

Lista de medicamentos Seleccionados

Plan de medicamentos de cuatro niveles

Tu beneficio para medicamentos recetados viene con una lista de medicamentos también conocida como formulario. Esta lista contiene medicamentos recetados de marca y genéricos aprobados por la Administración de Alimentos y Medicamentos (FDA) de los EE. UU. Estamos a tu disposición. Si eres un miembro actual de Anthem y tienes preguntas sobre tus beneficios de farmacia, podemos ayudarte. Solo tienes que llamar al número de Servicios para Miembros que figura en tu tarjeta de identificación.

Los nombres de los productos que aparecen en este formulario se indican debajo.

HMO Saver	PPO Share 2500
PPO Share 1000	PPO Share 3500
PPO Share 1000 (Kirchner)	PPO Share 500
PPO Share 1500	PPO Share 7500

Algunas cosas para recordar:

- Puedes ver y buscar en nuestra lista de medicamentos actual en el sitio anthem.com/ca y elija "Prescription Benefits" (Beneficios de medicamentos recetados). Ten en cuenta lo siguiente: El formulario está sujeto a cambios y todas las versiones anteriores del formulario no son válidas.
- Los miembros actuales de Anthem tienen a disposición herramientas y recursos adicionales para ver la lista de medicamentos más actualizada del plan, así como los medicamentos que se agregaron, los genéricos y más, al iniciar sesión en anthem.com/ca.
- Tu cobertura tiene limitaciones y exclusiones, lo cual significa que hay ciertas normas sobre lo que cubre tu plan y lo que no cubre. ¿Ya eres miembro? Puedes ver tu Certificado/Evidencia de cobertura o tu Descripción resumida del plan si inicias sesión en anthem.com y accedes a **My Plan ->Benefits-> Plan Documents (Mi plan ->Beneficios-> Documentos del plan)**.
- Tú y tu médico pueden usar esta lista como guía para elegir los medicamentos adecuados para ti. Es posible que tu plan no cubra los medicamentos que no están en esta lista y pueden costarte más como gasto de bolsillo. Para ayudarte a comprender cómo funciona la lista con tu beneficio para medicamentos, hemos incluido algunas preguntas frecuentes (FAQ) en este documento sobre cómo se organiza la lista y qué hacer si un medicamento no se encuentra en ella.

Lista de medicamentos selectos de California 2022

Tabla de contenido

INFORMATIONAL SECTION	4
ADYUVANTES FARMACÉUTICOS	5
AGENTES ANORRECTALES - RECTAL PREPARATIONS	5
AGENTES ANSIOLÍTICOS - DRUGS FOR THE NERVOUS SYSTEM	5
AGENTES ANTIANGINOSOS - DRUGS FOR THE HEART	6
AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES - DRUGS FOR THE LUNGS	6
AGENTES ANTIINFECCIOSOS VARIOS - DRUGS FOR INFECTIONS	8
AGENTES ANTIMIASTÉNICOS - DRUGS FOR NERVES AND MUSCLES	9
AGENTES ANTIMICOBACTERIALES - DRUGS FOR INFECTIONS	9
AGENTES ANTIPSICÓTICOS/ANTIMANIÁCOS - DRUGS FOR THE NERVOUS SYSTEM	9
AGENTES CARDIOVASCULARES VARIOS - DRUGS FOR THE HEART	11
AGENTES DE INMUNIZACIÓN PASIVA - BIOLOGICAL AGENTS	12
AGENTES DERMATOLÓGICOS - DRUGS FOR THE SKIN	12
AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS - HORMONES	18
AGENTES GASTROINTESTINALES VARIOS - DRUGS FOR THE STOMACH	20
AGENTES GENITOURINARIOS VARIOS - DRUGS FOR THE URINARY SYSTEM	21
AGENTES HEMATOLÓGICOS VARIOS - DRUGS FOR THE BLOOD	21
AGENTES HEMATOPOYÉTICOS - DRUGS FOR NUTRITION	22
AGENTES HEMOSTÁTICOS - DRUGS FOR THE BLOOD	23
AGENTES NASALES - SISTÉMICOS Y TÓPICOS - DRUGS FOR THE NOSE	23
AGENTES OFTÁLMICOS - DRUGS FOR THE EYE	23
AGENTES ÓTICOS - DRUGS FOR THE EAR	25
AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES - DRUGS FOR THE MOUTH AND THROAT	26
AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	27
AGENTES PARA LA GOTA - DRUGS FOR PAIN AND FEVER	28
AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS - DRUGS FOR THE NERVOUS SYSTEM	28
AGENTES RESPIRATORIOS VARIOS - DRUGS FOR THE LUNGS	30
AGENTES TIROIDEOS - HORMONES	30
AMINOGLUCÓSIDOS - DRUGS FOR INFECTIONS	31
ANALGÉSICOS - ANTIINFLAMATORIOS - DRUGS FOR PAIN AND FEVER	31
ANALGÉSICOS - NO NARCÓTICOS - DRUGS FOR PAIN AND FEVER	33
ANALGÉSICOS - OPIOIDES - DRUGS FOR PAIN AND FEVER	33
ANDRÓGENOS-ANABÓLICOS - HORMONES	35
ANTIARRÍTMICOS - DRUGS FOR THE HEART	35
ANTICOAGULANTES - DRUGS FOR THE BLOOD	36
ANTICONCEPTIVOS - DRUGS FOR WOMEN	37
ANTICONVULSIVOS - DRUGS FOR THE NERVOUS SYSTEM	43
ANTIDEPRESIVOS - DRUGS FOR THE NERVOUS SYSTEM	45
ANTIDIABÉTICOS - HORMONES	47
ANTIDIARRÉICOS - DRUGS FOR THE STOMACH	50
ANTÍDOTOS - DRUGS FOR OVERDOSE OR POISONING	51
ANTÍDOTOS Y ANTAGONISTAS ESPECÍFICOS - DRUGS FOR OVERDOSE OR POISONING	51
ANTIEMÉTICOS - DRUGS FOR THE STOMACH	51
ANTIESPASMÓDICOS URINARIOS - DRUGS FOR THE URINARY SYSTEM	51
ANTIHelmínticos - DRUGS FOR INFECTIONS	52
ANTIHIPERLIPIDÉMICOS - DRUGS FOR THE HEART	52
ANTIHIPERTENSIVOS - DRUGS FOR THE HEART	53
ANTIHISTAMÍNICOS - DRUGS FOR THE LUNGS	56
ANTIMICÓTICOS - DRUGS FOR INFECTIONS	56
ANTINEOPLÁSICOS Y TERAPIAS COMPLEMENTARIAS - DRUGS FOR CANCER	57
ANTIPALÚDICOS - DRUGS FOR INFECTIONS	61
ANTIPARKINSONIANOS - DRUGS FOR THE NERVOUS SYSTEM	62
ANTIPARKINSONIANOS Y AGENTES TERAPÉUTICOS RELACIONADOS - DRUGS FOR THE NERVOUS SYSTEM	63
ANTIVIRALES - DRUGS FOR INFECTIONS	63
BETABLOQUEADORES - DRUGS FOR THE HEART	67
BLOQUEADORES DE CANALES DE CALCIO - DRUGS FOR THE HEART	68

CARDIOTÓNICOS - DRUGS FOR THE HEART	70
CEFALOSPORINAS - DRUGS FOR INFECTIONS	71
CLASES TERAPÉUTICAS VARIAS - VITAMINS AND MINERALS	71
CLASES VARIADAS - VITAMINS AND MINERALS	72
CORTICOESTEROIDES - HORMONES	72
DISPOSITIVOS MÉDICOS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	73
DISPOSITIVOS Y SUMINISTROS MÉDICOS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	74
DIURÉTICOS - DRUGS FOR THE HEART	81
ESTRÓGENOS - HORMONES	82
FLUOROQUINOLONAS - DRUGS FOR INFECTIONS	82
HIPNÓTICOS - DRUGS FOR THE NERVOUS SYSTEM	82
HIPNÓTICOS/SEDANTES/AGENTES PARA TRASTORNOS DEL SUEÑO - DRUGS FOR THE NERVOUS SYSTEM	83
LAXANTES - DRUGS FOR THE STOMACH	83
MACRÓLIDOS - DRUGS FOR INFECTIONS	84
MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA - DRUGS FOR THE LUNGS	84
MEDICAMENTOS PARA ÚLCERAS - DRUGS FOR THE STOMACH	85
MEDICAMENTOS PARA ÚLCERAS/ANTIESPASMÓDICOS/ANTICOLINÉRGICOS - DRUGS FOR THE STOMACH	87
MINERALES Y ELECTROLITOS - DRUGS FOR NUTRITION	87
MULTIVITAMINAS - DRUGS FOR NUTRITION	88
OXITÓCICOS - HORMONES	91
PENICILINAS - DRUGS FOR INFECTIONS	91
PRODUCTOS DE DIAGNÓSTICO	91
PRODUCTOS DIETARIOS/PRODUCTOS DE CONTROL DIETARIO - DRUGS FOR NUTRITION	92
PRODUCTOS DIGESTIVOS - DRUGS FOR THE STOMACH	93
PRODUCTOS PARA TRATAR LAS MIGRAÑAS - DRUGS FOR THE NERVOUS SYSTEM	93
PRODUCTOS VAGINALES - DRUGS FOR WOMEN	94
PROGESTINAS - HORMONES	94
SULFONAMIDAS - DRUGS FOR INFECTIONS	94
TDAH/ANTINARCOLEPSIA/ANTILOBÉSICOS/ANOREXÍGENOS - DRUGS FOR THE NERVOUS SYSTEM	95
TETRACICLINAS - DRUGS FOR INFECTIONS	96
TOXOIDES - BIOLOGICAL AGENTS	97
VACUNAS - BIOLOGICAL AGENTS	98
VASOPRESORES - DRUGS FOR THE HEART	101
VITAMINAS - DRUGS FOR NUTRITION	101

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CURRENT AS OF 11/1/2022

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ADYUVANTES FARMACÉUTICOS		
VEHÍCULOS ORALES		
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Nivel 2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Nivel 2	
AGENTES ANORRECTALES - RECTAL PREPARATIONS		
ANESTÉSICOS/ESTEROIDES RECTALES - RECTAL PREPARATIONS		
<i>hydrocortisone ace-pramoxine external cream</i>	Nivel 1	
<i>hydrocortisone ace-pramoxine rectal cream</i>	Nivel 1	
<i>lidocaine-hydrocortisone ace rectal gel</i>	Nivel 3	
<i>lidocaine-hydrocortisone ace rectal kit</i>	Nivel 1	
<i>pramcort rectal cream</i>	Nivel 1	
ESTEROIDES INTRARRECTALES - RECTAL PREPARATIONS		
<i>hydrocortisone</i> (Colocort Rectal Enema)	Nivel 1	
<i>hydrocortisone rectal enema</i>	Nivel 1	
ESTEROIDES RECTALES - RECTAL PREPARATIONS		
<i>hydrocortisone acetate</i> (Hemmorex-Hc Rectal Suppository)	Nivel 1	
<i>hydrocortisone (perianal) external cream</i>	Nivel 1	
<i>hydrocortisone rectal cream</i>	Nivel 1	
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	Nivel 1	
<i>hydrocortisone</i> (Procto-Med Hc Rectal Cream)	Nivel 1	
<i>hydrocortisone</i> (Procto-Pak External Cream)	Nivel 1	
<i>hydrocortisone</i> (Procto-Pak Rectal Cream)	Nivel 1	
<i>hydrocortisone</i> (Proctosol Hc External Cream)	Nivel 1	
<i>hydrocortisone</i> (Proctosol Hc Rectal Cream)	Nivel 1	
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	Nivel 1	
<i>hydrocortisone</i> (Proctozone-Hc Rectal Cream)	Nivel 1	
AGENTES ANSIOLÍTICOS - DRUGS FOR THE NERVOUS SYSTEM		
AGENTES ANSIOLÍTICOS VARIOS - DRUGS FOR ANXIETY		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Nivel 1	DO
<i>bupirone hcl oral tablet 30 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>hydroxyzine hcl oral syrup</i>	Nivel 1	QL (100 mL per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	Nivel 1	DO
<i>hydroxyzine hcl oral tablet 50 mg</i>	Nivel 1	QL (8 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Nivel 1	QL (4 capsules per 1 day)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Nivel 1	DO

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BENZODIAZEPINAS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	Nivel 1	QL (4 capsules per 1 day)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	Nivel 1	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	Nivel 1	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	Nivel 1	
<i>diazepam oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>lorazepam oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
AGENTES ANTIANGINOSOS - DRUGS FOR THE HEART		
NITRATOS - DRUGS FOR ANGINA		
<i>isosorbide dinitrate</i> (Isochron Oral Tablet Extended Release)	Nivel 1	
<i>isosorbide dinitrate er oral tablet extended release</i>	Nivel 1	
<i>isosorbide dinitrate oral tablet</i>	Nivel 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Nivel 1	
<i>isosorbide mononitrate oral tablet</i>	Nivel 1	
NITRO-BID TRANSDERMAL OINTMENT (<i>nitroglycerin</i>)	Nivel 2	
<i>nitroglycerin er oral capsule extended release</i>	Nivel 1	
<i>nitroglycerin sublingual tablet sublingual</i>	Nivel 1	
<i>nitroglycerin translingual aerosol solution</i>	Nivel 2	
<i>nitroglycerin translingual solution</i>	Nivel 2	
AGENTES ANTIASMÁTICOS Y AGENTES BRONCODILATADORES - DRUGS FOR THE LUNGS		
AGENTES ANTIINFLAMATORIOS - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	Nivel 2	
ANTAGONISTAS DEL RECEPTOR DE LEUCOTRIENO - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral packet</i>	Nivel 1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	Nivel 1	QL (1 tablet per 1 day)
BETA AGONISTAS - DRUGS FOR ASTHMA/COPD		
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION	Nivel 1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Nivel 1	QL (360 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Nivel 1	QL (60 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Nivel 1	QL (4 boxes per 30 days)
<i>albuterol sulfate oral syrup</i>	Nivel 1	
<i>levalbuterol tartrate inhalation aerosol</i>	Nivel 1	QL (2 inhalers per 30 days)
<i>metaproterenol sulfate oral syrup</i>	Nivel 1	
<i>metaproterenol sulfate oral tablet</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	Nivel 2	QL (1 inhaler per 30 days)
BRONCODILATADORES - ANTICOLINÉRGICOS - DRUGS FOR ASTHMA/COPD		
<i>ipratropium bromide inhalation solution</i>	Nivel 1	QL (300 mL per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	Nivel 3	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	Nivel 3	QL (1 inhaler per 30 days)
COMBINACIÓN DE ADRENÉRGICOS - DRUGS FOR ASTHMA/COPD		
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	Nivel 2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Nivel 2	QL (1.02 grams per 1 day)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	Nivel 2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Nivel 1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Nivel 2	QL (540 mL per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated</i>	Nivel 1	QL (1 inhaler per 30 days)
INHALANTES DE ESTEROIDES - DRUGS FOR ASTHMA/COPD		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Nivel 2	QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Nivel 2	QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH (<i>mometasone furoate</i>)	Nivel 2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (<i>mometasone furoate</i>)	Nivel 2	QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Nivel 2	QL (1 inhaler per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Nivel 2	QL (0.04 EA per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Nivel 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Nivel 1	QL (60 mL per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 50 MCG/ACT, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Nivel 2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT, 250 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Nivel 2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	Nivel 2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	Nivel 2	QL (2 inhalers per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	Nivel 2	QL (0.07 EA per 1 day)
INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) SELECTIVOS - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (<i>roflumilast</i>)	Nivel 3	PA; QL (1 tablet per 1 day)
XANTINAS - DRUGS FOR ASTHMA/COPD		
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>theophylline</i>)	Nivel 1	
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	Nivel 1	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Nivel 1	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	Nivel 1	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	Nivel 1	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	Nivel 1	QL (112.5 mL per 1 day)
AGENTES ANTIINFECCIOSOS VARIOS - DRUGS FOR INFECTIONS		
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>methenamine hippurate oral tablet</i>	Nivel 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Nivel 1	QL (4 capsules per 1 day)
<i>nitrofurantoin monohyd macro oral capsule</i>	Nivel 1	QL (14 capsules per 1 fill)
<i>nitrofurantoin oral suspension</i>	Nivel 1	QL (80 mL per 1 day)
AGENTES ANTIINFECCIOSOS VARIOS - COMBINACIONES - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Nivel 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Nivel 1	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	Nivel 1	
AGENTES ANTIINFECCIOSOS VARIOS - DRUGS FOR INFECTIONS		
<i>metronidazole oral capsule</i>	Nivel 1	
<i>metronidazole oral tablet</i>	Nivel 1	
<i>tinidazole oral tablet 250 mg</i>	Nivel 1	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	Nivel 1	QL (20 tablets per 1 fill)
<i>trimethoprim oral tablet</i>	Nivel 1	
AGENTES ANTIPROTOZOARIOS - DRUGS FOR PARASITES		
ALINIA ORAL SUSPENSION RECONSTITUTED (<i>nitazoxanide</i>)	Nivel 3	QL (180 mL per 1 fill)
<i>nitazoxanide oral tablet</i>	Nivel 2	QL (6 tablets per 1 fill)
AGENTES LEPROSTÁTICOS - ANTIBIOTICS		
<i>dapsone oral tablet</i>	Nivel 2	
CARBAPENEMAS - ANTIBIOTICS		
<i>ertapenem sodium injection solution reconstituted</i>	Nivel 2	

