | <i>guanfacine 3mg er tab</i> | 8 |
| <i>5-500mg tab</i> | | <i>50mg/ml/potassium</i> | | <i>guanfacine 4mg er tab</i> | 8 |
| GLUCAGON (RDNA) | 31 | <i>chloride</i> | | GVOKE 0.5MG/0.1ML | 31 |
| 1MG INJ | | <i>0.04meq/ml/sodium</i> | | AUTO-INJECTOR | |
| <i>glucose 100mg/ml inj</i> | 95 | <i>chloride 4.5mg/ml inj</i> | | GVOKE 1MG/0.2ML | 31 |
| GLUCOSE | 91 | GLUCOSE | 91 | AUTO-INJECTOR | |
| 100MG/ML/SODIUM | | 50MG/ML/POTASSIUM | | GVOKE 1MG/0.2ML INJ | 31 |
| CHLORIDE 2MG/ML INJ | | CHLORIDE | | GVOKE 1MG/0.2ML | 31 |
| GLUCOSE | 91 | 0.04MEQ/ML/SODIUM | | SYRINGE | |
| 100MG/ML/SODIUM | | CHLORIDE 9MG/ML INJ | | H | |
| CHLORIDE 4.5MG/ML | | <i>glucose 50mg/ml/sodium</i> | 91 | HADLIMA 40MG/0.4ML | 10 |
| INJ | | <i>chloride 2mg/ml inj</i> | | AUTO-INJECTOR | |
| GLUCOSE | 91 | <i>glucose 50mg/ml/sodium</i> | 91 | HADLIMA 40MG/0.4ML | 10 |
| 25MG/ML/SODIUM | | <i>chloride 4.5mg/ml inj</i> | | SYRINGE | |
| CHLORIDE 4.5MG/ML | | <i>glucose 50mg/ml/sodium</i> | 91 | HADLIMA 40MG/0.8ML | 10 |
| INJ | | <i>chloride 9mg/ml inj</i> | | AUTO-INJECTOR | |
| <i>glucose 50mg/ml inj</i> | 95 | | | | |

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Usted puede encontrar información sobre el significado de los símbolos y las abreviaciones encontrados en esta tabla consultando el principio de esta tabla.

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