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INVANZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ertapenem sodium</i>)	Nivel 3	
GLUCOPÉPTIDOS - ANTIBIOTICS		
<i>vancomycin hcl oral capsule</i>	Nivel 2	PA; QL (240 capsules per 30 days)
LINCOSAMIDAS - ANTIBIOTICS		
<i>clindamycin hcl oral capsule 150 mg</i>	Nivel 1	QL (12 capsules per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	Nivel 1	QL (8 capsules per 1 day)
<i>clindamycin hcl oral capsule 75 mg</i>	Nivel 1	QL (4 capsules per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Nivel 1	
MONOBACTÁMICOS - ANTIBIOTICS		
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	Nivel 4	SP; QL (3 vials per 1 day)
OXAZOLIDONAS - ANTIBIOTICS		
<i>linezolid oral suspension reconstituted</i>	Nivel 2	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Nivel 2	PA; QL (28 tablets per 30 days)
POLIMIXINAS - ANTIBIOTICS		
<i>polymyxin b sulfate injection solution reconstituted</i>	Nivel 1	
AGENTES ANTIMIASTÉNICOS - DRUGS FOR NERVES AND MUSCLES		
AGENTES ANTIMIASTÉNICOS/COLINÉRGICOS - DRUGS FOR NERVES AND MUSCLES		
<i>guanidine hcl oral tablet</i>	Nivel 2	
<i>pyridostigmine bromide oral tablet</i>	Nivel 2	
AGENTES ANTIMICOBACTERIALES - DRUGS FOR INFECTIONS		
AGENTES ANTIMICOBACTERIALES - ANTIBIOTICS		
<i>cycloserine oral capsule</i>	Nivel 2	
<i>ethambutol hcl oral tablet</i>	Nivel 2	
<i>isoniazid oral syrup</i>	Nivel 1	
<i>isoniazid oral tablet</i>	Nivel 1	
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	Nivel 3	
<i>pyrazinamide oral tablet</i>	Nivel 2	
<i>rifabutin oral capsule</i>	Nivel 2	
<i>rifampin oral capsule</i>	Nivel 2	
SIRTURO ORAL TABLET (<i>bedaquiline fumarate</i>)	Nivel 3	
COMBINACIONES DE ANTITUBERCULOSOS - ANTIBIOTICS		
RIFATER ORAL TABLET (<i>isoniazid-rifamp-pyrazinamide</i>)	Nivel 3	
AGENTES ANTIPSICÓTICOS/ANTIMANÍACOS - DRUGS FOR THE NERVOUS SYSTEM		
AGENTES ANTIMANÍACOS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Nivel 1	QL (6 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>lithium carbonate er oral tablet extended release 450 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Nivel 1	DO
<i>lithium carbonate oral capsule 600 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	Nivel 1	DO
<i>lithium oral solution</i>	Nivel 2	
ANTIPSORIÁSICOS - VARIOS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	Nivel 2	PA; DO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	Nivel 2	PA; QL (2 capsules per 1 day)
BENZISOXAZOLES - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)	Nivel 2	PA; QL (2 tablets per 1 day)
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible 3 Mg, 4 Mg)	Nivel 2	PA; QL (4 tablets per 1 day)
<i>risperidone oral solution</i>	Nivel 1	PA; QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	PA; DO
<i>risperidone oral tablet 3 mg, 4 mg</i>	Nivel 1	PA; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Nivel 2	PA; DO
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	Nivel 2	PA; QL (4 tablets per 1 day)
BENZODIACEPINAS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Nivel 2	PA; DO
<i>olanzapine oral tablet 15 mg, 20 mg</i>	Nivel 2	PA; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	Nivel 2	PA; DO
<i>olanzapine oral tablet dispersible 15 mg</i>	Nivel 2	PA; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	Nivel 2	PA; QL (1 tablet per 1 day)
BUTIROFENONAS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Nivel 1	PA; DO
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	Nivel 1	PA; QL (3 tablets per 1 day)
DERIVADOS DE LAS QUINOLEÍNAS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>aripiprazole oral solution</i>	Nivel 2	PA; QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	Nivel 2	PA; DO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	Nivel 2	PA; QL (1 tablet per 1 day)
DIBENZODIACEPÍNICOS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg</i>	Nivel 2	PA; DO
<i>quetiapine fumarate oral tablet 150 mg</i>	Nivel 1	PA; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	Nivel 2	PA; QL (3 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Nivel 2	PA; QL (2 tablets per 1 day)
DIBENZODIAZEPINAS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg</i>	Nivel 2	PA; QL (9 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>clozapine oral tablet 200 mg</i>	Nivel 2	PA; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Nivel 2	PA; DO
<i>clozapine oral tablet dispersible 100 mg</i>	Nivel 2	PA; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	Nivel 2	PA; DO
<i>clozapine oral tablet dispersible 150 mg</i>	Nivel 2	PA; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	Nivel 2	PA; QL (4 tablets per 1 day)
DIBENZOXAZEPINAS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	Nivel 1	PA; DO
<i>loxapine succinate oral capsule 50 mg</i>	Nivel 1	PA; QL (4 capsules per 1 day)
FENOTIAZINAS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Nivel 2	PA; DO
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	Nivel 2	PA; QL (4 tablets per 1 day)
<i>fluphenazine hcl oral concentrate</i>	Nivel 1	PA; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	Nivel 1	PA; QL (80 mL per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg</i>	Nivel 1	PA; DO
<i>fluphenazine hcl oral tablet 10 mg, 5 mg</i>	Nivel 1	PA; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	Nivel 1	PA; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	Nivel 1	PA; DO
<i>perphenazine oral tablet 4 mg</i>	Nivel 1	PA; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	Nivel 1	PA; QL (3 tablets per 1 day)
<i>prochlorperazine maleate oral tablet</i>	Nivel 1	
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Nivel 1	DO
<i>thioridazine hcl oral tablet 100 mg</i>	Nivel 1	QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	Nivel 1	PA; DO
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	Nivel 1	PA; QL (4 tablets per 1 day)
TIOXANTENOS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	Nivel 1	PA; DO
<i>thiothixene oral capsule 10 mg</i>	Nivel 1	PA; QL (6 capsules per 1 day)
AGENTES CARDIOVASCULARES VARIOS - DRUGS FOR THE HEART		
COMBINACIÓN DE INHIBIDORES DE LA HMG COA REDUCTASA Y BLOQUEADORES DE CANALES DE CALCIO - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Nivel 1	DO
HIPERTENSIÓN PULMONAR - ANTAGONISTAS DE LOS RECEPTORES DE ENDOTELINA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	Nivel 4	PA; SP; QL (1 tablet per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
HIPERTENSIÓN PULMONAR - ESTIMULADOR DE GUANILATO CICLASA SOLUBLE (SGC) - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	Nivel 4	PA; SP; LD; QL (3 tablets per 1 day)
HIPERTENSIÓN PULMONAR - INHIBIDORES DE LA FOSFODIESTERASA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>alyq oral tablet</i>	Nivel 4	PA; SP; QL (2 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	Nivel 4	PA; SP; QL (2 tablet per 1 day)
INHIBIDORES DE LA FOSFODIESTERASA TIPO 5 SELECTIVO DEL GUANOSÍN MONOFOSFATO CÍCLICO (CGMP) - DRUGS FOR THE HEART		
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Nivel 1	PA; QL (8 tablets per 25 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Nivel 1	PA; QL (30 tablets per 25 days)
VASODILADORES DE LA PROSTAGLANDINA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>treprostinil injection solution</i>	Nivel 4	PA; SP
<i>treprostinil sodium injection solution</i>	Nivel 4	PA
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	Nivel 4	PA; SP; QL (9 mL per 1 day)
AGENTES DE INMUNIZACIÓN PASIVA - BIOLOGICAL AGENTS		
*MONOCLONAL ANTIBODY - COMBINATIONS*** - BIOLOGICAL AGENTS		
EVUSHELD INTRAMUSCULAR SOLUTION (<i>tixagevimab-cilgavimab</i>)	Nivel 4	
AGENTES DE INMUNIZACIÓN PASIVA - COMBINACIONES - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	Nivel 4	PA; SP
AGENTES DERMATOLÓGICOS - DRUGS FOR THE SKIN		
AGENTES ANTIINFLAMATORIOS - TÓPICOS - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel</i>	Nivel 2	QL (1000 grams per 30 days)
<i>diclofenac sodium transdermal gel</i>	Nivel 2	QL (1000 grams per 30 days)
AGENTES PARA ARRUGAS FACIALES - RETINOIDES - DRUGS FOR THE SKIN		
<i>tretinoin (emollient) external cream</i>	Nivel 1	PA; QL (40 grams per 30 days)
AGENTES PARA ROSÁCEA - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	Nivel 2	QL (50 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	Nivel 2	QL (1 capsule per 1 day)
<i>metronidazole external cream</i>	Nivel 1	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	Nivel 1	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	Nivel 1	QL (55 grams per 30 days)
<i>metronidazole external lotion</i>	Nivel 1	QL (59 mL per 30 days)
<i>metronidazole</i> (Rosadan External Cream)	Nivel 1	QL (45 grams per 30 days)
<i>metronidazole</i> (Rosadan External Gel)	Nivel 1	QL (45 grams per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
AGENTES QUEROTOLÍTICOS/ANTIMICÓTICOS - DRUGS FOR THE SKIN		
<i>podofilox external solution</i>	Nivel 1	QL (7 mL per 28 days)
<i>salicylic acid</i> (Salacyn External Cream)	Nivel 1	
<i>salicylic acid</i> (Salacyn External Lotion)	Nivel 1	
<i>salicylic acid external cream</i>	Nivel 1	
<i>salicylic acid-cleanser external kit</i>	Nivel 1	
<i>salitech forte external lotion</i>	Nivel 1	
ANTIBIÓTICOS PARA EL ACNÉ - DRUGS FOR THE SKIN		
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	Nivel 1	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	Nivel 1	QL (2 pads per 1 day)
<i>clindamycin phosphate external foam</i>	Nivel 1	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	Nivel 1	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	Nivel 1	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	Nivel 1	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	Nivel 1	QL (2 pads per 1 day)
<i>dapsone external gel</i>	Nivel 2	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	Nivel 1	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	Nivel 1	QL (60 grams per 30 days)
<i>erythromycin external pad</i>	Nivel 1	QL (2 pads per 1 day)
<i>erythromycin external solution</i>	Nivel 1	QL (60 mL per 30 days)
<i>sulfacetamide sodium (acne) external lotion</i>	Nivel 1	
ANTIBIÓTICOS TÓPICOS - DRUGS FOR THE SKIN		
ALTABAX EXTERNAL OINTMENT (<i>retapamulin</i>)	Nivel 3	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	Nivel 1	QL (30 grams per 1 fill)
ANTIMETABOLITOS ANTINEOPLÁSICOS TÓPICOS - DRUGS FOR THE SKIN		
<i>fluorouracil external cream</i>	Nivel 1	PA; QL (40 grams per 365 days)
<i>fluorouracil external solution</i>	Nivel 1	PA; QL (10 ML per 365 days)
ANTIMICÓTICOS - COMBINACIONES TÓPICAS - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	Nivel 1	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Nivel 1	QL (120 mL per 30 days)
<i>corti-sav external cream</i>	Nivel 1	
<i>nystatin-triamcinolone external cream</i>	Nivel 1	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	Nivel 1	QL (120 grams per 30 days)
ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL TÓPICOS - DRUGS FOR THE SKIN		
<i>clotrimazole af external cream</i>	Nivel 1	QL (113 grams per 30 days)
<i>clotrimazole anti-fungal external cream</i>	Nivel 1	QL (113 grams per 30 days)
<i>clotrimazole external cream</i>	Nivel 1	QL (113 grams per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>clotrimazole external solution</i>	Nivel 1	QL (60 mL per 30 days)
CLOTRIMAZOLE GRX EXTERNAL CREAM (<i>clotrimazole</i>)	Nivel 1	QL (113 grams per 30 days)
<i>cvs clotrimazole external cream</i>	Nivel 1	QL (113 grams per 30 days)
<i>cvs clotrimazole external solution</i>	Nivel 1	QL (60 mL per 30 days)
<i>econazole nitrate external cream</i>	Nivel 1	QL (85 grams per 30 days)
<i>ketoconazole external cream</i>	Nivel 1	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	Nivel 1	QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	Nivel 1	QL (120 mL per 30 days)
<i>ketoconazole</i> (Ketodan External Foam)	Nivel 1	QL (100 grams per 30 days)
<i>kp clotrimazole external cream</i>	Nivel 1	QL (113 grams per 30 days)
MICOTRIN AC EXTERNAL CREAM (<i>clotrimazole</i>)	Nivel 1	QL (113 grams per 30 days)
<i>qc clotrimazole external cream</i>	Nivel 1	QL (113 grams per 30 days)
<i>ra clotrimazole external cream</i>	Nivel 1	QL (113 grams per 30 days)
<i>tgt clotrimazole external cream</i>	Nivel 1	QL (113 grams per 30 days)
ANTIMICÓTICOS TÓPICOS - DRUGS FOR THE SKIN		
<i>ciclopirox</i> (Ciclodan External Solution)	Nivel 1	QL (7 mL per 30 days)
<i>ciclopirox external gel</i>	Nivel 1	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	Nivel 1	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	Nivel 1	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	Nivel 1	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	Nivel 1	QL (60 mL per 30 days)
<i>nystatin</i> (Nyamyc External Powder)	Nivel 1	QL (60 grams per 30 days)
<i>nystatin external cream</i>	Nivel 1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	Nivel 1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	Nivel 1	QL (60 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	Nivel 1	QL (60 grams per 30 days)
ANTIPIRURIGINOSOS - SISTÉMICOS - DRUGS FOR THE SKIN		
<i>acitretin oral capsule</i>	Nivel 2	
<i>methoxsalen oral capsule</i>	Nivel 2; OC	SP
<i>methoxsalen rapid oral capsule</i>	Nivel 2; OC	SP
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	Nivel 4	PA; SP; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	Nivel 4	PA; SP; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Nivel 4	PA; SP; QL (1 syringe per 12 weeks)
ANTIPSORIÁSICOS - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	Nivel 1	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	Nivel 1	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	Nivel 1	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	Nivel 1	QL (120 grams per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
COMBINACIONES ANESTÉSICAS TÓPICAS - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	Nivel 1	QL (1 gram per 1 day)
<i>lidocaine-prilocaine external kit</i>	Nivel 1	QL (1 kit per 30 days)
COMBINACIONES DE ANTIBIÓTICOS TÓPICOS CON ESTEROIDES - DRUGS FOR THE SKIN		
CORTISPORIN EXTERNAL OINTMENT (<i>bacit-poly-neo hc</i>)	Nivel 3	
COMBINACIONES DE ESTEROIDES TÓPICOS - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	Nivel 1	QL (400 grams per 28 days)
COMBINACIONES PARA EL ACNÉ - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel</i>	Nivel 2	QL (45 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	Nivel 1	QL (46.6 grams per 30 days)
<i>sulfacetamide sodium-sulfur</i> (Cerisa Wash External Emulsion)	Nivel 1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Nivel 1	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Nivel 1	QL (50 grams per 30 days)
<i>sulfacetamide sod-sulfur wash external liquid</i>	Nivel 1	
<i>sulfacetamide-sulfur in urea external gel</i>	Nivel 1	
CORTICOESTEROIDES - TÓPICOS - DRUGS FOR THE SKIN		
<i>ala-cort external cream</i>	Nivel 1	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	Nivel 1	QL (2 grams per 1 day)
<i>amcinonide external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>amcinonide external lotion</i>	Nivel 1	QL (60 mL per 30 days)
<i>amcinonide external ointment</i>	Nivel 2	QL (60 grams per 30 days)
<i>fluticasone propionate</i> (Beser External Lotion)	Nivel 1	QL (120 mL per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Nivel 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Nivel 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Nivel 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Nivel 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	Nivel 1	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	Nivel 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	Nivel 1	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	Nivel 1	QL (45 grams per 30 days)
<i>betamethasone valerate external foam</i>	Nivel 1	QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	Nivel 1	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	Nivel 1	QL (45 grams per 30 days)
<i>clobetasol prop emollient base external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Nivel 1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	Nivel 1	QL (60 grams per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>clobetasol propionate external foam</i>	Nivel 1	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	Nivel 1	QL (60 grams per 30 days)
<i>clobetasol propionate external lotion</i>	Nivel 1	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	Nivel 1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	Nivel 1	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	Nivel 1	QL (50 mL per 30 days)
<i>clocortolone pivalate external cream</i>	Nivel 1	QL (90 grams per 30 days)
<i>clocortolone pivalate pump external cream</i>	Nivel 1	QL (90 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	Nivel 1	QL (3.94 mL per 1 day)
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution)	Nivel 1	QL (50 mL per 30 days)
<i>desonide external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>desonide external lotion</i>	Nivel 1	QL (118 mL per 30 days)
<i>desonide external ointment</i>	Nivel 1	QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	Nivel 1	QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	Nivel 1	QL (60 grams per 30 days)
<i>desoximetasone external ointment</i>	Nivel 1	QL (100 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	Nivel 1	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	Nivel 1	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Nivel 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	Nivel 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	Nivel 1	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Nivel 1	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	Nivel 1	QL (2 grams per 1 day)
<i>fluocinonide external cream</i>	Nivel 1	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	Nivel 1	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	Nivel 1	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	Nivel 1	QL (60 mL per 30 days)
<i>flurandrenolide external cream</i>	Nivel 2	QL (120 grams per 30 days)
<i>flurandrenolide external ointment</i>	Nivel 2	QL (60 grams per 30 days)
<i>fluticasone propionate external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	Nivel 1	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	Nivel 1	QL (60 grams per 30 days)
<i>halcinonide external cream</i>	Nivel 2	QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	Nivel 1	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	Nivel 1	QL (50 grams per 30 days)
HALOG EXTERNAL OINTMENT (<i>halcinonide</i>)	Nivel 3	QL (60 grams per 30 days)
<i>hydrocortisone butyr lipo base external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	Nivel 1	QL (3.94 mL per 1 day)
<i>hydrocortisone butyrate external ointment</i>	Nivel 1	QL (60 grams per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>hydrocortisone butyrate external solution</i>	Nivel 1	QL (60 mL per 30 days)
<i>hydrocortisone external cream</i>	Nivel 1	QL (454 grams per 30 days)
<i>hydrocortisone external lotion</i>	Nivel 1	QL (118 mL per 30 days)
<i>hydrocortisone external ointment</i>	Nivel 1	QL (454 grams per 30 days)
<i>hydrocortisone valerate external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	Nivel 1	QL (60 grams per 30 days)
<i>mometasone furoate external cream</i>	Nivel 1	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	Nivel 1	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	Nivel 1	QL (60 mL per 30 days)
<i>prednicarbate external cream</i>	Nivel 1	QL (60 grams per 30 days)
<i>prednicarbate external ointment</i>	Nivel 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	Nivel 1	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	Nivel 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	Nivel 1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Nivel 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Nivel 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Nivel 1	QL (30 grams per 30 days)
<i>triamcinolone in absorbase external ointment</i>	Nivel 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide</i> (Trianex External Ointment)	Nivel 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream)	Nivel 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide</i> (Tritocin External Ointment)	Nivel 2	QL (430 grams per 30 days)
EMOLIENTES - DRUGS FOR THE SKIN		
<i>ammonium lactate external cream</i>	Nivel 1	QL (450 grams per 30 days)
<i>ammonium lactate external lotion</i>	Nivel 1	
ESCABICIDAS Y PEDICULICIDAS - DRUGS FOR THE SKIN		
<i>lindane external shampoo</i>	Nivel 1	QL (60 mL per 30 days)
<i>malathion external lotion</i>	Nivel 1	QL (4 mL per 1 day)
<i>permethrin external cream</i>	Nivel 1	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	Nivel 1	QL (120 mL per 7 days)
IMIDAZOQUINOLINAMINAS INMUNOMODULADORAS TÓPICAS - DRUGS FOR THE SKIN		
<i>imiquimod external cream</i>	Nivel 1	PA; QL (48 packets per 365 days)
INMUNODEPRESORES MACRÓLIDOS - TÓPICOS - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream</i>	Nivel 1	PA; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	Nivel 1	PA; QL (100 grams per 30 days)
LIMPIADORES PARA LA PIEL - DRUGS FOR THE SKIN		
<i>essentra wipes 9x9" external</i>	Nivel 3	
PRODUCTOS ANTISEBORREICOS - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	Nivel 1	QL (120 mL per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PRODUCTOS DE QUEMA - DRUGS FOR THE SKIN		
<i>silver sulfadiazine external cream</i>	Nivel 1	
<i>silver sulfadiazine</i> (Ssd (Silver Sulfadiazine) External Cream)	Nivel 1	
<i>silver sulfadiazine</i> (Ssd External Cream)	Nivel 1	
<i>silver sulfadiazine</i> (Thermazene External Cream)	Nivel 1	
PRODUCTOS PARA EL ACNÉ - DRUGS FOR THE SKIN		
<i>adapalene external cream</i>	Nivel 1	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel</i>	Nivel 1	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Amnesteem Oral Capsule)	Nivel 2	PA
<i>tretinoin</i> (Avita External Cream)	Nivel 1	PA; QL (45 grams per 30 days)
BENZEFOAM EXTERNAL FOAM (<i>benzoyl peroxide</i>)		
<i>benzoyl peroxide cleanser external lotion</i>	Nivel 1	
<i>benzoyl peroxide external foam</i>	Nivel 1	
<i>bpo foaming cloths external</i>	Nivel 1	
<i>isotretinoin</i> (Claravis Oral Capsule)	Nivel 2	PA
<i>benzoyl peroxide</i> (Clearplex X External Gel)	Nivel 1	
<i>tretinoin external cream</i>	Nivel 1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	Nivel 1	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Zenatane Oral Capsule)	Nivel 2	PA
AGENTES ENDÓCRINOS Y METABÓLICOS VARIOS - HORMONES		
AGENTES CALCIOMIMÉTICOS - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Nivel 4	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Nivel 4	PA; QL (4 tablets per 1 day)
AGENTES DE SOMATOSTATINA - DRUGS FOR GROWTH		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<i>octreotide acetate</i>)	Nivel 4	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (<i>octreotide acetate</i>)	Nivel 4	PA; SP; QL (2 kits per 28 days)
AGONISTAS DE LOS RECEPTORES DE LA DOPAMINA - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	Nivel 1	QL (0.58 tablets per 1 day)
BISFOSFONATOS - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral solution</i>	Nivel 1	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Nivel 1	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	Nivel 3	QL (0.15 tablets per 1 day)
<i>ibandronate sodium oral tablet</i>	Nivel 1	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	Nivel 1	QL (0.04 tablet per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Nivel 1	QL (4 tablets per 28 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
CALCITONINAS - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution</i>	Nivel 2	QL (0.13 mL per 1 day)
FORTICAL NASAL SOLUTION (<i>calcitonin (salmon)</i>)	Nivel 2	QL (0.13 mL per 1 day)
COMBINACIONES DE LHRH/ANÁLOGOS AGONISTAS DE LA HORMONA LIBERADORA DE GONADOTROPINA (GNRH) - DRUGS FOR WOMEN		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG (<i>leuprolide & norethindrone</i>)	Nivel 4	PA; SP; QL (1 kit per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	Nivel 4	PA; SP; QL (1 kit per 28 days)
ESTIMULANTES DE OVULACIÓN - GONADOTROPINAS - DRUGS FOR WOMEN		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Nivel 4	PA; SP
HORMONAS DEL CRECIMIENTO - DRUGS FOR GROWTH		
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION (<i>somatropin</i>)	Nivel 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Nivel 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION (<i>somatropin</i>)	Nivel 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Nivel 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION (<i>somatropin</i>)	Nivel 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Nivel 4	PA; SP; QL (1 vial per 1 day)
MODULADORES SELECTIVOS DE LOS RECEPTORES DE ESTRÓGENOS (SERM) - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet</i>	Nivel 1; \$0	QL (1 tablet per 1 day)
REFORZADOR DE LA CARNITINA - AGENTES - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine oral solution</i>	Nivel 1	
<i>levocarnitine oral tablet</i>	Nivel 2	
<i>levocarnitine sf oral solution</i>	Nivel 1	
TRASTORNOS EN EL CICLO DE LA UREA - AGENTES - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sodium phenylbutyrate oral tablet</i>	Nivel 2	PA; SP; QL (40 tablets per 1 day)
TRATAMIENTO CON FENILBUTAZONAS - AGENTES - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	Nivel 4	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	Nivel 4	PA; SP

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
TRATAMIENTO DE LA HIPERAMONEMIA - AGENTES - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARBAGLU ORAL TABLET (<i>carglumic acid</i>)	Nivel 4	PA
<i>carglumic acid oral tablet</i>	Nivel 4	PA
<i>carglumic acid oral tablet soluble</i>	Nivel 4	PA
TRATAMIENTO DE LA HOMOCISTINURIA - AGENTES - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	Nivel 3	
TRATAMIENTO DE LA TIROSINEMIA TIPO 1 (HT-1) HEREDITARIA - AGENTES - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule</i>	Nivel 4	PA; SP
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	Nivel 4	PA
TRATAMIENTO DEL HIPERPARATIROIDISMO - ANÁLOGOS DE VITAMINA D - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>paricalcitol oral capsule</i>	Nivel 2	PA
VASOPRESINA - HORMONES		
<i>desmopressin ace spray refrig nasal solution</i>	Nivel 2	
<i>desmopressin acetate oral tablet 0.1 mg</i>	Nivel 1	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	Nivel 1	QL (6 tablets per 1 day)
<i>desmopressin acetate spray nasal solution</i>	Nivel 2	
AGENTES GASTROINTESTINALES VARIOS - DRUGS FOR THE STOMACH		
ACIDULANTES INTESTINALES - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	Nivel 1	
<i>generlac oral solution</i>	Nivel 1	
<i>lactulose encephalopathy oral solution</i>	Nivel 1	
ACTIVADORES DE CANALES DE CLORURO GASTROINTESTINALES - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>lubiprostone oral capsule</i>	Nivel 2	QL (2 capsules per 1 day)
AGENTES AGLUTINANTES DEL FOSFATO - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral tablet</i>	Nivel 2	QL (12 tablets per 1 day)
<i>calcium acetate oral tablet</i>	Nivel 2	QL (12 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	Nivel 1	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	Nivel 1	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	Nivel 1	QL (9 tablets per 1 day)
AGENTES PARA LA INFLAMACIÓN INTESTINAL - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule</i>	Nivel 1	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	Nivel 2	QL (4 capsules per 1 day)
<i>mesalamine-cleanser rectal kit</i>	Nivel 2	QL (1 kit per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>sulfasalazine oral tablet</i>	Nivel 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Nivel 1	QL (8 tablets per 1 day)
ANTAGONISTAS DE LA INTERLEUCINA - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	Nivel 4	PA; SP; QL (4 vials per 365 days)
ESTIMULANTES GASTROINTESTINALES - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl oral solution</i>	Nivel 1	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	Nivel 1	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	Nivel 1	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	Nivel 2	ST; QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Nivel 2	ST; QL (12 tablets per 1 day)
AGENTES GENITOURINARIOS VARIOS - DRUGS FOR THE URINARY SYSTEM		
AGENTES PARA LA CISTITIS INTERSTICIAL - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	Nivel 3	QL (3 capsules per 1 day)
ANTAGONISTAS DE ADRENORECEPTORES ALFA 1 - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Nivel 1	QL (1 tablet per 1 day)
<i>tamsulosin hcl oral capsule</i>	Nivel 1	QL (2 capsules per 1 day)
CITRATOS - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release</i>	Nivel 2	
<i>potassium citrate-citric acid oral packet</i>	Nivel 1	
<i>potassium citrate-citric acid oral solution</i>	Nivel 1	
<i>virtrate-k oral solution</i>	Nivel 1	
INHIBIDORES DE LA 5-ALFA REDUCTASA - DRUGS FOR THE PROSTATE		
<i>finasteride oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
IRRIGANTES GENITOURINARIOS - DRUGS FOR THE URINARY SYSTEM		
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution)	Nivel 1	
<i>sodium chloride irrigation solution</i>	Nivel 1	
AGENTES HEMATOLÓGICOS VARIOS - DRUGS FOR THE BLOOD		
AGENTES DE QUINAZOLINA - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Nivel 2	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	Nivel 2	QL (10 capsules per 1 day)
AGENTES HEMORREOLÓGICOS - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
COMBINACIONES DE INHIBIDORES DE AGREGACIÓN PLAQUETARIA - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Nivel 2	QL (2 capsule per 1 day)
DERIVADOS DE LA TIENOPIRIDINA - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>ticlopidine hcl oral tablet</i>	Nivel 1	
INHIBIDORES DE AGREGACIÓN PLAQUETARIA - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	Nivel 2	
INHIBIDORES DE C1 - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	Nivel 4	PA; SP; QL (24 vials per 30 days)
INHIBIDORES DE LA FOSFODIESTERASA III - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	Nivel 2	
AGENTES HEMATOPOYÉTICOS - DRUGS FOR NUTRITION		
ÁCIDO FÓLICO/FOLATO - DRUGS FOR NUTRITION		
<i>folic acid oral tablet</i>	Nivel 1	
<i>kp folic acid oral tablet</i>	Nivel 1	
AGENTES CITOTÓXICOS - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	Nivel 4	
AGENTES ESTIMULANTES DE LA ERITROPOYESIS (ESA) - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Nivel 4	PA; SP; QL (4 vials per 28 days)
<i>aranesp (albumin free) injection solution 150 mcg/0.75ml</i>	Nivel 4	PA; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Nivel 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	Nivel 4	PA; SP; QL (4 syringes per 30 days)
AGONISTAS DEL RECEPTOR DE LA TROMBOPOYETINA (TPO) - DRUGS FOR NUTRITION		
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Nivel 4	PA; SP; DO
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	Nivel 4	PA; SP; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	Nivel 4	PA; SP; QL (1 tablet per 1 day)
COBALAMINAS - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution</i>	Nivel 1	
<i>cyanocobalamin</i> (Dodex Injection Solution)	Nivel 1	
COMBINACIONES DE HIERRO - DRUGS FOR NUTRITION		
<i>fe c tab plus oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ERITROPOYETINA - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	Nivel 4	PA; SP; QL (4 vials per 28 days)
FACTORES ESTIMULANTES DE COLONIAS DE GRANULOCITOS (G-CSF) - DRUGS FOR NUTRITION		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>pegfilgrastim</i>)	Nivel 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	Nivel 4	PA; SP; QL (2 syringes per 28 days)
AGENTES HEMOSTÁTICOS - DRUGS FOR THE BLOOD		
AGENTES HEMOSTÁTICOS SISTÉMICOS - DRUGS TO PREVENT BLEEDING		
<i>tranexamic acid oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
AGENTES NASALES - SISTÉMICOS Y TÓPICOS - DRUGS FOR THE NOSE		
ANTICOLINÉRGICOS NASALES - ALLERGY		
<i>ipratropium bromide nasal solution</i>	Nivel 1	QL (2 bottles per 30 days)
ANTIISTAMÍNICOS NASALES - ALLERGY		
<i>azelastine hcl nasal solution</i>	Nivel 1	QL (1 bottle per 28 days)
<i>olopatadine hcl nasal solution</i>	Nivel 1	QL (1 bottle per 30 days)
ESTEROIDES NASALES - ALLERGY		
<i>fluticasone propionate nasal suspension</i>	Nivel 1	QL (1 bottle per 30 days)
AGENTES OFTÁLMICOS - DRUGS FOR THE EYE		
AGENTES ANTIINFLAMATORIOS NO ESTEROIDES OFTÁLMICOS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>diclofenac sodium ophthalmic solution</i>	Nivel 1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Nivel 1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Nivel 1	QL (10 mL per 30 days)
AGONISTAS ADRENÉRGICOS ALFA SELECTIVOS OFTÁLMICOS - DRUGS FOR GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution</i>	Nivel 1	
<i>brimonidine tartrate ophthalmic solution</i>	Nivel 1	QL (15 mL per 30 days)
ANESTÉSICOS LOCALES OFTÁLMICOS - DRUGS FOR THE EYE		
<i>proparacaine hcl ophthalmic solution</i>	Nivel 1	
ANTAGONISTA DEL ANTÍGENO 1 ASOCIADO CON LA FUNCIÓN LINFOCITA (LFA-1) - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	Nivel 3	PA; QL (2 vial per 1 day)
ANTIALÉRGICOS OFTÁLMICOS - DRUGS FOR ITCHY EYE		
ALOCRILOPHTHALMIC SOLUTION (<i>nedocromil sodium</i>)	Nivel 3	ST; QL (1 bottle per 30 days)
ALOMIDE OPHTHALMIC SOLUTION (<i>lodoxamide tromethamine</i>)	Nivel 3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Nivel 1	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	Nivel 1	QL (1 bottle per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>epinastine hcl ophthalmic solution</i>	Nivel 1	QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Nivel 2	ST; QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Nivel 2	ST; QL (0.1 mL per 1 day)
ANTIBIÓTICOS OFTÁLMICOS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment</i>	Nivel 1	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (<i>besifloxacin hcl</i>)	Nivel 3	QL (5 mL per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	Nivel 1	QL (10 mL per 30 days)
<i>erythromycin ophthalmic ointment</i>	Nivel 1	QL (3.5 grams per 30 days)
GENTAK OPHTHALMIC OINTMENT (<i>gentamicin sulfate</i>)	Nivel 1	QL (7 grams per 30 days)
<i>gentamicin sulfate ophthalmic ointment</i>	Nivel 1	QL (7 grams per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	Nivel 1	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	Nivel 1	QL (5 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	Nivel 1	QL (3 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	Nivel 1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	Nivel 1	QL (20 mL per 30 days)
ANTIVIRALES OFTÁLMICOS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	Nivel 3	QL (5 gram per 7 days)
BETABLOQUEADORES - COMBINACIONES OFTÁLMICAS - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Nivel 1	QL (10 mL per 30 days)
BETABLOQUEADORES - OFTÁLMICOS - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	Nivel 1	QL (0.5 mL per 1 day)
<i>carteolol hcl ophthalmic solution</i>	Nivel 1	
<i>metipranolol ophthalmic solution</i>	Nivel 1	
<i>timolol maleate ophthalmic gel forming solution</i>	Nivel 1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	Nivel 1	QL (20 mL per 30 days)
COMBINACIONES ANTIINFECCIOSAS OFTÁLMICAS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ak-poly-bac ophthalmic ointment</i>	Nivel 1	QL (3.5 gm per 1 day)
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Nivel 1	QL (3.5 gm per 1 day)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Nivel 1	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Nivel 1	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment)	Nivel 1	QL (3.5 grams per 30 days)
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment)	Nivel 1	QL (3.5 gm per 1 day)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Nivel 1	QL (10 mL per 30 days)
COMBINACIONES DE ESTEROIDES OFTÁLMICOS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Nivel 1	QL (7 grams per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Nivel 1	QL (7 grams per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Nivel 1	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Nivel 1	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	Nivel 1	QL (7 grams per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Nivel 1	QL (15 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Nivel 1	QL (10 mL per 30 days)
DESCONGESTIVOS OFTÁLMICOS - DRUGS FOR ITCHY EYE		
<i>naphazoline hcl ophthalmic solution</i>	Nivel 1	
ESTEROIDES OFTÁLMICOS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Nivel 1	
<i>fluorometholone ophthalmic suspension</i>	Nivel 1	
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	Nivel 3	QL (7 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	Nivel 3	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension</i>	Nivel 2	QL (30 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension</i>	Nivel 1	QL (20 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution</i>	Nivel 3	QL (20 mL per 30 days)
INHIBIDORES DE LA ANHIDRASA CARBÓNICA OFTÁLMICOS - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl ophthalmic solution</i>	Nivel 1	QL (10 mL per 30 days)
MIDRIÁTICOS CICLOPLÉJICOS - DRUGS FOR THE EYE		
<i>tropicamide ophthalmic solution</i>	Nivel 1	
MIÓTICOS - ACTUACIÓN DIRECTA - DRUGS FOR GLAUCOMA		
<i>pilocarpine hcl ophthalmic solution</i>	Nivel 1	
MIÓTICOS - INHIBIDORES DE LA COLINESTERASA - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (<i>echothiophate iodide</i>)	Nivel 3	QL (5 mL per 30 days)
PROSTAGLANDINAS - OFTÁLMICAS - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	Nivel 2	
<i>latanoprost ophthalmic solution</i>	Nivel 1	QL (2.5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	Nivel 3	QL (7.5 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	Nivel 2	QL (5 mL per 30 days)
SULFONAMIDAS OFTÁLMICAS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	Nivel 1	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	Nivel 1	QL (15 mL per 30 days)
AGENTES ÓTICOS - DRUGS FOR THE EAR		
AGENTES ÓTICOS VARIOS - WAX REMOVAL		
<i>acetic acid otic solution</i>	Nivel 1	
ANTIINFECCIOSOS ÓTICOS - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution</i>	Nivel 1	QL (28 containers per 1 fill)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>ofloxacin otic solution</i>	Nivel 1	QL (10 mL per 1 fill)
COMBINACIONES ANTIINFECCIOSAS ESTEROIDES ÓTICAS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ciprofloxacin-dexamethasone otic suspension</i>	Nivel 1	QL (7.5 mL per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	Nivel 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Nivel 1	QL (15 mL per 30 days)
ESTEROIDES ÓTICOS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution)	Nivel 2	QL (10 mL per 1 fill)
<i>fluocinolone acetonide otic oil</i>	Nivel 1	
<i>hydrocortisone-acetic acid otic solution</i>	Nivel 2	QL (10 mL per 1 fill)
AGENTES PARA EL CUIDADO DE BOCA/GARGANTA/DIENTES - DRUGS FOR THE MOUTH AND THROAT		
AGENTES ANTIINFECCIOSOS - GARGANTA - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat lozenge</i>	Nivel 2	QL (5 tablet per 1 day)
<i>clotrimazole mouth/throat troche</i>	Nivel 2	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	Nivel 1	QL (750 mL per 30 days)
ANESTÉSICOS TÓPICOS ORALES - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine viscous hcl mouth/throat solution</i>	Nivel 1	QL (10 mL per 1 day)
<i>lidocaine viscous mouth/throat solution</i>	Nivel 1	QL (10 mL per 1 day)
ANTISÉPTICOS - BOCA/GARGANTA - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	Nivel 1	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Pareox Mouth/Throat Solution)	Nivel 1	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	Nivel 1	QL (480 mL per 30 days)
ESTEROIDES - BOCA/GARGANTA/DENTAL - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralone Mouth/Throat Paste)	Nivel 1	
<i>triamcinolone acetonide mouth/throat paste</i>	Nivel 1	
ESTIMULANTES DE SALIVA - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	Nivel 2	
PRODUCTOS DENTALES - COMBINACIONES - DRUGS FOR THE MOUTH AND THROAT		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE (<i>sod fluoride-potassium nitrate</i>)	Nivel 1	
<i>sodium fluoride 5000 enamel dental gel</i>	Nivel 1	
<i>sodium fluoride 5000 enamel dental paste</i>	Nivel 1	
<i>sodium fluoride 5000 sensitive dental gel</i>	Nivel 1	
<i>sodium fluoride 5000 sensitive dental paste</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PRODUCTOS DENTALES CON FLUORURO - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Cavarest Dental Gel)	Nivel 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste)	Nivel 1	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream)	Nivel 1	QL (3.4 grams per 1 day)
<i>sodium fluoride</i> (Dentagel Dental Gel)	Nivel 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Fluoridex Dental Paste)	Nivel 1	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Fluoridex Enhanced Whitening Dental Paste)	Nivel 1	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Karigel Dental Gel)	Nivel 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Karigel-N Dental Gel)	Nivel 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Neutragard Advanced Dental Gel)	Nivel 1	QL (100 grams per 30 days)
<i>neutral sodium fluoride mouth/throat solution</i>	Nivel 1	
<i>sf 5000 plus dental cream</i>	Nivel 1	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	Nivel 1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	Nivel 1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	Nivel 1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental gel</i>	Nivel 1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 ppm dental paste</i>	Nivel 1	QL (3.77 grams per 1 day)
<i>sodium fluoride dental cream</i>	Nivel 1	QL (3.4 grams per 1 day)
<i>sodium fluoride dental gel</i>	Nivel 1	QL (100 grams per 30 days)
AGENTES PARA EL TRATAMIENTO OSTEOMUSCULAR - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
RELAJANTES MUSCULARES CENTRALES - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg</i>	Nivel 2	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	Nivel 2	QL (4 tablets per 1 day)
<i>baclofen oral tablet 5 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>carisoprodol oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Nivel 1	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Nivel 1	QL (6 tablets per 1 day)
<i>tizanidine hcl oral capsule 2 mg</i>	Nivel 1	QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	Nivel 1	QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	Nivel 1	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Nivel 1	QL (9 tablets per 1 day)
<i>carisoprodol</i> (Vanadom Oral Tablet)	Nivel 1	QL (4 tablets per 1 day)
RELAJANTES MUSCULARES DIRECTOS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>dantrolene sodium oral capsule</i>	Nivel 2	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
AGENTES PARA LA GOTA - DRUGS FOR PAIN AND FEVER		
AGENTES PARA LA GOTA - GOUT DRUGS		
<i>allopurinol oral tablet</i>	Nivel 1	
<i>colchicine oral capsule</i>	Nivel 2	ST; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	Nivel 2	QL (2.3 tablets per 1 day)
COMBINACIONES DE AGENTES PARA LA GOTA - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	Nivel 1	
URICOSÚRICO - GOUT DRUGS		
<i>probenecid oral tablet</i>	Nivel 1	
AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS - DRUGS FOR THE NERVOUS SYSTEM		
AGENTE PARA LA FIBROMALGIA - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA (IRSN) - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET (<i>milnacipran hcl</i>)	Nivel 3	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	Nivel 3	QL (1 pack per 365 days)
AGENTES PARA EL TRASTORNO DISFÓRICO PREMENSTRUAL (TDPM) - ISRS - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (padded) oral capsule</i>	Nivel 1	DO
<i>fluoxetine hcl (padded) oral tablet 10 mg</i>	Nivel 1	DO
<i>fluoxetine hcl (padded) oral tablet 20 mg</i>	Nivel 1	QL (4 tablets per 1 day)
AGENTES PARA LA ESCLEROSIS MÚLTIPLE - ACTIVADORES DE LA VÍA DE SEÑALIZACIÓN NRF2 - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	Nivel 1	PA; SP; QL (14 capsules per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	Nivel 1	PA; SP; QL (2 capsules per 1 day)
<i>dimethyl fumarate starter pack oral</i>	Nivel 1	PA; SP; QL (1 kit per 365 days)
AGENTES PARA LA ESCLEROSIS MÚLTIPLE - INTERFERONES - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX INTRAMUSCULAR KIT (<i>interferon beta-1a</i>)	Nivel 4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	Nivel 4	PA; SP; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	Nivel 4	PA; SP; QL (4 kits per 28 days)
EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	Nivel 4	PA; SP; QL (15 kits per 30 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Nivel 4	PA; SP; QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Nivel 4	PA; SP; QL (1 mL per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Nivel 4	PA; SP; QL (1 mL per 28 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Nivel 4	PA; SP; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Nivel 4	PA; SP; QL (1 mL per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Nivel 4	PA; SP; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Nivel 4	PA; SP; QL (4.2 mL per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Nivel 4	PA; SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Nivel 4	PA; SP; QL (1 pack per 1 fill)
AGENTES PSICOTERAPÉUTICOS Y NEUROLÓGICOS VARIOS - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	Nivel 2	QL (3 tablets per 1 day)
<i>pimozide oral tablet 1 mg</i>	Nivel 2	PA; QL (10 tablets per 1 day)
<i>pimozide oral tablet 2 mg</i>	Nivel 2	PA; QL (5 tablets per 1 day)
ANTAGONISTAS DEL RECEPTOR NMDA - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl oral solution</i>	Nivel 2	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>memantine hcl oral tablet 5 mg</i>	Nivel 2	DO
COLINOMIMÉTICOS - INHIBIDORES DE LA ACETILCOLINESTERASA (ACHE) - DRUGS FOR ALZHEIMER'S DISEASE		
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	Nivel 2	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	Nivel 2	DO
<i>galantamine hydrobromide oral solution</i>	Nivel 2	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	Nivel 2	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	Nivel 2	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	Nivel 2	QL (2 capsules per 1 day)
MODULADORES DEL RECEPTOR DE ESFINGOSINA-1-FOSFATO (S1P) - DRUGS FOR MULTIPLE SCLEROSIS		
GILENYA ORAL CAPSULE (<i> fingolimod hcl</i>)	Nivel 4	PA; SP; QL (1 capsule per 1 day)
PRODUCTOS PARA DEJAR DE BEBER ALCOHOL - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	Nivel 2	QL (6 tablets per 1 day)
<i>disulfiram oral tablet</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PRODUCTOS PARA DEJAR DE FUMAR - DRUGS FOR DEPRESSION		
<i>apo-varenicline oral tablet</i>	Nivel 2; \$0	QL (2 tablets per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Nivel 1; \$0	QL (2 tablets per 1 day)
<i>gnp nicotine mini mouth/throat lozenge</i>	Nivel 1; \$0	
<i>gnp nicotine mouth/throat gum</i>	Nivel 1; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	Nivel 1; \$0	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	Nivel 1; \$0	
NICOTROL INHALATION INHALER (<i>nicotine</i>)	Nivel 3; \$0	QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	Nivel 3; \$0	
<i>qc nicotine transdermal system transdermal patch 24 hour</i>	Nivel 1; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	Nivel 1; \$0	
<i>varenicline tartrate oral</i>	Nivel 2; \$0	QL (1 dose pack per 365 days)
<i>varenicline tartrate oral tablet</i>	Nivel 2; \$0	QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet therapy pack</i>	Nivel 2; \$0	QL (1 dose pack per 365 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>bupropion hcl (smoking deter)</i>)	Nivel 3; \$0	QL (2 tablets per 1 day)
AGENTES RESPIRATORIOS VARIOS - DRUGS FOR THE LUNGS		
AGENTES PARA LA FIBROSIS PULMONAR - INHIBIDORES DE LA CINASA - DRUGS FOR THE LUNGS		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	Nivel 4	PA; SP; QL (2 capsules per 1 day)
ENZIMAS HIDROLÍTICAS - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	Nivel 4	SP; QL (150 mL per 30 days)
AGENTES TIROIDEOS - HORMONES		
AGENTES ANTITIROIDEOS - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	Nivel 1	
<i>propylthiouracil oral tablet</i>	Nivel 1	
HORMONAS TIROIDEAS - DRUGS FOR THYROID		
<i>euthyrox oral tablet</i>	Nivel 1	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	Nivel 1	
<i>levothyroxine sodium oral tablet</i>	Nivel 1	
<i>levothyroxine-liothyronine oral tablet</i>	Nivel 1	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	Nivel 1	
<i>liothyronine sodium oral tablet</i>	Nivel 1	
NATURE-THROID ORAL TABLET (<i>thyroid</i>)	Nivel 3	
<i>thyroid</i> (Np Thyroid Oral Tablet)	Nivel 1	
<i>thyroid oral tablet</i>	Nivel 1	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	Nivel 1	
WESTHROID ORAL TABLET (<i>thyroid</i>)	Nivel 3	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
AMINOGLUCÓSIDOS - DRUGS FOR INFECTIONS		
AMINOGLUCÓSIDOS - ANTIBIOTICS		
<i>neomycin sulfate oral tablet</i>	Nivel 1	
<i>paromomycin sulfate oral capsule</i>	Nivel 1	
<i>tobramycin inhalation nebulization solution</i>	Nivel 4	SP; QL (10 mL per 1 day)
ANALGÉSICOS - ANTIINFLAMATORIOS - DRUGS FOR PAIN AND FEVER		
AGENTES ANTIINFLAMATORIOS NO ESTEROIDES (AINE) - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac potassium</i> (Cataflam Oral Tablet)	Nivel 1	QL (4 tablets per 1 day)
<i>diclofenac potassium oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Nivel 1	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Nivel 1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	Nivel 1	
<i>ibuprofen</i> (Ibu Oral Tablet)	Nivel 1	QL (4 tablets per 1 day)
<i>ibuprofen oral suspension</i>	Nivel 1	QL (4 mL per 1 day)
<i>ibuprofen oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	Nivel 1	QL (2 capsule per 1 day)
<i>indomethacin oral capsule 25 mg</i>	Nivel 1	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Nivel 1	QL (4 capsule per 1 day)
<i>ketorolac tromethamine oral tablet</i>	Nivel 1	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	Nivel 1	QL (4 capsules per 1 day)
<i>meloxicam oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	Nivel 1	
<i>naproxen kit oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	Nivel 1	
<i>naproxen sodium oral tablet 275 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>nabumetone</i> (Relafen Oral Tablet 500 Mg)	Nivel 1	QL (4 tablets per 1 day)
<i>nabumetone</i> (Relafen Oral Tablet 750 Mg)	Nivel 1	QL (2 tablets per 1 day)
<i>sulindac oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
AGENTES DEL RECEPTOR DEL FACTOR DE NECROSIS TUMORAL SOLUBLE - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	Nivel 4	PA; SP; QL (4 cartridges per 28 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	Nivel 4	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Nivel 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Nivel 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>etanercept</i>)	Nivel 4	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	Nivel 4	PA; SP; QL (4 pens per 28 days)
ANTITNF ALFA - ANTICUERPOS MONOCLONALES - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (1 pen per 310 days (QL exception needed for maintenance therapys))
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	Nivel 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	Nivel 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	Nivel 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	Nivel 4	PA; SP; QL (1 syringe per 28 days)
INHIBIDORES DE LA CICLOOXIGENASA 2 (COX-2) - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Nivel 2	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 200 mg</i>	Nivel 2	ST; QL (2 capsule per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Nivel 2	ST; QL (1 capsule per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
INHIBIDORES DE LA FOSFODIESTERASA 4 (PDE4) - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	Nivel 4	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	Nivel 4	PA; SP; QL (1 pack per 365 days)
MODULADORES SELECTIVOS DE COESTIMULACIÓN - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	Nivel 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	Nivel 4	PA; SP; QL (4 vials per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	Nivel 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Nivel 4	PA; SP; QL (4 injections per 28 days)
ANALGÉSICOS - NO NARCÓTICOS - DRUGS FOR PAIN AND FEVER		
ANALGÉSICOS - SEDATIVOS - ARTHRITIS AND PAIN DRUGS		
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet)	Nivel 1	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>butalbital-apap oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule</i>	Nivel 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>butalbital-asa-caffeine oral capsule</i>	Nivel 1	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	Nivel 1	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet</i>	Nivel 2	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Capacet Oral Capsule)	Nivel 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule)	Nivel 1	QL (6 capsules per 1 day)
<i>marten-tab oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Phrenilin Forte Oral Capsule)	Nivel 1	QL (6 capsules per 1 day)
TENCON ORAL TABLET (<i>butalbital-acetaminophen</i>)	Nivel 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule)	Nivel 1	QL (6 capsules per 1 day)
SALICILATOS - ARTHRITIS AND PAIN DRUGS		
BAYER ASPIRIN EXTRA STRENGTH ORAL TABLET (<i>aspirin</i>)	Nivel 1	
<i>diflunisal oral tablet</i>	Nivel 1	
<i>goodsense aspirin adults oral tablet</i>	Nivel 1; \$0	
ANALGÉSICOS - OPIOIDES - DRUGS FOR PAIN AND FEVER		
AGONISTAS OPIÁCEOS - ARTHRITIS AND PAIN DRUGS		
<i>codeine sulfate oral tablet</i>	Nivel 2	PA; QL (6 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	Nivel 2	PA; QL (15 patches per 30 days)
<i>hydromorphone hcl oral liquid</i>	Nivel 1	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>meperidine hcl oral solution</i>	Nivel 1	QL (30 mL per 1 day)
<i>meperidine hcl oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	Nivel 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Nivel 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Nivel 1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Nivel 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Nivel 1	PA; QL (1 tablet per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	Nivel 1	PA; QL (1 tablet per 1 day)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	Nivel 1	QL (6 mL per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Nivel 2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Nivel 2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Nivel 2	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution</i>	Nivel 1	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	Nivel 2	QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i>	Nivel 2	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	Nivel 2	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	Nivel 2	QL (6 tablets per 1 day)
<i>oxymorphone hcl oral tablet</i>	Nivel 2	QL (6 tablets per 1 day)
<i>tramadol hcl oral tablet</i>	Nivel 1	PA; QL (8 tablet per 1 day)
AGONISTAS OPIÁCEOS PARCIALES - ARTHRITIS AND PAIN DRUGS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Nivel 2	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Nivel 2	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Nivel 2	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Nivel 2	QL (12 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Nivel 2	QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Nivel 2	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Nivel 1	QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>butorphanol tartrate nasal solution</i>	Nivel 1	QL (2 bottles per 30 days)
COMBINACIONES DE CODEÍNA - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine #2 oral tablet</i>	Nivel 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	Nivel 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	Nivel 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral solution</i>	Nivel 1	PA; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Nivel 1	PA; QL (6 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	Nivel 1	PA; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule</i>	Nivel 1	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	Nivel 1	PA; QL (6 capsules per 1 day)
COMBINACIONES DE HIDROCODONA - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	Nivel 1	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	Nivel 1	QL (5 tablets per 1 day)
IBUDONE ORAL TABLET (<i>hydrocodone-ibuprofen</i>)	Nivel 1	QL (5 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Hd Oral Tablet)	Nivel 1	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Oral Tablet)	Nivel 1	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet)	Nivel 2	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet)	Nivel 2	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet)	Nivel 1	QL (6 tablets per 1 day)
<i>zamicet oral solution</i>	Nivel 1	QL (90 mL per 1 day)
COMBINACIONES DE OPIÁCEOS - ARTHRITIS AND PAIN DRUGS		
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet)	Nivel 2	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>oxycodone-aspirin oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
ANDRÓGENOS-ANABÓLICOS - HORMONES		
ANDRÓGENOS - DRUGS FOR MEN		
ANDROXY ORAL TABLET (<i>fluoxymesterone</i>)	Nivel 2	
<i>danazol oral capsule 100 mg, 50 mg</i>	Nivel 2	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	Nivel 2	QL (4 capsules per 1 day)
<i>methitest oral tablet</i>	Nivel 3	
<i>testosterone cypionate intramuscular solution</i>	Nivel 1	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%)</i>	Nivel 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	Nivel 2	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Nivel 2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Nivel 2	PA; QL (2 packets per 1 day)
ESTEROIDES ANABÓLICOS - DRUGS FOR MEN		
<i>oxandrolone oral tablet 10 mg</i>	Nivel 2	PA; QL (2 tablets per 1 day)
<i>oxandrolone oral tablet 2.5 mg</i>	Nivel 2	PA; QL (4 tablets per 1 day)
ANTIARRÍTMICOS - DRUGS FOR THE HEART		
ANTIARRÍTMICOS DE CLASE I-A - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	Nivel 2	
<i>quinidine sulfate er oral tablet extended release</i>	Nivel 1	
<i>quinidine sulfate oral tablet</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTIARRÍTMICOS DE CLASE I-B - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>mexiletine hcl oral capsule</i>	Nivel 2	
ANTIARRÍTMICOS DE CLASE I-C - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	Nivel 2	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Nivel 2	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Nivel 2	
<i>propafenone hcl oral tablet</i>	Nivel 2	
ANTIARRÍTMICOS DE CLASE III - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	Nivel 1	
<i>amiodarone hcl oral tablet 200 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>dofetilide oral capsule</i>	Nivel 2	
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	Nivel 3	QL (2 tablets per 1 day)
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 400 Mg)	Nivel 1	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	Nivel 1	QL (3 tablets per 1 day)
ANTICOAGULANTES - DRUGS FOR THE BLOOD		
AGENTES TIPO HEPARINA SINTÉTICOS - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution</i>	Nivel 4	QL (30 syringes per 30 days)
ANTICOAGULANTES DERIVADOS DE LA CUMARINA - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	Nivel 1	
<i>warfarin sodium oral tablet</i>	Nivel 1	
HEPARINAS DE BAJO PESO MOLECULAR - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	Nivel 4	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	Nivel 4	QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution</i>	Nivel 4	QL (30 syringes per 30 days)
INHIBIDORES DIRECTOS DEL FACTOR XA - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET (<i>apixaban</i>)	Nivel 3	QL (1 pack per 365 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	Nivel 3	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Nivel 3	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Nivel 3	QL (74 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Nivel 3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	Nivel 3	QL (90 tablets per 90 days)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	Nivel 3	QL (2 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	Nivel 3	QL (1 pack per 1 day)
ANTICONCEPTIVOS - DRUGS FOR WOMEN		
ANTICONCEPTIVOS BIFÁSICOS ORALES - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kimidess Oral Tablet)	Nivel 1; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)		
<i>desogestrel-ethinyl estradiol</i> (Pimtree Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet)	Nivel 1; \$0	
<i>viorele oral tablet</i>	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet)	Nivel 1; \$0	
ANTICONCEPTIVOS CONTINUOS ORALES - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Nivel 1; \$0	
ANTICONCEPTIVOS DE CICLO EXTENDIDO ORALES - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	Nivel 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	Nivel 1; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTICONCEPTIVOS DE EMERGENCIA - BIRTH CONTROL PILLS		
AFTERA ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
AFTERPILL ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
ECONTRA EZ ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	Nivel 3; \$0	
<i>levonorgestrel oral tablet</i>	Nivel 1; \$0	QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
MY WAY ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
NEW DAY ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
NEXT CHOICE ONE DOSE ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
PREVENTEZA ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
REACT ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET (<i>levonorgestrel</i>)	Nivel 1; \$0	QL (1 tablet per 30 days)
ANTICONCEPTIVOS DE FASE CUATRO ORALES - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	Nivel 3	
ANTICONCEPTIVOS DE PROGESTINA - INYECTABLES - BIRTH CONTROL PILLS		
<i>medroxyprogesterone acetate intramuscular suspension</i>	Nivel 1; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Nivel 1; \$0	
ANTICONCEPTIVOS DE PROGESTINA - ORALES - BIRTH CONTROL PILLS		
<i>norethindrone</i> (Camila Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Jolivette Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Lyleq Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	Nivel 1; \$0	
<i>norethindrone oral tablet</i>	Nivel 1; \$0	
<i>norethindrone</i> (Norlyda Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	Nivel 1; \$0	
<i>norethindrone</i> (Sharobel Oral Tablet)	Nivel 1; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	Nivel 3	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>norethindrone</i> (Tulana Oral Tablet)	Nivel 1; \$0	
ANTICONCEPTIVOS TRIFÁSICOS ORALES - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	Nivel 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	Nivel 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	Nivel 1; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	Nivel 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Myzilra Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Necon 7/7/7 Oral Tablet)	Nivel 1; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	Nivel 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	Nivel 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet)	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	Nivel 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	Nivel 1; \$0	
<i>tri-vylibra lo oral tablet</i>	Nivel 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	Nivel 1; \$0	
VELIVET ORAL TABLET (<i>desogestrel-ethinyl estradiol</i>)	Nivel 1; \$0	
COMBINACIONES DE ANTICONCEPTIVOS ORALES - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	Nivel 1; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	Nivel 1; \$0	
<i>alyacen 1/35 oral tablet</i>	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	Nivel 1; \$0	
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	Nivel 3	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>briellyn oral tablet</i>	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	Nivel 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Nivel 1; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	Nivel 1; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Nivel 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	Nivel 1; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule)	Nivel 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet)	Nivel 1; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>norethindrone-eth estradiol</i> (Gildagia Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Gildess 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Gildess 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	Nivel 1; \$0	
<i>jasmiel oral tablet</i>	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	Nivel 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	Nivel 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Lomedia 24 Fe Oral Tablet)	Nivel 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	Nivel 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	Nivel 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	Nivel 1; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>marlissa oral tablet</i>	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet)	Nivel 1; \$0	
NECON 1/50 (28) ORAL TABLET (<i>norethindrone-mestranol</i>)	Nivel 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	Nivel 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	Nivel 1; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Nivel 1; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet)	Nivel 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	Nivel 1; \$0	
OGESTREL ORAL TABLET (<i>norgestrel-ethinyl estradiol</i>)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet)	Nivel 1; \$0	
<i>drospirenone-eth estrad-levomefol</i> (Rajani Oral Tablet)	Nivel 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	Nivel 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	Nivel 1; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet)	Nivel 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule)	Nivel 1; \$0	
<i>drosipren-eth estrad-levomefol</i> (Tydemy Oral Tablet)	Nivel 1; \$0	
<i>drosiprenone-ethinyl estradiol</i> (Vestura Oral Tablet)	Nivel 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	Nivel 1; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	Nivel 1; \$0	
<i>drosiprenone-ethinyl estradiol</i> (Zarah Oral Tablet)	Nivel 1; \$0	
<i>norethin-eth estradiol-fe</i> (Zenchent Fe Oral Tablet Chewable)	Nivel 1; \$0	
<i>norethindrone-eth estradiol</i> (Zenchent Oral Tablet)	Nivel 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet)	Nivel 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet)	Nivel 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/50E (28) Oral Tablet)	Nivel 1; \$0	
<i>drosiprenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	Nivel 1; \$0	
COMBINACIONES DE ANTICONCEPTIVOS TRANSDÉRMICOS - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly)	Nivel 1; \$0	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly)	Nivel 1; \$0	
COMBINACIONES DE ANTICONCEPTIVOS VAGINALES - BIRTH CONTROL PILLS		
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	Nivel 1; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Nivel 1; \$0	
ANTICONVULSIVOS - DRUGS FOR THE NERVOUS SYSTEM		
ÁCIDO VALPROICO - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	Nivel 2	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Nivel 2	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	Nivel 2	QL (7 tablets per 1 day)
<i>valproate sodium oral solution</i>	Nivel 1	
<i>valproic acid oral capsule</i>	Nivel 1	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	Nivel 1	
ANTICONVULSIVOS - BENZODIAZEPINAS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clonazepam oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	Nivel 1	QL (3 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTICONVULSIVOS VARIOS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	Nivel 1	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	Nivel 1	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	Nivel 1	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	Nivel 1	QL (10 tablets per 1 day)
<i>carbamazepine</i> (Epilex Oral Tablet)	Nivel 1	QL (8 tablets per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Nivel 2	QL (6 capsules per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Nivel 2	QL (9 capsules per 1 day)
<i>gabapentin oral solution</i>	Nivel 2	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Nivel 2	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Nivel 2	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 25 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Nivel 2	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Nivel 2	QL (4 tablets per 1 day)
<i>levetiracetam oral solution</i>	Nivel 2	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	Nivel 2	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	Nivel 2	QL (6 tablets per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Nivel 2	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	Nivel 2	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Nivel 2	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Nivel 2	QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	Nivel 2	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	Nivel 2	QL (30 mL per 1 day)
<i>primidone oral tablet 250 mg</i>	Nivel 1	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>topiramate oral capsule sprinkle</i>	Nivel 1	QL (2 capsules per 1 day)
<i>topiramate oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	Nivel 2	QL (6 capsule per 1 day)
CARBAMATOS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	Nivel 2	QL (30 mL per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>felbamate oral tablet</i>	Nivel 2	QL (6 tablets per 1 day)
HIDANTOÍNA - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DILANTIN ORAL CAPSULE (<i>phenytoin sodium extended</i>)	Nivel 3	
PEGANONE ORAL TABLET (<i>ethotoin</i>)	Nivel 3	
<i>phenytoin sodium extended oral capsule</i>	Nivel 1	
MODULADORES DEL ÁCIDO γ-AMINO BUTÍRICO (GABA) - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet</i>	Nivel 2	QL (2 tablets per 1 day)
SUCCINIMIDAS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>ethosuximide oral capsule</i>	Nivel 1	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	Nivel 1	QL (30 mL per 1 day)
ANTIDEPRESIVOS - DRUGS FOR THE NERVOUS SYSTEM		
AGENTES TRICÍCLICOS - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	Nivel 1	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	Nivel 1	DO
<i>clomipramine hcl oral capsule 25 mg</i>	Nivel 2	DO
<i>clomipramine hcl oral capsule 50 mg</i>	Nivel 2	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	Nivel 2	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	Nivel 2	DO
<i>desipramine hcl oral tablet 100 mg</i>	Nivel 2	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Nivel 1	DO
<i>doxepin hcl oral capsule 100 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	Nivel 1	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	Nivel 1	DO
<i>imipramine hcl oral tablet 50 mg</i>	Nivel 1	QL (6 tablets per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Nivel 1	DO
<i>nortriptyline hcl oral capsule 50 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	Nivel 1	QL (75 mL per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	Nivel 2	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	Nivel 2	DO
<i>trimipramine maleate oral capsule 100 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	Nivel 1	QL (3 capsules per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTAGONISTAS DEL RECEPTOR ALFA 2 (TETRACÍCLICOS) - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet 15 mg, 7.5 mg</i>	Nivel 1	DO
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg</i>	Nivel 1	DO
<i>mirtazapine oral tablet dispersible 30 mg, 45 mg</i>	Nivel 1	QL (1 tablet per 1 day)
ANTIDEPRESIVOS VARIOS - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Nivel 1	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Nivel 1	QL (4.5 tablets per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	Nivel 1	DO
<i>maprotiline hcl oral tablet</i>	Nivel 1	
CÍCLICOS MODIFICADOS - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	Nivel 1	DO
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Nivel 1	DO
<i>trazodone hcl oral tablet 300 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	Nivel 2	ST; DO
<i>vilazodone hcl oral tablet 40 mg</i>	Nivel 2	ST; QL (1 tablet per 1 day)
INHIBIDORES DE LA MONOAMINO OXIDASA (IMAO) - DRUGS FOR DEPRESSION		
<i>phenelzine sulfate oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	Nivel 1	QL (6 tablets per 1 day)
INHIBIDORES SELECTIVOS DE RECAPTACIÓN DE SEROTONINA (ISRS) - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution</i>	Nivel 1	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Nivel 1	DO
<i>citalopram hydrobromide oral tablet 40 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution</i>	Nivel 1	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Nivel 1	DO
<i>escitalopram oxalate oral tablet 20 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Nivel 1	DO
<i>fluoxetine hcl oral capsule 20 mg</i>	Nivel 1	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Nivel 1	QL (2 capsule per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	Nivel 1	QL (4 capsules per 28 days)
<i>fluoxetine hcl oral solution</i>	Nivel 1	QL (20 mL per 1 day)
<i>fluoxetine hcl oral tablet 10 mg</i>	Nivel 1	DO

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>fluoxetine hcl oral tablet 20 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	Nivel 1	DO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Nivel 1	DO
<i>paroxetine hcl oral tablet 30 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	Nivel 1	QL (1.5 tablets per 1 day)
<i>sertraline hcl oral concentrate</i>	Nivel 1	QL (10 mL per 1 day)
<i>sertraline hcl oral tablet 100 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Nivel 1	DO
SEROTONINA - INHIBIDORES DE RECAPTACIÓN DE NOREPINEFRINA (IRSN) - DRUGS FOR DEPRESSION		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Nivel 1	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Nivel 2	QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Nivel 2	DO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Nivel 2	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Nivel 1	DO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</i>	Nivel 1	DO
<i>venlafaxine hcl oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
ANTIDIABÉTICOS - HORMONES		
AGENTES MIMÉTICOS DE LA INCRETINA (AGONISTAS DEL RECEPTOR DE GLP-1) - DRUGS FOR DIABETES		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Nivel 2	ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	Nivel 2	ST; QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	Nivel 2	ST; QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Nivel 2	ST; QL (1 pen per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	Nivel 2	ST; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	Nivel 2	ST; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	Nivel 2	ST; QL (1 box (2 pens) per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
BIGUANIDAS - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Nivel 1	
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Nivel 1	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Nivel 1	QL (3 tablets per 1 day)
COMBINACIONES DE INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 Y BIGUANIDA - DRUGS FOR DIABETES		
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	Nivel 2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	Nivel 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	Nivel 2	ST; QL (2 tablets per 1 day)
COMBINACIONES DE SULFONILUREAS-BIGUANIDA - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Nivel 1	ST; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	Nivel 1	ST; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Nivel 1	ST; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Nivel 1	ST; QL (4 tablets per 1 day)
INHIBIDOR DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 - COMBINACIÓN DE BIGUANIDA - DRUGS FOR DIABETES		
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	Nivel 2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	Nivel 2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	Nivel 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	Nivel 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Nivel 2	ST; QL (2 tablets per 1 day)
INHIBIDORES DE COTRANSPORTADOR DE SODIO-GLUCOSA TIPO 2 (SGLT2) - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	Nivel 2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	Nivel 2	ST; QL (1 tablet per 1 day)
INHIBIDORES DE LA ALFA-GLUCOSIDASA - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
INHIBIDORES DE LA DIPEPTIDIL PEPTIDASA-4 (DPP-4) - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	Nivel 1	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	Nivel 2	ST; QL (1 tablet per 1 day)
INSULINA HUMANA - DRUGS FOR DIABETES		
HUMALOG INJECTION SOLUTION (<i>insulin lispro</i>)	Nivel 2	QL (30 mL per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	Nivel 2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Nivel 2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Nivel 2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Nivel 2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Nivel 2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	Nivel 2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	Nivel 2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Nivel 2	PA; QL (18 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	Nivel 2	QL (30 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	Nivel 2	QL (18 mL per 30 days)
<i>insulin degludec subcutaneous solution</i>	Nivel 2	QL (30 mL per 30 days)
<i>insulin glargine-yfgn subcutaneous solution</i>	Nivel 3	QL (1 mL per 1 day)
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	Nivel 3	QL (1 mL per 1 day)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Nivel 2	QL (30 mL per 30 days)
<i>insulin lispro injection solution</i>	Nivel 2	QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Nivel 2	QL (30 mL per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Nivel 2	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution</i>	Nivel 2	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution pen-injector</i>	Nivel 2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Nivel 2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Nivel 2	QL (30 mL per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Nivel 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Nivel 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Nivel 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Nivel 2	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Nivel 3	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Nivel 3	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	Nivel 2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	Nivel 2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	Nivel 2	QL (30 mL per 30 days)
OTROS AGENTES PARA LA DIABETES - DRUGS FOR DIABETES		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl (rdna)</i>)	Nivel 2	QL (2 kits per 30 days)
SULFONILUREAS - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg</i>	Nivel 1	ST; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Nivel 1	ST; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	Nivel 1	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Nivel 1	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Nivel 1	ST; QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Nivel 1	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	Nivel 1	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	Nivel 1	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Nivel 1	ST; QL (2 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	Nivel 1	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	Nivel 1	ST; QL (4 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	Nivel 1	ST; QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	Nivel 1	ST; QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	Nivel 1	ST; QL (4 tablets per 1 day)
<i>tolbutamide oral tablet</i>	Nivel 2	ST; QL (6 tablets per 1 day)
TIAZOLIDINEDIONAS - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet</i>	Nivel 1	ST; QL (1 tablet per 1 day)
ANTIDIARRÉICOS - DRUGS FOR THE STOMACH		
AGENTES ANTIPERISTÁLTICOS - DRUGS FOR DIARRHEA		
<i>diphenatol oral tablet</i>	Nivel 1	
<i>diphenoxylate-atropine oral liquid</i>	Nivel 1	
<i>diphenoxylate-atropine oral tablet</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	Nivel 3	
ANTÍDOTOS - DRUGS FOR OVERDOSE OR POISONING		
ANTAGONISTAS OPIÁCEOS - DRUGS FOR OVERDOSE OR POISONING		
<i>naloxone hcl injection solution</i>	Nivel 2	QL (6 vial per 90 days)
ANTÍDOTOS - AGENTES QUELANTES - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE (<i>succimer</i>)	Nivel 3	
ANTÍDOTOS Y ANTAGONISTAS ESPECÍFICOS - DRUGS FOR OVERDOSE OR POISONING		
ANTAGONISTAS OPIÁCEOS - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	Nivel 2	QL (3 boxes per 3 monthss)
<i>naloxone hcl injection solution</i>	Nivel 2	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	Nivel 2	QL (6 syringes per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	Nivel 2	QL (6 syringes per 90 days)
<i>naloxone hcl nasal liquid</i>	Nivel 2	QL (6 nasal spray per 90 days)
<i>naltrexone hcl oral tablet</i>	Nivel 1	
ANTIEMÉTICOS - DRUGS FOR THE STOMACH		
ANTAGONISTAS DEL RECEPTOR 5-HT3 - DRUGS FOR VOMITING AND NAUSEA		
<i>ondansetron hcl oral solution</i>	Nivel 2	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	Nivel 2	QL (8 tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Nivel 2	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Nivel 2	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Nivel 2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Nivel 2	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution</i>	Nivel 2	PA
<i>palonosetron hcl intravenous solution prefilled syringe</i>	Nivel 2	PA
ANTIEMÉTICOS - AGENTE ANTICOLINÉRGICO - DRUGS FOR VOMITING AND NAUSEA		
<i>meclizine hcl oral tablet</i>	Nivel 1	
<i>scopolamine transdermal patch 72 hour</i>	Nivel 2	
<i>trimethobenzamide hcl oral capsule</i>	Nivel 1	
ANTIEMÉTICOS VARIOS - DRUGS FOR VOMITING AND NAUSEA		
CESAMET ORAL CAPSULE (<i>nabilone</i>)	Nivel 3	
<i>dronabinol oral capsule</i>	Nivel 2	QL (4 capsules per 1 day)
ANTIESPASMÓDICOS URINARIOS - DRUGS FOR THE URINARY SYSTEM		
ANTIESPASMÓDICOS URINARIOS - AGONISTAS COLINÉRGICOS - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	Nivel 2	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTIESPASMÓDICOS URINARIOS - ANTIMUSCARÍNICOS (ANTICOLINÉRGICOS) - DRUGS FOR THE BLADDER		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	Nivel 1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Nivel 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
ANTHELMÍNTICOS - DRUGS FOR INFECTIONS		
ANTHELMÍNTICOS - DRUGS FOR PARASITES		
<i>ivermectin oral tablet</i>	Nivel 1	PA; QL (9 tablets per 1 fill)
<i>praziquantel oral tablet</i>	Nivel 2	
ANTIHIPERLIPIDÉMICOS - DRUGS FOR THE HEART		
ANTIHIPERLIPIDÉMICOS VARIOS - DRUGS FOR CHOLESTEROL		
<i>omega-3-acid ethyl esters oral capsule</i>	Nivel 1	PA; QL (4 capsules per 1 day)
DERIVADOS DEL ÁCIDO FÍBRICO - DRUGS FOR CHOLESTEROL		
<i>choline fenofibrate oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
DERIVADOS DEL ÁCIDO NICOTÍNICO - DRUGS FOR CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Nivel 1	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Nivel 1	ST; QL (1 tablet per 1 day)
INHIBIDORES DE ABSORCIÓN INTESTINAL DE COLESTEROL - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	Nivel 1	PA; QL (1 tablet per 1 day)
INHIBIDORES DE LA HMG COA REDUCTASA - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Nivel 1; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	Nivel 1	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Nivel 1; \$0	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	Nivel 1; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Nivel 1; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	Nivel 1; \$0	QL (2 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Nivel 1; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	Nivel 1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	Nivel 2; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	Nivel 2	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Nivel 1; \$0	DO
<i>simvastatin oral tablet 80 mg</i>	Nivel 1	PA; QL (1 tablet per 1 day)
INHIBIDORES DE PCSK9 - DRUGS FOR CHOLESTEROL		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	Nivel 3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	Nivel 3	PA; QL (2 syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>evolocumab</i>)	Nivel 3	PA; QL (2 syringes per 28 days)
SECUESTRADORES DEL ÁCIDO BILIAR - DRUGS FOR CHOLESTEROL		
<i>colesevelam hcl oral packet</i>	Nivel 2	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	Nivel 2	QL (6 tablets per 1 day)
ANTIHIPERTENSIVOS - DRUGS FOR THE HEART		
ADRENOLÍTICOS: ACCIÓN CENTRAL Y DIURÉTICO TIAZÍDICO/COMBINACIÓN TIPO TIAZIDA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>methylodopa-hydrochlorothiazide oral tablet 250-15 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>methylodopa-hydrochlorothiazide oral tablet 250-25 mg</i>	Nivel 1	QL (2 tablets per 1 day)
AGENTES PARA FEOCROMOCITOMAS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>phenoxybenzamine hcl oral capsule</i>	Nivel 2	PA; QL (12 capsules per 1 day)
ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II - DRUGS FOR HIGH BLOOD PRESSURE		
<i>irbesartan oral tablet 150 mg, 75 mg</i>	Nivel 1	DO
<i>irbesartan oral tablet 300 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg</i>	Nivel 1	DO
<i>losartan potassium oral tablet 50 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	Nivel 2	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>valsartan oral tablet 160 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	Nivel 1	DO

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II- BLOQUEADORES DE CANALES DE CALCIO-DIURÉTICOS TIAZÍDICOS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	Nivel 1	DO
ANTIADRENÉRGICOS - ACTUACIÓN CENTRAL - DRUGS FOR HIGH BLOOD PRESSURE		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Nivel 1	DO
<i>clonidine hcl oral tablet 0.3 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	Nivel 1	DO
<i>guanfacine hcl oral tablet 2 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>methyldopa oral tablet 250 mg</i>	Nivel 1	DO
<i>methyldopa oral tablet 500 mg</i>	Nivel 1	QL (6 tablets per 1 day)
ANTIADRENÉRGICOS - ACTUACIÓN PERIFÉRICA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	Nivel 1	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	Nivel 1	QL (2 capsules per 1 day)
COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y BLOQUEADORES DE CANALES DE CALCIO - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	Nivel 1	DO
COMBINACIÓN DE ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II Y DIURÉTICOS TIPO TIAZIDA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilhexetil-hctz oral tablet 16-12.5 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>candesartan cilhexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	Nivel 1	DO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	Nivel 2	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	Nivel 1	DO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	Nivel 1	QL (1 tablet per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
COMBINACIONES DE BETABLOQUEADORES Y DIURÉTICOS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>nadolol-bendroflumethiazide oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>propranolol-hctz oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
INHIBIDOR DE LA ENZIMA CONVERTIDORA DE LA ANGIOTENSINA (ECA) Y COMBINACIONES DE BLOQUEADORES DE CANALES DE CALCIO - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	Nivel 1	DO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Nivel 1	QL (1 tablet per 1 day)
INHIBIDORES DE LA ECA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Nivel 1	DO
<i>benazepril hcl oral tablet 40 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet 10 mg, 20 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet 2.5 mg, 5 mg</i>	Nivel 1	DO
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>	Nivel 1	DO
<i>fosinopril sodium oral tablet 40 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Nivel 1	DO
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Nivel 1	DO
<i>quinapril hcl oral tablet 40 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	Nivel 1	DO
<i>ramipril oral capsule 10 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	Nivel 1	DO
<i>trandolapril oral tablet 4 mg</i>	Nivel 1	QL (2 tablets per 1 day)
INHIBIDORES DE LA ECA Y DIURÉTICO TIAZÍDICO/DIURÉTICO TIPO TIAZIDA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	Nivel 1	DO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Nivel 1	DO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	Nivel 1	DO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Nivel 1	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Nivel 1	QL (4 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Nivel 1	DO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Nivel 1	QL (2 tablets per 1 day)
VASODILADORES - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl oral tablet</i>	Nivel 1	
<i>minoxidil oral tablet</i>	Nivel 1	
ANTIISTAMÍNICOS - DRUGS FOR THE LUNGS		
ANTIISTAMÍNICOS - ETANOLAMINAS - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate oral solution</i>	Nivel 1	
<i>carbinoxamine maleate oral tablet</i>	Nivel 1	
<i>clemastine fumarate oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	Nivel 2	
<i>diphenhydramine hcl oral capsule</i>	Nivel 1	
ANTIISTAMÍNICOS - FENOTIAZINA - DRUGS FOR ALLERGIES		
<i>promethazine hcl</i> (Phenadoz Rectal Suppository)	Nivel 2	QL (6 suppositories per 1 day)
<i>promethazine hcl oral solution</i>	Nivel 1	QL (40 mL per 1 day)
<i>promethazine hcl oral syrup</i>	Nivel 1	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Nivel 2	QL (6 suppositories per 1 day)
<i>promethazine hcl rectal suppository 50 mg</i>	Nivel 2	QL (1 suppository per 1 day)
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Nivel 2	QL (6 suppositories per 1 day)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	Nivel 2	QL (1 suppository per 1 day)
ANTIISTAMÍNICOS - NO SEDANTES - DRUGS FOR ALLERGIES		
<i>allergy 24-hr oral tablet</i>	Nivel 1	
<i>desloratadine oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	Nivel 1	QL (1 tablet per 1 day)
<i>hm fexofenadine hcl oral tablet</i>	Nivel 1	
<i>kp fexofenadine hcl oral tablet</i>	Nivel 1	
<i>levocetirizine dihydrochloride oral solution</i>	Nivel 1	QL (10 mL per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>qc fexofenadine hydrochloride oral tablet</i>	Nivel 1	
<i>sm fexofenadine hcl oral tablet</i>	Nivel 1	
ANTIISTAMÍNICOS - PIPERIDINAS - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	Nivel 1	
ANTIMICÓTICOS - DRUGS FOR INFECTIONS		
ANTIMICÓTICOS - DRUGS FOR FUNGUS		
<i>flucytosine oral capsule</i>	Nivel 2	PA
<i>griseofulvin microsize oral suspension</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>griseofulvin microsize oral tablet</i>	Nivel 1	
<i>griseofulvin ultramicrosize oral tablet</i>	Nivel 1	
<i>nystatin oral powder</i>	Nivel 1	
<i>nystatin oral tablet</i>	Nivel 1	
<i>terbinafine hcl oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
IMIDAZOLES - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
TRIAZOLES - DRUGS FOR FUNGUS		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Nivel 1	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Nivel 1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	Nivel 1	QL (8 tablets per 1 day)
<i>itraconazole oral capsule</i>	Nivel 2	PA; QL (126 capsules per 30 days)
ANTINEOPLÁSTICOS Y TERAPIAS COMPLEMENTARIAS - DRUGS FOR CANCER		
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	Nivel 4; OC	PA; SP; QL (4 capsules per 1 day)
ZYKADIA ORAL CAPSULE (<i>ceritinib</i>)	Nivel 4	PA; SP; QL (3 capsules per 1 day)
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	Nivel 4; OC	PA; SP; QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	Nivel 4; OC	PA; SP; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	Nivel 4; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	Nivel 4; OC	PA; LD; QL (2 tablets per 1 day)
<i>imatinib mesylate oral tablet</i>	Nivel 4; OC	PA; SP; QL (2 tablets per 1 day)
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	Nivel 4; OC	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	Nivel 4; OC	PA; SP; QL (4 capsules per 1 day)
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	Nivel 4; OC	PA; SP; QL (4 capsule per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Nivel 4; OC	PA; QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Nivel 4; OC	PA; QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	Nivel 4; OC	PA; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>)	Nivel 4	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Nivel 4; OC	PA; SP; QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Nivel 4; OC	PA; SP; QL (3 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	Nivel 3; OC	PA; QL (1 tablet per 1 day)
AGENTES ALQUILANTES - DRUGS FOR CANCER		
HEXALEN ORAL CAPSULE (<i>altretamine</i>)	Nivel 4	PA
MYLERAN ORAL TABLET (<i>busulfan</i>)	Nivel 4; OC	
AGENTES DE RESCATE ANTAGONISTAS DEL ÁCIDO FÓLICO - DRUGS FOR CANCER		
<i>leucovorin calcium oral tablet</i>	Nivel 2; OC	
AGONISTAS DEL RECEPTOR X RETINOIDE SELECTIVOS - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	Nivel 4; OC	PA; SP; QL (10 capsules per 1 day)
ANÁLOGOS DE LHRH - DRUGS FOR CANCER		
<i>leuprolide acetate injection kit</i>	Nivel 4	PA; SP
ANTIANDRÓGENOS - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	Nivel 2; OC	QL (1 tablet per 1 day)
<i>flutamide oral capsule</i>	Nivel 2; OC	
<i>nilutamide oral tablet</i>	Nivel 4; OC	QL (1 tablet per 1 day)
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	Nivel 4; OC	PA; SP; QL (4 capsules per 1 day)
ANTICUERPOS ANTIADRENAL - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	Nivel 4; OC	QL (38 tablets per 1 day)
ANTIESTRÓGENOS - DRUGS FOR CANCER		
<i>tamoxifen citrate oral tablet</i>	Nivel 2; OC; \$0	
<i>toremifene citrate oral tablet</i>	Nivel 4; OC	QL (1 tablet per 1 day)
ANTIMETABOLITOS - DRUGS FOR CANCER		
<i>capecitabine oral tablet</i>	Nivel 4; OC	PA; SP
<i>mercaptopurine oral tablet</i>	Nivel 2; OC	
<i>methotrexate oral tablet</i>	Nivel 2; OC	
<i>methotrexate sodium oral tablet</i>	Nivel 2; OC	
TABLOID ORAL TABLET (<i>thioguanine</i>)	Nivel 4; OC	
ANTINEOPLÁSICOS - INHIBIDORES DE CINASA MTOR - DRUGS FOR CANCER		
<i>everolimus oral tablet</i>	Nivel 4; OC	PA; SP
<i>everolimus oral tablet soluble</i>	Nivel 4; OC	PA; SP
ANTINEOPLÁSICOS - INHIBIDORES DE LA CINASA BRAF - DRUGS FOR CANCER		
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	Nivel 4; OC	PA; SP; QL (4 capsules per 1 day)
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	Nivel 4; OC	PA; SP; LD; QL (8 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTINEOPLÁSICOS - INHIBIDORES DE LA HISTONA DESACETILASA - DRUGS FOR CANCER		
FARYDAK ORAL CAPSULE (<i>panobinostat lactate</i>)	Nivel 4; OC	PA; SP; QL (1 capsule per 1 day)
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	Nivel 4; OC	PA; SP; QL (4 capsules per 1 day)
ANTINEOPLÁSICOS - INHIBIDORES DE LA TIROSINA CINASA - DRUGS FOR CANCER		
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Nivel 4	PA; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Nivel 4	PA; QL (1 dose pack per 28 days)
ANTINEOPLÁSICOS - INHIBIDORES DE LA VÍA DE SEÑALIZACIÓN DE HEDGEHOG - DRUGS FOR CANCER		
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	Nivel 4; OC	PA; SP; QL (1 capsule per 1 day)
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	Nivel 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ANTINEOPLÁSICOS - INHIBIDORES DE MEK - DRUGS FOR CANCER		
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	Nivel 4; OC	PA; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Nivel 4; OC	PA; SP; QL (1 tablet per 1 day)
ANTINEOPLÁSICOS - INHIBIDORES MULTICINASAS - DRUGS FOR CANCER		
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	Nivel 4; OC	PA; LD; QL (3 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	Nivel 4; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Nivel 4; OC	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Nivel 4; OC	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Nivel 4; OC	PA; SP; QL (1 dose pack per 28 days)
<i>lapatinib ditosylate oral tablet</i>	Nivel 4; OC	PA; SP; QL (6 tablets per 1 day)
<i>sorafenib tosylate oral tablet</i>	Nivel 4; OC	PA; SP; QL (4 tablets per 1 day)
STIVARGA ORAL TABLET (<i>regorafenib</i>)	Nivel 4; OC	PA; SP; QL (84 tablets per 28 days)
<i>sunitinib malate oral capsule</i>	Nivel 4; OC	PA; SP; QL (1 capsule per 1 day)
VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	Nivel 4; OC	PA; SP; QL (4 tablets per 1 day)
ANTINEOPLÁSICOS - INMUNOMODULADORES - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE (<i>pomalidomide</i>)	Nivel 4; OC	PA; SP; QL (21 capsules per 28 days)
ANTINEOPLÁSICOS VARIOS - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	Nivel 4	PA; SP; LD

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ALFERON N INJECTION SOLUTION (<i>interferon alfa-n3</i>)	Nivel 4	SP
<i>hydroxyurea oral capsule</i>	Nivel 2; OC	
INTRON A INJECTION SOLUTION (<i>interferon alfa-2b</i>)	Nivel 4	SP; LD
INTRON A INJECTION SOLUTION RECONSTITUTED (<i>interferon alfa-2b</i>)	Nivel 4	SP; LD
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	Nivel 4; OC	
ESTRÓGENOS - ANTINEOPLÁSICOS - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE (<i>estramustine phosphate sodium</i>)	Nivel 4; OC	PA
IMIDAZOTETRAZINA - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 250 mg</i>	Nivel 4; OC	PA; SP; QL (2 capsule per 1 day)
<i>temozolomide oral capsule 140 mg, 180 mg</i>	Nivel 4; OC	PA; SP; QL (2 capsules per 1 day)
<i>temozolomide oral capsule 20 mg</i>	Nivel 4; OC	PA; SP; QL (4 capsule per 1 day)
<i>temozolomide oral capsule 5 mg</i>	Nivel 4; OC	PA; SP; QL (3 capsule per 1 day)
INHIBIDORES DE BIOSÍNTESIS DE ANDRÓGENOS - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	Nivel 4; OC	PA; SP; QL (4 tablets per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Nivel 4; OC	PA; SP; QL (2 tablets per 1 day)
INHIBIDORES DE LA AROMATASA - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	Nivel 2; OC; \$0	QL (1 tablet per 1 day)
<i>exemestane oral tablet</i>	Nivel 2; OC; \$0	QL (2 tablets per 1 day)
<i>letrozole oral tablet</i>	Nivel 2; OC; \$0	QL (1 tablet per 1 day)
INHIBIDORES DE LA CINASA JANUS (JAK) ASOCIADOS - DRUGS FOR CANCER		
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	Nivel 4; OC	PA; SP; QL (2 tablets per 1 day)
INHIBIDORES DE LA FOSFOINOSITIDA-3-QUINASAS (PI3K) - DRUGS FOR CANCER		
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	Nivel 4; OC	PA; SP; QL (2 tablets per 1 day)
INHIBIDORES DE LA POLI (ADP-RIBOSA) POLIMERASA (PARP) - DRUGS FOR CANCER		
LYNPARZA ORAL CAPSULE (<i>olaparib</i>)	Nivel 4	PA; SP; QL (16 capsules per 1 day)
LYNPARZA ORAL TABLET (<i>olaparib</i>)	Nivel 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
INHIBIDORES DE LA QUINASA DEPENDIENTE DE CICLINA (CDK) - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	Nivel 4; OC	PA; SP; QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 75 MG (<i>palbociclib</i>)	Nivel 4; OC	PA; SP; QL (21 tablets per 28 days)
IBRANCE ORAL TABLET 125 MG (<i>palbociclib</i>)	Nivel 4; OC	PA; SP; QL (1 tablet per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
INHIBIDORES DE LA TOPOISOMERASA I - DRUGS FOR CANCER		
HYCANTIN ORAL CAPSULE (<i>topotecan hcl</i>)	Nivel 4; OC	PA; SP
INHIBIDORES DEL VEGF - DRUGS FOR CANCER		
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	Nivel 4; OC	PA; SP; QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	Nivel 4; OC	PA; SP; QL (4 tablets per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (1 capsule per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (1 pack per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (30 capsules per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Nivel 4; OC	PA; SP; QL (1 pack per 30 days)
INHIBIDORES MIÓTICOS - DRUGS FOR CANCER		
<i>etoposide oral capsule</i>	Nivel 4; OC	SP
MOSTAZAS DE NITRÓGENO - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule</i>	Nivel 4; OC	SP
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	Nivel 4; OC	
<i>melphalan oral tablet</i>	Nivel 4; OC	SP
NITROSOUREA - DRUGS FOR CANCER		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	Nivel 4; OC	PA; SP
GLEOSTINE ORAL CAPSULE 5 MG (<i>lomustine</i>)	Nivel 4	PA
RETINIOIDES - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	Nivel 2; OC	
ANTIPALÚDICOS - DRUGS FOR INFECTIONS		
ANTIPALÚDICOS - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet</i>	Nivel 1	
<i>hydroxychloroquine sulfate oral tablet</i>	Nivel 1	QL (3 tablets per 1 day)
<i>mefloquine hcl oral tablet</i>	Nivel 1	QL (5 tablets per 28 days)
<i>primaquine phosphate oral tablet</i>	Nivel 3	
<i>pyrimethamine oral tablet</i>	Nivel 2	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	Nivel 2	PA; QL (60 capsules per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
COMBINACIONES DE ANTIPALÚDICOS - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	Nivel 1	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	Nivel 3	
ANTIPARKINSONIANOS - DRUGS FOR THE NERVOUS SYSTEM		
ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS - DRUGS FOR PARKINSON		
APOKYN SUBCUTANEOUS SOLUTION (<i>apomorphine hcl</i>)	Nivel 4	PA; QL (2 mL per 1 day)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>apomorphine hcl</i>)	Nivel 4	PA; SP; QL (2 mL per 1 day)
<i>apomorphine hcl subcutaneous solution cartridge</i>	Nivel 4	PA; SP; QL (2 ML per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	Nivel 2	QL (3 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Nivel 2	
<i>ropinirole hcl oral tablet</i>	Nivel 1	
ANTICOLINÉRGICOS ANTIPARKINSONIANOS - DRUGS FOR PARKINSON		
<i>benztropine mesylate oral tablet</i>	Nivel 1	
<i>trihexyphenidyl hcl oral elixir</i>	Nivel 1	
<i>trihexyphenidyl hcl oral solution</i>	Nivel 1	
<i>trihexyphenidyl hcl oral tablet</i>	Nivel 1	
COMBINACIONES DE LEVODOPA - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	Nivel 2	
<i>carbidopa-levodopa oral tablet</i>	Nivel 1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Nivel 2	
DOPAMINÉRGICOS ANTIPARKINSONIANOS - DRUGS FOR PARKINSON		
<i>amantadine hcl oral solution</i>	Nivel 2	QL (40 mL per 1 day)
<i>amantadine hcl oral syrup</i>	Nivel 2	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	Nivel 2	QL (4 tablets per 1 day)
<i>bromocriptine mesylate oral capsule</i>	Nivel 1	
<i>bromocriptine mesylate oral tablet</i>	Nivel 1	
INHIBIDORES ANTIPARKINSONIANOS DE LA MONOAMINO OXIDASA - DRUGS FOR PARKINSON		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	Nivel 2	
<i>selegiline hcl oral tablet</i>	Nivel 2	
INHIBIDORES COMT PERIFÉRICOS - DRUGS FOR PARKINSON		
<i>entacapone oral tablet</i>	Nivel 2	QL (8 tablets per 1 day)
INHIBIDORES DE LA DESCARBOXILASA - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	Nivel 2	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTIPARKINSONIANOS Y AGENTES TERAPÉUTICOS RELACIONADOS - DRUGS FOR THE NERVOUS SYSTEM		
ANTAGONISTAS DE LOS RECEPTORES DE LA DOPAMINA NO ERGOLÍNICOS - DRUGS FOR PARKINSON		
<i>pramipexole dihydrochloride oral tablet</i>	Nivel 2	QL (3 tablets per 1 day)
<i>ropinirole hcl oral tablet</i>	Nivel 1	
DOPAMINÉRGICOS ANTIPARKINSONIANOS - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	Nivel 2	QL (4 capsule per 1 day)
ANTIVIRALES - DRUGS FOR INFECTIONS		
*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	Nivel 2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	Nivel 2	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
LAGEVRIO ORAL CAPSULE (<i>molnupiravir</i>)	Nivel 2	
AGENTES DEL CITOMEGALOVIRUS (CMV) - DRUGS FOR VIRAL INFECTIONS		
<i>valganciclovir hcl oral solution reconstituted</i>	Nivel 4	
<i>valganciclovir hcl oral tablet</i>	Nivel 4	
AGENTES PARA EL HERPES - ANÁLOGOS DE LA PURINA - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	Nivel 1	
<i>acyclovir oral suspension</i>	Nivel 1	
<i>acyclovir oral tablet</i>	Nivel 1	
<i>valacyclovir hcl oral tablet 1 gm</i>	Nivel 1	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	Nivel 1	QL (60 tablets per 1 fill)
AGENTES PARA EL HERPES - ANÁLOGOS DE LA TIMIDINA - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Nivel 1	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	Nivel 1	QL (21 tablets per 1 fill)
AGENTES PARA LA HEPATITIS B - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	Nivel 4	SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	Nivel 4	QL (20 mL per 1 day)
EPIVIR HBV ORAL SOLUTION (<i>lamivudine</i>)	Nivel 2	QL (20 mL per 1 day)
TYZEKA ORAL TABLET (<i>telbivudine</i>)	Nivel 4	PA
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	Nivel 4	SP; QL (1 tablet per 1 day)
AGENTES PARA LA HEPATITIS C - COMBINACIONES - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	Nivel 4	PA; SP; QL (1 packet per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	Nivel 4	PA; SP; QL (2 packets per 1 day)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	Nivel 4	PA; SP; QL (2 tablets per 1 day)
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	Nivel 4	PA; SP; QL (1 tablet per 1 day)
AGENTES PARA LA HEPATITIS C - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin</i> (Moderiba Oral Tablet)	Nivel 4	SP; QL (6 tablets per 1 day)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	Nivel 4	SP; QL (2 pens per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Nivel 4	SP; QL (2 syringes per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Nivel 4	SP; LD; QL (4 vials per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon alfa-2a</i>)	Nivel 4	SP; LD; QL (4 syringes per 28 days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	Nivel 4	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	Nivel 4	
PEG-INTRON SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	Nivel 4	
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML (<i>peginterferon alfa-2b</i>)	Nivel 4	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (<i>peginterferon alfa-2b</i>)	Nivel 4	SP
<i>ribavirin</i> (Ribasphere Oral Capsule)	Nivel 4	SP; QL (6 capsules per 1 day)
<i>ribavirin</i> (Ribasphere Oral Tablet 200 Mg)	Nivel 4	SP; QL (6 tablets per 1 day)
RIBASPHERE ORAL TABLET 600 MG (<i>ribavirin</i>)	Nivel 4	SP
<i>ribavirin oral capsule</i>	Nivel 4	SP; QL (6 capsules per 1 day)
<i>ribavirin oral tablet</i>	Nivel 4	SP; QL (6 tablets per 1 day)
AGENTES PARA LA INFLUENZA - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	Nivel 1	
ANTIRRETROVIRALES - ANTAGONISTA DE CCR5 (INHIBIDOR DE ENTRADA) - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	Nivel 2	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Nivel 2	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	Nivel 2	QL (2 tablets per 1 day)
ANTIRRETROVIRALES - INHIBIDORES DE FUSIÓN - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	Nivel 2	PA; QL (60 vials per 30 days)
ANTIRRETROVIRALES - INHIBIDORES DE LA INTEGRASA - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	Nivel 2	QL (4 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	Nivel 2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	Nivel 2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	Nivel 2	QL (4 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>)	Nivel 2	QL (2 tablets per 1 day)
ANTIRRETROVIRALES - INHIBIDORES DE LA PROTEASA - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	Nivel 2	PA; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION (<i>tipranavir</i>)	Nivel 2	PA; QL (13 mL per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Nivel 2	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Nivel 2	QL (1 capsule per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	Nivel 2	QL (12 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	Nivel 2	QL (6 capsules per 1 day)
<i>fosamprenavir calcium oral tablet</i>	Nivel 2	QL (4 tablets per 1 day)
INVIRASE ORAL CAPSULE (<i>saquinavir mesylate</i>)	Nivel 2	
INVIRASE ORAL TABLET (<i>saquinavir mesylate</i>)	Nivel 2	QL (4 tablets per 1 day)
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	Nivel 2	QL (60 mL per 1 day)
NORVIR ORAL CAPSULE (<i>ritonavir</i>)	Nivel 2	
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	Nivel 2	QL (16 mL per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir</i>)	Nivel 2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Nivel 2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	Nivel 2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Nivel 2	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	Nivel 2	QL (1 tablet per 1 day)
<i>ritonavir oral tablet</i>	Nivel 2	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Nivel 2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Nivel 2	QL (4 tablets per 1 day)
ANTIRRETROVIRALES - INHIBIDORES DE LA TRANSCRIPTASA INVERSA (RTI) NO ANÁLOGOS DE NUCLEÓSIDOS - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	Nivel 2	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	Nivel 2	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Nivel 2	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	Nivel 2	PA; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	Nivel 2	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET (<i>etravirine</i>)	Nivel 2	PA; QL (16 tablets per 1 day)
<i>nevirapine oral suspension</i>	Nivel 1	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
RESCRIPTOR ORAL TABLET 100 MG (<i>delavirdine mesylate</i>)	Nivel 2	QL (12 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	Nivel 2	QL (6 tablets per 1 day)
ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	Nivel 2; \$0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	Nivel 2	QL (8 grams per 1 day)
VIREAD ORAL TABLET (<i>tenofovir disoproxil fumarate</i>)	Nivel 2	QL (1 tablet per 1 day)
ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PIRIMIDINAS - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	Nivel 2; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	Nivel 2	QL (29 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Nivel 1	QL (1 tablet per 1 day)
ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-PURINAS - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	Nivel 1	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>didanosine oral capsule delayed release 125 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>didanosine oral capsule delayed release 200 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	Nivel 1	QL (1 capsule per 1 day)
ANTIRRETROVIRALES - RTI-ANÁLOGOS DE NUCLEÓSIDOS-TIMIDINAS - DRUGS FOR VIRAL INFECTIONS		
<i>stavudine oral capsule 15 mg, 20 mg</i>	Nivel 1	QL (4 capsules per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>stavudine oral solution reconstituted</i>	Nivel 1	
<i>zidovudine oral capsule</i>	Nivel 1	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	Nivel 1	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
COMBINACIONES DE ANTIRRETROVIRALES - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Nivel 2	QL (2 tablets per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	Nivel 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	Nivel 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	Nivel 2; \$0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	Nivel 2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Nivel 2; \$0	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	Nivel 2	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Nivel 2	QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Nivel 2	QL (10 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Nivel 2	QL (4 tablets per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	Nivel 2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	Nivel 2	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE (<i>abacavir-dolutegravir-lamivud</i>)	Nivel 2	QL (6 tablets per 1 day)
INHIBIDORES DE ENDONUCLEASAS PA - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	Nivel 3	QL (1 pack per 1 fill)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (<i>baloxavir marboxil</i>)	Nivel 3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	Nivel 3	QL (1 pack per 1 fill)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (<i>baloxavir marboxil</i>)	Nivel 3	QL (1 dose pack per 90 days)
INHIBIDORES DE LA NEURAMINIDASA - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Nivel 2	QL (20 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Nivel 2	QL (10 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Nivel 2	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Nivel 2	QL (180 mL per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	Nivel 2	QL (1 package per 90 days)
BETABLOQUEADORES - DRUGS FOR THE HEART		
BETABLOQUEADORES CARDIOSELECTIVOS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule 200 mg</i>	Nivel 1	QL (6 capsules per 1 day)
<i>acebutolol hcl oral capsule 400 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>atenolol oral tablet 100 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>atenolol oral tablet 25 mg, 50 mg</i>	Nivel 1	DO
<i>betaxolol hcl oral tablet 10 mg</i>	Nivel 1	DO
<i>betaxolol hcl oral tablet 20 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 5 mg</i>	Nivel 1	DO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Nivel 1	DO
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>metoprolol tartrate oral tablet 100 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Nivel 1	DO
BETABLOQUEADORES NO SELECTIVOS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg</i>	Nivel 1	DO

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Nivel 1	QL (4 capsules per 1 day)
<i>propranolol hcl oral solution</i>	Nivel 1	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	Nivel 1	DO
<i>propranolol hcl oral tablet 80 mg</i>	Nivel 1	QL (8 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 80 Mg)	Nivel 2	QL (3 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 160 Mg)	Nivel 2	QL (4 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 240 Mg)	Nivel 2	QL (2 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	Nivel 2	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	Nivel 2	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	Nivel 2	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	Nivel 2	QL (2 tablets per 1 day)
<i>sotalol hydrochloride oral tablet</i>	Nivel 2	
<i>timolol maleate oral tablet 10 mg</i>	Nivel 1	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>timolol maleate oral tablet 5 mg</i>	Nivel 1	DO
BLOQUEADORES DE RECEPTORES DUALES ALFA Y BETA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Nivel 1	DO
<i>carvedilol oral tablet 25 mg</i>	Nivel 1	QL (4 tablets per 1 day)
BLOQUEADORES DE CANALES DE CALCIO - DRUGS FOR THE HEART		
BLOQUEADORES DE CANALES DE CALCIO - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Nivel 2	QL (1 tablet per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Nivel 2	QL (2 tablets per 1 day)
<i>amlodipine besylate oral tablet 10 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Nivel 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	Nivel 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Nivel 1	QL (3 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Nivel 1	QL (2 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	Nivel 1	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg</i>	Nivel 1	DO
<i>diltiazem cd oral capsule extended release 24 hour 180 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 300 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	Nivel 1	DO

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	Nivel 1	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	Nivel 2	QL (2 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	Nivel 2	DO
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	Nivel 2	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	Nivel 1	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>diltiazem hcl oral tablet 120 mg</i>	Nivel 1	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	Nivel 1	DO
<i>diltiazem hcl oral tablet 90 mg</i>	Nivel 1	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	Nivel 1	DO
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	Nivel 1	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Nivel 1	DO
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)</i>	Nivel 1	QL (3 tablets per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	Nivel 1	QL (2 tablets per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)</i>	Nivel 1	QL (1 tablet per 1 day)
<i>nifedipine (Nifedical XI Oral Tablet Extended Release 24 Hour)</i>	Nivel 1	DO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	Nivel 2	QL (2 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Nivel 2	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Nivel 2	QL (2 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	Nivel 2	DO
<i>nifedipine oral capsule 20 mg</i>	Nivel 2	QL (4 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	Nivel 1	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	Nivel 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	Nivel 1	DO
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Nivel 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Nivel 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg)	Nivel 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 120 Mg)	Nivel 1	DO
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 180 Mg)	Nivel 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 240 Mg)	Nivel 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadytl Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Nivel 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Nivel 1	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Nivel 1	QL (2 capsule per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	Nivel 1	DO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Nivel 1	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Nivel 1	DO
CARDIOTÓNICOS - DRUGS FOR THE HEART		
GLUCÓSIDOS CARDÍACOS - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg)	Nivel 1	DO
<i>digoxin</i> (Digitek Oral Tablet 250 Mcg)	Nivel 1	QL (2 tablets per 1 day)
<i>digoxin</i> (Digox Oral Tablet 125 Mcg)	Nivel 1	DO
<i>digoxin</i> (Digox Oral Tablet 250 Mcg)	Nivel 1	QL (2 tablets per 1 day)
<i>digoxin oral solution</i>	Nivel 1	QL (10 mL per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>digoxin oral tablet 125 mcg</i>	Nivel 1	DO
<i>digoxin oral tablet 250 mcg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>digoxin oral tablet 62.5 mcg</i>	Nivel 2	DO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG (<i>digoxin</i>)	Nivel 3	DO
LANOXIN ORAL TABLET 187.5 MCG (<i>digoxin</i>)	Nivel 3	
LANOXIN ORAL TABLET 250 MCG (<i>digoxin</i>)	Nivel 3	QL (2 tablets per 1 day)
CEFALOSPORINAS - DRUGS FOR INFECTIONS		
CEFALOSPORINAS - 1.ª GENERACIÓN - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	Nivel 1	
<i>cefadroxil oral suspension reconstituted</i>	Nivel 1	
<i>cefadroxil oral tablet</i>	Nivel 1	
<i>cephalexin oral capsule</i>	Nivel 1	
<i>cephalexin oral suspension reconstituted</i>	Nivel 1	
<i>cephalexin oral tablet</i>	Nivel 1	
CEFALOSPORINAS - 2.ª GENERACIÓN - ANTIBIOTICS		
<i>cefaclor er oral tablet extended release 12 hour</i>	Nivel 2	
<i>cefaclor oral capsule</i>	Nivel 1	
<i>cefaclor oral suspension reconstituted</i>	Nivel 1	
<i>cefprozil oral suspension reconstituted</i>	Nivel 1	
<i>cefprozil oral tablet</i>	Nivel 1	
<i>cefuroxime axetil oral tablet</i>	Nivel 1	
CEFALOSPORINAS - 3.ª GENERACIÓN - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	Nivel 1	QL (20 capsules per 1 fill)
<i>cefdinir oral suspension reconstituted 125 mg/5ml</i>	Nivel 1	QL (240 mL per 1 fill)
<i>cefdinir oral suspension reconstituted 250 mg/5ml</i>	Nivel 1	QL (120 mL per 1 fill)
<i>cefditoren pivoxil oral tablet</i>	Nivel 2	
<i>cefixime oral capsule</i>	Nivel 2	QL (10 capsules per 1 fill)
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Nivel 2	
<i>cefpodoxime proxetil oral tablet</i>	Nivel 2	
<i>ceftibuten oral capsule</i>	Nivel 2	
<i>ceftibuten oral suspension reconstituted</i>	Nivel 2	
SUPRAX ORAL SUSPENSION RECONSTITUTED (<i>cefixime</i>)	Nivel 3	QL (40 mL per 1 fill)
CLASES TERAPÉUTICAS VARIAS - VITAMINS AND MINERALS		
AGENTES QUELANTES - VITAMINS AND MINERALS		
<i>trientine hcl oral capsule</i>	Nivel 2	PA; SP; QL (8 capsules per 1 day)
ANÁLOGOS DE LA PURINA - VITAMINS AND MINERALS		
<i>azathioprine oral tablet</i>	Nivel 2	
ANTILEPROSOS - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Nivel 4; OC	PA; SP; LD; QL (1 capsule per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	Nivel 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
INMUNODEPRESORES MACRÓLIDOS - VITAMINS AND MINERALS		
<i>sirolimus oral solution</i>	Nivel 4	
CLASES VARIADAS - VITAMINS AND MINERALS		
AGENTES QUELANTES - VITAMINS AND MINERALS		
<i>trientine hcl</i> (Clovique Oral Capsule)	Nivel 2	PA; SP; QL (8 capsules per 1 day)
<i>penicillamine oral tablet</i>	Nivel 2	PA; SP; QL (8 tablets per 1 day)
ANÁLOGOS DE LA CICLOSPORINA - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule</i>	Nivel 4	
<i>cyclosporine modified oral solution</i>	Nivel 4	
<i>cyclosporine oral capsule</i>	Nivel 4	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	Nivel 4	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	Nivel 4	
INHIBIDORES DE LA INOSIN MONOFOSFATO DESHIDROGENASA - VITAMINS AND MINERALS		
<i>mycophenolate mofetil oral capsule</i>	Nivel 4	
<i>mycophenolate mofetil oral tablet</i>	Nivel 4	
<i>mycophenolate sodium oral tablet delayed release</i>	Nivel 4	
INMUNOMODULADORES PARA LOS SÍNDROMES MIELODISPLÁSICOS - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule</i>	Nivel 4; OC	PA; SP; QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	Nivel 4; OC	PA; SP; QL (1 capsule per 1 day)
RESINAS LIBERADORAS DE POTASIO - VITAMINS AND MINERALS		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	Nivel 2	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	Nivel 2	
<i>sodium polystyrene sulfonate oral powder</i>	Nivel 2	
<i>sodium polystyrene sulfonate oral suspension</i>	Nivel 2	
<i>sodium polystyrene sulfonate rectal suspension</i>	Nivel 2	
SPS ORAL SUSPENSION (<i>sodium polystyrene sulfonate</i>)	Nivel 2	
CORTICOESTEROIDES - HORMONES		
GLUCOCORTICOIDES - DRUGS FOR INFLAMMATION		
<i>budesonide oral capsule delayed release particles</i>	Nivel 2	QL (3 capsule per 1 day)
<i>cortisone acetate oral tablet</i>	Nivel 1	
<i>dexamethasone</i> (Decadron Oral Elixir)	Nivel 1	
<i>dexamethasone</i> (Decadron Oral Tablet)	Nivel 1	
<i>prednisone</i> (Deltasone Oral Tablet)	Nivel 1	
<i>dexamethasone oral elixir</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>dexamethasone oral solution</i>	Nivel 1	
<i>dexamethasone oral tablet</i>	Nivel 1	
<i>hydrocortisone oral tablet</i>	Nivel 1	
<i>methylprednisolone oral tablet</i>	Nivel 1	
<i>methylprednisolone oral tablet therapy pack</i>	Nivel 1	
<i>prednisolone oral solution</i>	Nivel 1	
<i>prednisolone oral syrup</i>	Nivel 1	
<i>prednisolone sodium phosphate oral solution</i>	Nivel 1	
<i>prednisone oral solution</i>	Nivel 1	
<i>prednisone oral tablet</i>	Nivel 1	
<i>prednisone oral tablet therapy pack</i>	Nivel 1	
MINERALCORTICOIDES - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	Nivel 1	
DISPOSITIVOS MÉDICOS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AGUJAS Y JERINGAS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>global inject ease insulin syr</i>	Nivel 3	QL (200 syringes per 30 days)
<i>pc unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
<i>pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>zevrx pen needles</i>	Nivel 3	QL (200 needles per 30 days)
APLICADORES, BOLAS DE ALGODÓN, ETC. - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
COMFORT TOUCH ALCOHOL PREP PAD (<i>alcohol swabs</i>)	Nivel 3	
DROPSAFE ALCOHOL PREP PAD (<i>alcohol swabs</i>)	Nivel 3	
NEBULIZADORES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
BESTMED COMPRESSOR NEBULIZER (<i>nebulizers</i>)	Nivel 3	
BESTMED ULTRASONIC NEBULIZER (<i>nebulizers</i>)	Nivel 3	
HEALTHY LIVING COMPRESSOR/NEB DEVICE (<i>nebulizers</i>)	Nivel 3	
LEXAN POCKET NEBULIZER (<i>nebulizers</i>)	Nivel 3	
<i>nebulizer updraft-style</i>	Nivel 3	
PULMOMATE COMP/MICRO-MIST NEB (<i>nebulizers</i>)	Nivel 3	
SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ONETOUCH COMBO PACK (<i>lancets</i>)	Nivel 2	QL (204 lancets per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
DISPOSITIVOS Y SUMINISTROS MÉDICOS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AGUJAS Y JERINGAS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>1st tier unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
<i>1st tier unifine pentips plus</i>	Nivel 3	QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>anti-stick allergy syringe</i>	Nivel 3	
<i>anti-stick immun syringe</i>	Nivel 3	
<i>anti-stick insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>anti-stick tuberculin syringe</i>	Nivel 3	
ASSURE ID INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>aum mini insulin pen needle</i>	Nivel 3	QL (200 needles per 30 days)
<i>aum mini pen needles</i>	Nivel 3	QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>aurora pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>aurora unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
BD AUTOSHIELD (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>CAREFINE PEN NEEDLES (insulin pen needle)</i>	Nivel 3	QL (200 needles per 30 days)
<i>careone insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>careone unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)

En vigencia desde el 11012022

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
careone unifine pentips plus	Nivel 3	QL (200 needles per 30 days)
CAREPOINT SYRINGE LUER LOCK 1 ML (<i>syringe (disposable)</i>)	Nivel 3	QL (200 syringes per 30 days)
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML (<i>syringeneedle (disp)</i>)	Nivel 3	
CARETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
clickfine pen needles 31g x 8 mm , 32g x 4 mm	Nivel 3	QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 units per 30 days)
DROPLET INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
dropsafe safety pen needles	Nivel 3	QL (200 needles per 30 days)
drug mart unifine pentips	Nivel 3	QL (200 needles per 30 days)
drug mart unifine pentips plus	Nivel 3	QL (200 needles per 30 days)
easy comfort insulin syringe	Nivel 3	QL (200 syringes per 30 days)
easy comfort pen needles	Nivel 3	QL (200 needles per 30 days)
easy glide pen needles	Nivel 3	QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLES 30G X 6 MM (<i>insulin pen needle</i>)	Nivel 3	
EASY TOUCH SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
eql insulin syringe	Nivel 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>freds pharmacy unifine pentip+</i>	Nivel 3	QL (200 needles per 30 days)
<i>freds pharmacy unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
FREESTYLE PRECISION INS SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>global ease inject pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>global easy glide insulin syr</i>	Nivel 3	QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>global inject ease insulin syr</i>	Nivel 3	QL (200 syringes per 30 days)
<i>global insulin syringes</i>	Nivel 3	QL (200 syringes per 30 days)
<i>gnp clickfine pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>gnp insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>	Nivel 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>	Nivel 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>	Nivel 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>	Nivel 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>	Nivel 3	QL (200 syringes per 30 days)
<i>gnp ulticare pen needles</i>	Nivel 3	QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPAK NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>gnp ultra com insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>	Nivel 3	QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>healthwise micron pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>healthwise mini pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>healthwise pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>healthwise short pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>healthwise unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
<i>healthy accents unifine pentip</i>	Nivel 3	QL (200 needles per 30 days)
<i>h-e-b incontrol pen needles</i>	Nivel 3	QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>insulin syringeneedle</i>	Nivel 3	QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100</i>	Nivel 3	QL (200 syringes per 30 days)
<i>insupen pen needles</i>	Nivel 3	QL (200 needles per 30 days)
INSUPEN SENSITIVE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
INSUPEN ULTRAFIN (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>kinray insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>	Nivel 3	QL (200 syringes per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>kmart valu insulin syringe 30g</i>	Nivel 3	QL (200 syringes per 30 days)
<i>kroger insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>kroger pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>leader insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>longs insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>medicine shoppe pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>meijer pen needles</i>	Nivel 3	QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>mm insulin syringelneedle</i>	Nivel 3	QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>ms insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
NOVOFINE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
NOVOFINE AUTOCOVER (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
NOVOFINE PLUS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
NOVOTWIST (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
NOVOTWIST PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>pc unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
<i>pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>pen needles 1/2"</i>	Nivel 3	QL (200 needles per 30 days)
<i>pen needles 3/16"</i>	Nivel 3	QL (200 needles per 30 days)
<i>pen needles 5/16"</i>	Nivel 3	QL (200 needles per 30 days)
PENTIPS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>preferred plus insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>preferred plus unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>pro comfort pen needles 31g x 8 mm , 32g x 5 mm , 32g x 6 mm</i>	Nivel 3	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM	Nivel 3	QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>pure comfort pen needle</i>	Nivel 3	QL (200 needles per 30 days)
<i>px extra short pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>px insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>px mini pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>px pen needle</i>	Nivel 3	QL (200 needles per 30 days)
<i>px shortlength pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>qc pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>qc unifine pentips</i>	Nivel 3	QL (200 needles per 30 days)
<i>ra insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>ra pen needles</i>	Nivel 3	QL (200 needles per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
RELI-ON INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
SAFESNAP INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>safety pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>sb insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
SHOPKO UNIFINE PENTIPS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
<i>sm insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>sure comfort insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>sure comfort pen needles</i>	Nivel 3	QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
SURE-JECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
<i>techlite insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
TERUMO SURGUARD2 SYRINGE (<i>syringe/needle (disp)</i>)	Nivel 3	
<i>todays health mini pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>todays health pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>todays health short pen needle</i>	Nivel 3	QL (200 needles per 30 days)
<i>topcare clickfine pen needles</i>	Nivel 3	QL (200 needles per 30 days)
<i>topcare ultra comfort ins syr</i>	Nivel 3	QL (200 syringes per 30 days)
<i>true comfort insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	Nivel 3	QL (200 needles per 30 days)
<i>true comfort pro insulin syr</i>	Nivel 3	QL (200 syringes per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ultiguard safepack pen needle 29g x 12.7mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Nivel 3	QL (200 needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTILET INSULIN SYRINGE SHORT (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ultracare insulin syringe	Nivel 3	QL (200 syringes per 30 days)
ultracare pen needles	Nivel 3	QL (200 needles per 30 days)
ultra-comfort insulin syringe	Nivel 3	QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
UNIFINE PEN NEEDLES (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
value health insulin syringe	Nivel 3	QL (200 syringes per 30 days)
valumark pen needles	Nivel 3	QL (200 needles per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Nivel 3	QL (200 syringes per 30 days)
VIDA MIA UNIFINE PENTIPS (<i>insulin pen needle</i>)	Nivel 3	QL (200 needles per 30 days)
vp insulin syringe	Nivel 3	QL (200 syringes per 30 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>wegmans unifine pentips plus</i>	Nivel 3	QL (200 needles per 30 days)
<i>zevrx insulin syringe</i>	Nivel 3	QL (200 syringes per 30 days)
<i>zevrx pen needles</i>	Nivel 3	QL (200 needles per 30 days)
CÁMARAS Y SUMINISTROS PARA AEROSOLES/ESPACIADORES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>pure comfort spacer chamber device</i>	Nivel 3	
CAPUCHONES CERVICALES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	Nivel 3; \$0	
DIAFRAGMAS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	Nivel 3; \$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	Nivel 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Nivel 3; \$0	
SUMINISTROS DE PRUEBA DE CONTROL DE LA GLUCOSA - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	Nivel 3	QL (204 lancets per 30 days)
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	Nivel 3	
<i>embrace lancing device</i>	Nivel 3	
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	Nivel 3	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	Nivel 3	QL (204 lancets per 30 days)
<i>gnp sterile lancets 28g</i>	Nivel 3	QL (204 lancets per 30 days)
<i>gnp sterile lancets 30g</i>	Nivel 3	QL (204 lancets per 30 days)
<i>gnp sterile lancets 33g</i>	Nivel 3	QL (204 lancets per 30 days)
ONETOUCH DELICA LANCETS FINE (<i>lancets</i>)	Nivel 2	QL (204 lancets per 30 days)
ONETOUCH DELICA SAFETY LANCING (<i>lancet devices</i>)	Nivel 2	
ONETOUCH SOLUTIONS COMPLETE KIT (<i>blood glucose monitoring suppl</i>)	Nivel 2	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ONETOUCH SOLUTIONS REFILL KIT (<i>blood glucose monitoring suppl</i>)	Nivel 2	
<i>px lancets microthin 33g</i>	Nivel 3	QL (204 lancets per 30 days)
<i>zevrx twist top lancets 30g</i>	Nivel 3	QL (204 lancets per 30 days)
SUMINISTROS PARA LA TERAPIA RESPIRATORIA - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (<i>respiratory therapy supplies</i>)	Nivel 3	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (<i>respiratory therapy supplies</i>)	Nivel 3	
DIURÉTICOS - DRUGS FOR THE HEART		
COMBINACIONES DE DIURÉTICOS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	Nivel 1	
<i>triamterene-hctz oral capsule</i>	Nivel 1	
<i>triamterene-hctz oral tablet</i>	Nivel 1	
DIURÉTICOS AHORRADORES DE POTASIO - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet</i>	Nivel 2	
<i>spironolactone oral tablet 100 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>spironolactone oral tablet 25 mg, 50 mg</i>	Nivel 1	DO
<i>triamterene oral capsule</i>	Nivel 2	
DIURÉTICOS DEL ASA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide oral tablet</i>	Nivel 1	
<i>ethacrynic acid oral tablet</i>	Nivel 2	
<i>furosemide oral solution</i>	Nivel 1	
<i>furosemide oral tablet</i>	Nivel 1	
<i>torsemide oral tablet</i>	Nivel 1	
DIURÉTICOS TIAZÍDICOS Y DIURÉTICOS TIPO TIAZÍDICOS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorthalidone oral tablet</i>	Nivel 1	
<i>hydrochlorothiazide oral capsule</i>	Nivel 1	
<i>hydrochlorothiazide oral tablet</i>	Nivel 1	
<i>indapamide oral tablet</i>	Nivel 1	
<i>methyclothiazide oral tablet</i>	Nivel 1	
INHIBIDORES DE LA ANHIDRASA CARBÓNICA - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Nivel 1	
<i>acetazolamide oral tablet</i>	Nivel 1	
<i>methazolamide oral tablet</i>	Nivel 2	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ESTRÓGENOS - HORMONES		
ESTRÓGENO Y ANDRÓGENO - DRUGS FOR WOMEN		
<i>est estrogens-methyltest oral tablet</i>	Nivel 1	
ESTRÓGENO Y PROGESTINA - DRUGS FOR WOMEN		
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet)	Nivel 1	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	Nivel 3	QL (1 capsule per 1 day)
<i>estradiol-norethindrone acet oral tablet</i>	Nivel 1	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	Nivel 1	
<i>jevantique lo oral tablet</i>	Nivel 1	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	Nivel 1	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet)	Nivel 1	
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet)	Nivel 1	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	Nivel 1	
<i>norethindrone-eth estradiol oral tablet</i>	Nivel 1	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	Nivel 3	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	Nivel 3	
ESTRÓGENOS - DRUGS FOR WOMEN		
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	Nivel 1	QL (8 patches per 28 days)
<i>estradiol oral tablet</i>	Nivel 1	
<i>estradiol transdermal patch twice weekly</i>	Nivel 1	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly</i>	Nivel 1	QL (0.15 patches per 1 day)
<i>estropipate oral tablet</i>	Nivel 1	
<i>estradiol</i> (Lyllana Transdermal Patch Twice Weekly)	Nivel 1	QL (8 patches per 28 days)
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	Nivel 3	QL (1 tablet per 1 day)
FLUOROQUINOLONAS - DRUGS FOR INFECTIONS		
FLUOROQUINOLONAS - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet</i>	Nivel 1	QL (28 tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg</i>	Nivel 1	QL (14 tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 500 mg</i>	Nivel 1	QL (3 tablets per 30 days)
<i>levofloxacin oral tablet</i>	Nivel 2	QL (14 tablets per 30 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Nivel 1	QL (28 tablets per 30 days)
HIPNÓTICOS - DRUGS FOR THE NERVOUS SYSTEM		
HIPNÓTICOS ANTIHISTAMÍNICOS - DRUGS FOR INSOMNIA		
<i>cvs sleep aid nighttime oral capsule</i>	Nivel 1	
<i>eq nighttime sleep aid max st oral capsule</i>	Nivel 1	
HIPNÓTICOS BARBITÚRICOS - DRUGS FOR INSOMNIA		
<i>phenobarbital oral elixir</i>	Nivel 1	QL (100 mL per 1 day)
<i>phenobarbital oral solution</i>	Nivel 1	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg</i>	Nivel 1	QL (4 tablets per 1 day)

En vigencia desde el 11012022

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>phenobarbital oral tablet 15 mg</i>	Nivel 1	QL (800 tablets per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	Nivel 1	QL (741 tablets per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	Nivel 1	QL (400 tablets per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	Nivel 1	QL (370 tablets per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	Nivel 1	QL (200 tablets per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	Nivel 1	QL (185 tablets per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	Nivel 1	QL (123 tablets per 30 days)
MEDICAMENTOS NO BENZODIAZEPÍNICOS - MODULADORES DEL RECEPTOR DE GABA - DRUGS FOR INSOMNIA		
<i>zaleplon oral capsule</i>	Nivel 1	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Nivel 2	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
HIPNÓTICOS/SEDANTES/AGENTES PARA TRASTORNOS DEL SUEÑO - DRUGS FOR THE NERVOUS SYSTEM		
HIPNÓTICOS - AGENTES TRICÍCLICOS - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	Nivel 2	ST; QL (1 tablet per 1 day)
HIPNÓTICOS DE LA BENZODIAZEPINA - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>temazepam oral capsule</i>	Nivel 1	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
LAXANTES - DRUGS FOR THE STOMACH		
COMBINACIONES DE LAXANTES - DRUGS TO PREVENT CONSTIPATION		
<i>GAVILYTE-C ORAL SOLUTION RECONSTITUTED (peg 3350-kcl-nabcb-nacl-nasulf)</i>	Nivel 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted)</i>	Nivel 1; \$0	QL (4000 grams per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit)</i>	Nivel 1; \$0	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)</i>	Nivel 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350/electrolytes oral solution reconstituted</i>	Nivel 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Nivel 1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	Nivel 1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Nivel 1; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Nivel 1; \$0	QL (1 gram per 30 days)
<i>PLENVU ORAL SOLUTION RECONSTITUTED (peg-kcl-nacl-nasulf-na asc-c)</i>	Nivel 3	QL (1 gram per 30 days)
<i>peg 3350-kcl-na bicarb-nacl (Trilyte Oral Solution Reconstituted)</i>	Nivel 1; \$0	QL (4000 grams per 30 days)
LAXANTES VARIOS - DRUGS TO PREVENT CONSTIPATION		
<i>constulose oral solution</i>	Nivel 1	
<i>lactulose oral solution</i>	Nivel 1	
<i>peg 3350 oral packet</i>	Nivel 1; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>peg 3350 oral powder</i>	Nivel 1; \$0	
<i>polyethylene glycol 3350 oral packet</i>	Nivel 1; \$0	
<i>polyethylene glycol 3350 oral powder</i>	Nivel 1; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	Nivel 1; \$0	
MEZCLAS DE LAXANTES SALINOS - DRUGS TO PREVENT CONSTIPATION		
<i>phosphate laxative oral solution</i>	Nivel 3	
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	Nivel 3	
<i>saline laxative oral solution 2.7-7.2 gm/5ml</i>	Nivel 1	
MACRÓLIDOS - DRUGS FOR INFECTIONS		
AZITROMICINA - ANTIBIOTICS		
<i>azithromycin oral packet</i>	Nivel 1	QL (2 packets per 30 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	Nivel 1	QL (15 ML per 30 days)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Nivel 1	QL (15 mL per 30 days)
<i>azithromycin oral tablet 250 mg</i>	Nivel 1	QL (6 tablets per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Nivel 1	QL (3 tablets per 30 days)
<i>azithromycin oral tablet 600 mg</i>	Nivel 1	QL (8 tablets per 28 days)
CLARITROMICINA - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Nivel 1	QL (28 tablets per 1 fill)
<i>clarithromycin oral suspension reconstituted</i>	Nivel 1	QL (300 mL per 1 fill)
<i>clarithromycin oral tablet</i>	Nivel 1	QL (28 tablets per 1 fill)
ERITROMICINAS - ANTIBIOTICS		
E.E.S. 400 ORAL TABLET (<i>erythromycin ethylsuccinate</i>)	Nivel 2	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	Nivel 1	
ERYTHROCIN STEARATE ORAL TABLET (<i>erythromycin stearate</i>)	Nivel 1	
<i>erythromycin base oral capsule delayed release particles</i>	Nivel 2	
<i>erythromycin base oral tablet</i>	Nivel 2	
<i>erythromycin base oral tablet delayed release</i>	Nivel 1	
<i>erythromycin ethylsuccinate oral tablet</i>	Nivel 2	
<i>erythromycin oral tablet delayed release</i>	Nivel 1	
<i>erythromycin stearate oral tablet</i>	Nivel 1	
MEDICAMENTOS PARA LA TOS/EL RESFRÍO/LA ALERGIA - DRUGS FOR THE LUNGS		
ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS NO NARCÓTICOS - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm</i> (Bromfed Dm Oral Syrup)	Nivel 1	
<i>pseudoeph-bromphen-dm oral syrup</i>	Nivel 1	
ANTITUSIVOS - ANTIHISTAMÍNICOS - DESCONGESTIVOS OPIÁCEOS - DRUGS FOR COUGH AND COLD		
<i>promethazine vclcodeine oral syrup</i>	Nivel 1	PA; QL (120 mL per 1 fill)
<i>promethazine-phenyleph-codeine oral syrup</i>	Nivel 1	PA; QL (120 mL per 1 fill)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
ANTITUSIVOS - ANTIHISTAMÍNICOS NO NARCÓTICOS - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral solution</i>	Nivel 1	QL (120 mL per 1 fill)
<i>promethazine-dm oral syrup</i>	Nivel 1	QL (120 mL per 1 fill)
ANTITUSIVOS - ANTIHISTAMÍNICOS OPIÁCEOS - DRUGS FOR COUGH AND COLD		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Nivel 1	PA; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	Nivel 1	PA; QL (120 mL per 1 fill)
<i>promethazine-codeine oral syrup</i>	Nivel 1	PA; QL (120 mL per 1 fill)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (<i>codeine polst-chlorphen polst</i>)	Nivel 3	PA
VITUZ ORAL SOLUTION (<i>hydrocodone-chlorpheniramine</i>)	Nivel 3	
ANTITUSIVOS - EXPECTORANTES - DRUGS FOR COUGH AND COLD		
<i>cheratussin ac oral syrup</i>	Nivel 1	PA
<i>g tussin ac oral solution</i>	Nivel 1	PA
<i>guaiaatussin ac oral syrup</i>	Nivel 1	PA
<i>guaifenesin ac oral syrup</i>	Nivel 1	PA
<i>guaifenesin-codeine oral solution</i>	Nivel 1	PA
<i>robafen ac oral solution</i>	Nivel 1	PA
<i>virtussin alc oral solution</i>	Nivel 1	PA
ANTITUSIVOS - NO NARCÓTICOS - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	Nivel 1	
ANTITUSIVOS - OPIOIDES - DRUGS FOR COUGH AND COLD		
<i>hydrocodone bit-homatrop mbr oral solution</i>	Nivel 1	PA; QL (120 mL per 1 fill)
<i>hydrocodone-homatropine oral syrup</i>	Nivel 1	PA; QL (120 mL per 1 fill)
<i>hydromet oral solution</i>	Nivel 1	PA; QL (120 mL per 1 fill)
<i>hydromet oral syrup</i>	Nivel 1	PA; QL (120 mL per 1 fill)
DESCONGESTIVO Y ANTIHISTAMÍNICO - DRUGS FOR COUGH AND COLD		
<i>promethazine vc oral syrup</i>	Nivel 1	QL (120 mL per 1 fill)
<i>promethazine vc plain oral solution</i>	Nivel 1	QL (120 mL per 1 fill)
<i>promethazine-phenylephrine oral syrup</i>	Nivel 1	QL (120 mL per 1 fill)
MUCOLÍTICOS - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	Nivel 2	
MEDICAMENTOS PARA ÚLCERAS - DRUGS FOR THE STOMACH		
ALCALOIDES DE LA BELLADONA - DRUGS FOR STOMACH CRAMPS		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Nivel 1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	Nivel 1	
ANTAGONISTAS H2 - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine 200 oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>cimetidine hcl oral solution</i>	Nivel 1	QL (40 mL per 1 day)
<i>cimetidine oral tablet 200 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>cimetidine oral tablet 400 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	Nivel 1	QL (3 tablets per 1 day)
<i>cvs heartburn relief oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>famotidine oral suspension reconstituted</i>	Nivel 1	QL (5 mL per 1 day)
<i>famotidine oral tablet 20 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>gnp heartburn relief oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
<i>hm famotidine oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>px acid reducer max st oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
<i>sb cimetidine oral tablet</i>	Nivel 1	QL (2 tablets per 1 day)
ANTICOLINÉRGICOS NASALES CUATERNARIOS - DRUGS FOR STOMACH CRAMPS		
<i>glycopyrrolate oral tablet</i>	Nivel 1	
<i>methscopolamine bromide oral tablet</i>	Nivel 1	
ANTIESPASMÓDICOS - DRUGS FOR STOMACH CRAMPS		
<i>dicyclomine hcl oral capsule</i>	Nivel 1	
<i>dicyclomine hcl oral solution</i>	Nivel 1	
<i>dicyclomine hcl oral tablet</i>	Nivel 1	
INHIBIDORES DE LA BOMBA DE PROTONES - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cvs lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>cvs omeprazole magnesium oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>eq lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>eql lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>gnp lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>goodsense lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>hm lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>kls lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>omeprazole capsule delayed release 20 mg oral (rx)</i>	Nivel 1	QL (1 capsule per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Nivel 1	
<i>pantoprazole sodium oral tablet delayed release</i>	Nivel 2	
<i>ra lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
<i>sm lansoprazole oral capsule delayed release</i>	Nivel 1	QL (1 capsule per 1 day)
MEDICAMENTOS PARA ÚLCERAS - PROSTAGLANDINAS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
MEDICAMENTOS PARA ÚLCERAS/ANTIESPASMÓDICOS/ANTICOLINÉRGICOS - DRUGS FOR THE STOMACH		
ANTAGONISTAS H2 - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine oral tablet</i>	Nivel 1	QL (4 tablets per 1 day)
ANTIÚLCEROSOS VARIOS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral suspension</i>	Nivel 1	
<i>sucralfate oral tablet</i>	Nivel 1	
MINERALES Y ELECTROLITOS - DRUGS FOR NUTRITION		
COMBINACIONES DE CALCIO - DRUGS FOR NUTRITION		
<i>calcium + d3 oral tablet</i>	Nivel 1	
<i>calcium carb-cholecalciferol oral tablet</i>	Nivel 1	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET (<i>calcium carb-cholecalciferol</i>)	Nivel 1	
<i>qc calcium 600 +d3 oral tablet</i>	Nivel 1	
COMBINACIONES DE FLUORURO - DRUGS FOR NUTRITION		
FLUOR-A-DAY ORAL TABLET CHEWABLE (<i>sodium fluoride-xylitol</i>)	Nivel 3	
COMBINACIONES DE POTASIO - DRUGS FOR NUTRITION		
<i>effervescent pot chloride oral tablet effervescent</i>	Nivel 1	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	Nivel 1	
FLUORURO - DRUGS FOR NUTRITION		
<i>fluritab oral tablet chewable</i>	Nivel 1; \$0	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable)	Nivel 1; \$0	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable)	Nivel 1; \$0	
<i>sodium fluoride oral solution</i>	Nivel 1; \$0	
<i>sodium fluoride oral tablet</i>	Nivel 1; \$0	
<i>sodium fluoride oral tablet chewable</i>	Nivel 1; \$0	
POTASIO - DRUGS FOR NUTRITION		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent)	Nivel 1	
<i>k-effervescent oral tablet effervescent</i>	Nivel 1	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	Nivel 1	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	Nivel 1	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release)	Nivel 1	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	Nivel 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	Nivel 1	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release)	Nivel 1	
<i>k-vescent oral tablet effervescent</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>potassium bicarbonate oral tablet effervescent</i>	Nivel 1	
<i>potassium chloride crys er oral tablet extended release</i>	Nivel 1	
<i>potassium chloride er oral capsule extended release</i>	Nivel 1	
<i>potassium chloride er oral tablet extended release</i>	Nivel 1	
SODIO - DRUGS FOR NUTRITION		
<i>sodium chloride (pf) injection solution</i>	Nivel 1	
<i>sodium chloride injection solution</i>	Nivel 1	
<i>sodium chloride intravenous solution</i>	Nivel 1	
MULTIVITAMINAS - DRUGS FOR NUTRITION		
VITAMINAS PEDIÁTRICAS - DRUGS FOR NUTRITION		
<i>adclf (0.5mg/ml) oral solution</i>	Nivel 1; \$0	
<i>multi vit/fl oral tablet chewable</i>	Nivel 3; \$0	
<i>multi-vit/fluoride oral solution</i>	Nivel 1; \$0	
<i>multi-vitamin/fluoride oral solution</i>	Nivel 1; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	Nivel 1; \$0	
<i>multi-vitamins/fluoride oral solution</i>	Nivel 1; \$0	
<i>multivitamins/fluoride oral tablet chewable</i>	Nivel 1; \$0	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable)	Nivel 1; \$0	
<i>polyvitamin/fluoride oral solution</i>	Nivel 3; \$0	
<i>tri-vit/fluoride oral solution</i>	Nivel 1; \$0	
<i>tri-vitamin/fluoride oral solution</i>	Nivel 1; \$0	
<i>tri-vitelfluoride oral solution</i>	Nivel 1; \$0	
<i>vitamins acd-fluoride oral solution</i>	Nivel 1; \$0	
VITAMINAS PRENATALES - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
<i>bp folinatal plus b oral tablet</i>	Nivel 1	
<i>bp multinatal plus oral tablet</i>	Nivel 1	
<i>bp multinatal plus oral tablet chewable</i>	Nivel 1	
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	Nivel 2	QL (3 tablets per 1 day)
<i>c-nate dha oral capsule</i>	Nivel 2	QL (1 capsule per 1 day)
<i>complete natal dha oral</i>	Nivel 2	QL (2 units per 1 day)
<i>completenate oral tablet chewable</i>	Nivel 2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Nivel 2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Nivel 2	QL (1 capsule per 1 day)
ELITE-OB ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Nivel 1	QL (1 tablet per 1 day)
FOLCAPS OMEGA 3 ORAL CAPSULE (<i>prenatal-fecbn-feasppl-fa-omeg</i>)	Nivel 2	QL (1 capsule per 1 day)
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Nivel 2	QL (1 capsule per 1 day)

En vigencia desde el 11012022

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Nivel 1	QL (1 tablet per 1 day)
<i>m-natal plus oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
M-VIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
MYNATAL ADVANCE ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
MYNATAL ORAL CAPSULE (<i>prenatal multivit-min-fe-fa</i>)	Nivel 2	QL (1 capsule per 1 day)
MYNATAL ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
<i>mynatal plus oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>mynatal-z oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>mynate 90 plus oral tablet extended release</i>	Nivel 2	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
OBSTETRIX DHA ORAL (<i>prenatal-fecbn-fa-dss-omega 3</i>)	Nivel 2	QL (1 capsule per 1 day)
OBSTETRIX EC ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
OBSTETRIX ONE ORAL CAPSULE (<i>prenat-fe-methyl-dss-dha w/o a</i>)	Nivel 2	QL (1 capsule per 1 day)
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
<i>one vite womens plus oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>pnv folic acid + iron oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	Nivel 2	
<i>pnv prenatal plus multivitamin oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>pnv tabs 29-1 oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>pnv-dha oral capsule</i>	Nivel 1	QL (1 capsule per 1 day)
<i>pnv-select oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>pnv-vp-u oral capsule</i>	Nivel 2	QL (1 capsule per 1 day)
PR NATAL 400 EC ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Nivel 2	QL (2 units per 1 day)
PR NATAL 400 ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Nivel 2	QL (2 units per 1 day)
PR NATAL 430 EC ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Nivel 2	QL (2 units per 1 day)
PR NATAL 430 ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Nivel 2	QL (2 units per 1 day)
PREFERAOB +DHA ORAL (<i>prenat fepoly-fehempo-fa-dha</i>)	Nivel 2	
<i>prena 1 true oral</i>	Nivel 2	QL (2 tablets per 1 day)
<i>prenaissance harmony dha oral</i>	Nivel 2	
<i>prenaissance next oral tablet</i>	Nivel 2	
<i>prenaissance next-b oral tablet</i>	Nivel 2	
PRENATA ORAL TABLET CHEWABLE (<i>prenatal w/o a vit-fe fum-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
PRENATABS RX ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Nivel 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	Nivel 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	Nivel 2	QL (1 tablet per 1 day)
<i>prenatal one daily oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>prenatal oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>prenatal plus iron oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>prenatal plus oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>prenatal plus vitamin/mineral oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>prenatal vitamin plus low iron oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	Nivel 2	QL (1 capsule per 1 day)
<i>preplus oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>pretab oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Nivel 2	QL (1 capsule per 1 day)
<i>se-natal 19 oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet chewable</i>	Nivel 2	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Nivel 2	QL (1 capsule per 1 day)
TARON-PREX ORAL CAPSULE (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Nivel 2	QL (1 capsule per 1 day)
<i>thrivite 19 oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>thrivite rx oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
TRICARE PRENATAL DHA ONE ORAL CAPSULE (<i>prenatal multivitamin-fe-fa</i>)	Nivel 2	
<i>trinatal rx 1 oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 1	QL (1 tablet per 1 day)
<i>tri-tabs dha oral</i>	Nivel 2	QL (2 tablets per 1 day)
TRIVEEN-DUO DHA ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Nivel 2	QL (2 units per 1 day)
VEMAVITE-PRX 2 ORAL CAPSULE (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Nivel 2	QL (1 capsule per 1 day)
VINATE II ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
VINATE M ORAL TABLET (<i>prenatal vit-sel-fe fum-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
VINATE ONE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Nivel 2	QL (1 tablet per 1 day)
<i>virt nate oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>virt-advance oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>virt-c dha oral capsule</i>	Nivel 2	QL (1 capsule per 1 day)
<i>virtprex oral capsule</i>	Nivel 2	
<i>virt-vite gt oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	Nivel 2	QL (3 tablets per 1 day)
VITAFOL STRIPS ORAL FILM (<i>prenatal-b6-b12-d3-folic acid</i>)	Nivel 2	QL (1 EA per 1 day)
VITA-PREN ORAL TABLET (<i>prenatal vit-docusate-iron-fa</i>)	Nivel 2	
<i>vol-plus oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>vol-tab rx oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)
<i>vp-ggr-b6 prenatal oral tablet</i>	Nivel 2	
<i>vp-heme ob + dha oral</i>	Nivel 2	QL (2 tablets per 1 day)
<i>westab plus oral tablet</i>	Nivel 2	QL (1 tablet per 1 day)

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OXITÓCICOS - HORMONES		
OXITÓCICOS - DRUGS FOR WOMEN		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	Nivel 1	
<i>methylergonovine maleate oral tablet</i>	Nivel 1	
PENICILINAS - DRUGS FOR INFECTIONS		
AMINOPENICILINAS - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Nivel 1	
<i>amoxicillin oral suspension reconstituted</i>	Nivel 1	QL (500 mL per 1 fill)
<i>amoxicillin oral tablet</i>	Nivel 1	
<i>amoxicillin oral tablet chewable</i>	Nivel 1	
<i>ampicillin oral capsule</i>	Nivel 1	
<i>ampicillin oral suspension reconstituted</i>	Nivel 1	
COMBINACIONES DE PENICILINA - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Nivel 1	QL (40 tablets per 1 fill)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Nivel 1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Nivel 1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Nivel 1	
PENICILINAS NATURALES - ANTIBIOTICS		
<i>penicillin v potassium oral solution reconstituted</i>	Nivel 1	
<i>penicillin v potassium oral tablet</i>	Nivel 1	
PENICILINAS RESISTENTES A LA PENICILINASA - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	Nivel 1	
PRODUCTOS DE DIAGNÓSTICO		
ANÁLISIS DE DIAGNÓSTICO		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	Nivel 2	QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	Nivel 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	Nivel 2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	Nivel 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Nivel 2	QL (204 strips per 30 days)
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	Nivel 3	
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	Nivel 3	
<i>ketone test in vitro strip</i>	Nivel 3	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Nivel 3	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	Nivel 2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	Nivel 2	QL (204 strips per 30 days)
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	Nivel 3	
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	Nivel 3	
MEDICAMENTOS DE DIAGNÓSTICO		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl rdna (diagnostic)</i>)	Nivel 2	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>glucagon hcl (diagnostic) injection solution reconstituted</i>	Nivel 2	
PRODUCTOS DIETARIOS/PRODUCTOS DE CONTROL DIETARIO - DRUGS FOR NUTRITION		
COMIDA PARA BEBÉ - DRUGS FOR NUTRITION		
ENFAGROW PREMIUM LIPIL ORAL POWDER (<i>infant foods</i>)	Nivel 3	
ENFAGROW PREMIUM OLDER TODDLER ORAL POWDER (<i>infant foods</i>)	Nivel 3	
SIMILAC PURE BLISS ORAL POWDER (<i>infant foods</i>)	Nivel 3	
SUPLEMENTOS NUTRICIONALES - DRUGS FOR NUTRITION		
CAMINO PRO 15PE ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (<i>nutritional supplements</i>)	Nivel 3	
CAMINO PRO PKU ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
<i>equacare jr oral powder</i>	Nivel 3	
FIBERSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN BETTERMILK 15 ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN BETTERMILK ORAL POWDER (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN BUILD 10PE ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN BURST ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN COMPLETE 10PE ORAL BAR (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN RESTORE 5 ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN RTD 10 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN RTD LITE 15 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
GLYTACTIN SWIRL 15PE ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
HOMACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
HOMACTIN AA PLUS ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
ISOVACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
KATE FARMS CORE ESSENTIALS 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
KATE FARMS STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
KATE FARMS STANDARD 1.4 ENTERAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
KETOVIE ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
KETOVIE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
NOURISH ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
NUTRAMINE ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
PHENACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
PKU GO ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
PKU SPHERE 20 ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
PROMACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
TYLACTIN BUILD 20PE TYR ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
TYLACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
TYLACTIN RESTORE 5PE ORAL PACKET (<i>nutritional supplements</i>)	Nivel 3	
TYLACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
VILACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Nivel 3	
PRODUCTOS DIGESTIVOS - DRUGS FOR THE STOMACH		
ENZIMAS DIGESTIVAS - DRUGS FOR THE STOMACH		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Nivel 2	QL (25 capsules per 1 day)
PRODUCTOS PARA TRATAR LAS MIGRAÑAS - DRUGS FOR THE NERVOUS SYSTEM		
AGONISTAS SELECTIVOS DE SEROTONINA 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES		
<i>naratriptan hcl oral tablet</i>	Nivel 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Nivel 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Nivel 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate oral tablet</i>	Nivel 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Nivel 2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Nivel 2	QL (5 vial per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Nivel 2	QL (6 syringes per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Nivel 2	QL (6 cartriges per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Nivel 2	QL (2 syringes per 30 days)
ANTAGONISTA DEL RECEPTOR DEL PÉPTIDO RELACIONADO CON EL GEN DE LA CALCITONINA (CGRP) - DRUGS FOR MIGRAINE HEADACHES		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Nivel 2	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	Nivel 2	PA; QL (1 pen per 28 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Nivel 2	PA; QL (1 syringe per 28 days)
COMBINACIONES DE ERGOTAMINA - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	Nivel 1	
MIGERGOT RECTAL SUPPOSITORY (<i>ergotamine-caffeine</i>)	Nivel 1	
PRODUCTOS PARA TRATAR LAS MIGRAÑAS - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate nasal solution</i>	Nivel 2	ST; QL (8 mL per 28 days)
PRODUCTOS VAGINALES - DRUGS FOR WOMEN		
ANTIINFECCIOSOS VAGINALES - DRUGS FOR INFECTIONS		
<i>clindamycin phosphate vaginal cream</i>	Nivel 1	
<i>metronidazole vaginal gel</i>	Nivel 1	
VANDAZOLE VAGINAL GEL (<i>metronidazole</i>)	Nivel 1	
ANTIMICÓTICOS RELACIONADOS CON EL IMIDAZOL - DRUGS FOR INFECTIONS		
<i>terconazole vaginal cream 0.4 %</i>	Nivel 1	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	Nivel 1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	Nivel 1	QL (6 suppositories per 30 days)
ESTRÓGENOS VAGINALES - DRUGS FOR WOMEN		
<i>estradiol vaginal cream</i>	Nivel 2	
<i>estradiol vaginal tablet</i>	Nivel 2	QL (18 tablets per 28 days)
ESTRING VAGINAL RING (<i>estradiol</i>)	Nivel 3	QL (0.02 EA per 1 day)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	Nivel 3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	Nivel 3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	Nivel 3	QL (1 grams per 1 day)
<i>estradiol</i> (Yuvafem Vaginal Tablet)	Nivel 2	QL (18 tablets per 28 days)
PROGESTINAS - HORMONES		
PROGESTINAS - DRUGS FOR WOMEN		
<i>medroxyprogesterone acetate oral tablet</i>	Nivel 1	QL (1 tablet per 1 day)
<i>norethindrone acetate oral tablet</i>	Nivel 1	
<i>progesterone micronized oral capsule 100 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>progesterone micronized oral capsule 200 mg</i>	Nivel 1	QL (1 capsule per 1 day)
<i>progesterone oral capsule 100 mg, 200 mg</i>	Nivel 1	QL (2 capsules per 1 day)
SULFONAMIDAS - DRUGS FOR INFECTIONS		
SULFONAMIDAS - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	Nivel 2	

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TDAH/ANTINARCOLEPSIA/ANTILOBÉSICOS/ANOREXÍGENOS - DRUGS FOR THE NERVOUS SYSTEM		
AGENTE PARA EL TDAH - INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE NORADRENALINA - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Nivel 2	PA; DO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Nivel 2	PA; QL (1 capsule per 1 day)
ANFETAMINAS - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Nivel 1	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Nivel 1	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	Nivel 1	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Nivel 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Nivel 1	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Nivel 1	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Nivel 1	PA; DO
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution)	Nivel 1	PA; QL (60 mL per 1 day)
<i>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (lisdexamfetamine dimesylate)</i>	Nivel 3	PA; DO
<i>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)</i>	Nivel 3	PA; QL (1 capsule per 1 day)
<i>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (lisdexamfetamine dimesylate)</i>	Nivel 3	PA; DO
<i>VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)</i>	Nivel 3	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg)	Nivel 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	Nivel 1	PA; QL (3 tablets per 1 day)
<i>ZENZEDI ORAL TABLET 2.5 MG (dextroamphetamine sulfate)</i>	Nivel 1	PA; DO
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	Nivel 1	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 5 Mg)	Nivel 1	PA; DO
<i>ZENZEDI ORAL TABLET 7.5 MG (dextroamphetamine sulfate)</i>	Nivel 1	PA; QL (6 tablets per 1 day)
ESTIMULANTES VARIOS - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Nivel 2	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Nivel 2	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Nivel 1	PA; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Nivel 1	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	Nivel 1	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	Nivel 1	PA; DO
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release)	Nivel 1	PA; QL (3 tablets per 1 day)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	Nivel 1	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	Nivel 1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	Nivel 1	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Nivel 1	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Nivel 1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	Nivel 1	PA; DO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Nivel 1	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	Nivel 1	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Nivel 1	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Nivel 1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	Nivel 1	PA; DO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Nivel 1	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Nivel 1	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	Nivel 1	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	Nivel 1	PA; QL (3 tablets per 1 day)
MEZCLAS DE ANFETAMINAS - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Nivel 1	PA; DO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Nivel 1	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	Nivel 1	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	Nivel 1	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Nivel 1	PA; QL (2 tablets per 1 day)
TETRACICLINAS - DRUGS FOR INFECTIONS		
TETRACICLINAS - ANTIBIOTICS		
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour)	Nivel 1	PA; QL (1 tablet per 1 day)
<i>demeclocycline hcl oral tablet</i>	Nivel 2	
<i>doxycycline hyclate oral capsule 100 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	Nivel 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral tablet 20 mg</i>	Nivel 1	
<i>doxycycline hyclate oral tablet 50 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release</i>	Nivel 1	PA; QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Nivel 1	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
<i>doxycycline monohydrate oral suspension reconstituted</i>	Nivel 1	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	Nivel 1	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>doxycycline hyclate</i> (Lymepak Oral Tablet)	Nivel 1	QL (2 tablets per 1 day)
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg</i>	Nivel 1	PA; QL (1 tablets per 1 day)
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Nivel 1	PA; QL (1 tablet per 1 day)
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	Nivel 1	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	Nivel 1	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	Nivel 1	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	Nivel 1	QL (4 tablets per 1 day)
<i>doxycycline hyclate</i> (Morgidox Oral Capsule)	Nivel 1	QL (2 capsules per 1 day)
<i>doxycycline hyclate</i> (Targadox Oral Tablet)	Nivel 1	QL (2 tablets per 1 day)
<i>tetracycline hcl oral capsule</i>	Nivel 1	
TOXOIDES - BIOLOGICAL AGENTS		
COMBINACIONES DE TOXOIDES - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	Nivel 3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	Nivel 3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tetanus-diphth-acell pertussis</i>)	Nivel 3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Nivel 3; \$0	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Nivel 3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Nivel 3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	Nivel 3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	Nivel 3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION (<i>dtap-hepatitis b recomb-ipv</i>)	Nivel 3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	Nivel 3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	Nivel 3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	Nivel 3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	Nivel 3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	Nivel 3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	Nivel 3; \$0	
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	Nivel 3; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
VACUNAS - BIOLOGICAL AGENTS		
COMBINACIONES DE VACUNAS VIRALES - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	Nivel 3; \$0	
M-M-R II SUBCUTANEOUS INJECTABLE (<i>measles, mumps & rubella vac</i>)	Nivel 3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	Nivel 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a-hep b recomb vac</i>)	Nivel 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	Nivel 3; \$0	
VACUNAS BACTERIANAS - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Nivel 3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	Nivel 2; \$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Nivel 3; \$0	
MENACTRA INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	Nivel 3; \$0	
MENACTRA INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 diphth conj</i>)	Nivel 3; \$0	
MENQUADFI INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	Nivel 3; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	Nivel 3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	Nivel 3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	Nivel 3; \$0	
PNEUMOVAX 23 INJECTION INJECTABLE (<i>pneumococcal vac polyvalent</i>)	Nivel 2; \$0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	Nivel 2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 20-val conj vacc</i>)	Nivel 2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	Nivel 2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	Nivel 3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>typhoid vi polysaccharide vacc</i>)	Nivel 3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 15-val conj vacc</i>)	Nivel 2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	Nivel 2	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
VACUNAS VIRALES - VACCINES		
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	Nivel 1; \$0	QL (2 injections per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	Nivel 1; \$0	QL (2 injections per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
COMIRNATY INTRAMUSCULAR SUSPENSION (<i>covid-19 mrna virus vaccine</i>)	Nivel 2	
ENGERIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Nivel 3; \$0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	Nivel 3; \$0	
ENGERIX-B INTRAMUSCULAR INJECTABLE (<i>hepatitis b vac recombinant</i>)	Nivel 3; \$0	
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>influenza vac subunit quad</i>)	Nivel 1; \$0	QL (1 kit per 1 fill)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza vac a&b sa adj quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION (<i>influenza vac recombinant ha</i>)	Nivel 1; \$0	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recomb ha quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac subunit quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUVIRIN INTRAMUSCULAR SUSPENSION (<i>influenza vac typ a&b surf ant</i>)	Nivel 1; \$0	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac typ a&b surf ant</i>)	Nivel 1; \$0	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split high-dose</i>)	Nivel 1; \$0	QL (1 fill per 180 days)

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac high-dose quad</i>)	Nivel 1; \$0	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR (<i>influenza vac split quad</i>)	Nivel 1; \$0	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Nivel 1; \$0	QL (1 fill per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	Nivel 2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	Nivel 2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Nivel 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION (<i>hepatitis b vac recomb adj</i>)	Nivel 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	Nivel 3; \$0	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE (<i>rabies virus vaccine, hdc</i>)	Nivel 3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies virus vaccine, hdc</i>)	Nivel 3	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	Nivel 3; \$0	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	Nivel 3	
<i>janssen covid-19 vaccine intramuscular suspension</i>	Nivel 2	
<i>moderna covid-19 bival booster intramuscular suspension</i>	Nivel 2	
<i>moderna covid-19 vac (booster) intramuscular suspension</i>	Nivel 2	
<i>moderna covid-19 vacc 6-11y intramuscular suspension</i>	Nivel 2	
<i>moderna covid-19 vacc 6m-5y intramuscular suspension</i>	Nivel 2	
<i>moderna covid-19 vaccine intramuscular suspension</i>	Nivel 2	
<i>novavax covid-19 vaccine intramuscular suspension</i>	Nivel 2	
<i>pfizer covid-19 vac bival 5-11 intramuscular suspension</i>	Nivel 2	
<i>pfizer covid-19 vac bivalent intramuscular suspension</i>	Nivel 2	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension</i>	Nivel 2	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	Nivel 2	
<i>pfizer-biont covid-19 vac-tris intramuscular suspension</i>	Nivel 2	
<i>pfizer-biontech covid-19 vacc intramuscular suspension</i>	Nivel 2	
<i>prehevbrio intramuscular suspension</i>	Nivel 3; \$0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	Nivel 3	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Nivel 3; \$0	

Nombre del medicamento recetado	Nivel de medicamentos	Requisitos de cobertura y límite
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	Nivel 3; \$0	
ROTARIX ORAL SUSPENSION RECONSTITUTED (<i>rotavirus vaccine live oral</i>)	Nivel 3; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	Nivel 3; \$0	
<i>sanofi covid-19 vac (booster) intramuscular emulsion</i>	Nivel 2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	Nivel 2; \$0	
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION (<i>covid-19 mrna virus vaccine</i>)	Nivel 2	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Nivel 3; \$0	
VARIVAX SUBCUTANEOUS INJECTABLE (<i>varicella virus vaccine live</i>)	Nivel 3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	Nivel 3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>zoster vaccine live</i>)	Nivel 2; \$0	
VASOPRESORES - DRUGS FOR THE HEART		
AGENTES PARA EL TRATAMIENTO DE LA ANAFILAXIA - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine injection solution auto-injector</i>	Nivel 1	QL (2 pens per 1 fill)
VASOPRESORES - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>midodrine hcl oral tablet</i>	Nivel 2	
VITAMINAS - DRUGS FOR NUTRITION		
VITAMINA D - DRUGS FOR NUTRITION		
<i>ergocalciferol oral capsule</i>	Nivel 1	
<i>vitamin d (ergocalciferol) oral capsule</i>	Nivel 1	

Index

1st tier unifine pentips	74	alprazolam	6	ASMANEX (60 METERED	
1st tier unifine pentips plus	74	ALTABAX.....	13	DOSES).....	7
abacavir sulfate	66	Altavera.....	40	ASMANEX (7 METERED DOSES)....	7
abacavir sulfate-lamivudine	66	alyacen 1135	40	aspirin-dipyridamole er	22
abacavir-lamivudine-zidovudine ..	66	alyacen 71717	39	ASSURE ID INSULIN SAFETY	
abiraterone acetate	60	alyq	12	SYR.....	74
acamprosate calcium	29	Amabelz.....	82	ASSURE ID SAFETY PEN	
acarbose	48	amantadine hcl	62, 63	NEEDLES.....	74
ACCU-CHEK AVIVA PLUS.....	91	ambrisentan	11	ATABEX EC.....	88
ACCU-CHEK COMPACT PLUS.....	91	amcinonide	15	ATABEX OB.....	88
ACCU-CHEK GUIDE.....	91	Amethia.....	37	atazanavir sulfate	65
ACCU-CHEK SMARTVIEW.....	91	Amethia Lo.....	37	atenolol	67
ACCUTREND GLUCOSE.....	91	Amethyst.....	37	atenolol-chlorthalidone	55
acebutolol hcl	67	amiloride hcl	81	atomoxetine hcl	95
acetaminophen-codeine	34	amiloride-hydrochlorothiazide	81	atorvastatin calcium	52
acetaminophen-codeine #2	34	amiodarone hcl	36	atovaquone-proguanil hcl	62
acetaminophen-codeine #3	34	amitriptyline hcl	45	Aubra.....	40
acetaminophen-codeine #4	34	amlodipine besy-benazepril hcl ...55		Aubra Eq.....	40
Acetasol Hc.....	26	amlodipine besylate	68	aum mini insulin pen needle	74
acetazolamide	81	amlodipine besylate-valsartan54		aum mini pen needles	74
acetazolamide er	81	amlodipine-atorvastatin	11	AUM READYGARD DUO PEN	
acetic acid	25	amlodipine-valsartan-hctz	54	NEEDLE.....	74
acetylcysteine	85	ammonium lactate	17	AUM SAFETY PEN NEEDLE.....	74
acitretin	14	Amnesteem.....	18	aurora pen needles	74
ACTHIB.....	98	amoxapine	45	aurora unifine pentips	74
ACTIMMUNE.....	59	amoxicillin	91	Aurovela 1.5/30.....	40
acyclovir	63	amoxicillin-pot clavulanate	91	Aurovela 1/20.....	40
ADACEL.....	97	amoxicillin-pot clavulanate er91		Aurovela 24 Fe.....	40
adapalene	18	amphetamine-dextroamphet er ...96		Aurovela Fe 1.5/30.....	40
adapalene-benzoyl peroxide	15	amphetamine-		Aurovela Fe 1/20.....	40
adcl/f (0.5mg/ml)	88	dextroamphetamine	96	Aviane.....	40
adefovir dipivoxil	63	ampicillin	91	Avita.....	18
ADEMPAS.....	12	anagrelide hcl	21	AVONEX.....	28
ADVAIR HFA.....	7	anastrozole	60	AVONEX PEN.....	28
ADVOCATE INSULIN PEN		ANDROXY.....	35	AVONEX PREFILLED.....	28
NEEDLES.....	74	anti-stick allergy syringe	74	Ayuna.....	40
ADVOCATE INSULIN SYRINGE....	74	anti-stick immun syringe	74	azathioprine	71
Afeditab Cr.....	68	anti-stick insulin syringe	74	azelaic acid	12
Afirmelle.....	39	anti-stick tuberculin syringe74		azelastine hcl	23
AFLURIA.....	99	APOKYN.....	62	azithromycin	84
AFLURIA PRESERVATIVE FREE...99		apomorphine hcl	62	Azurette.....	37
AFLURIA QUADRIVALENT.....	99	apo-varenicline	30	Bac.....	33
AFTERA.....	38	apraclonidine hcl	23	bacitracin	24
AFTERPILL.....	38	Apri.....	40	bacitracin-polymyxin b	24
ak-poly-bac	24	APTIVUS.....	65	bacitra-neomycin-polymyxin-hc ...24	
ala-cort	15	Aranelle.....	39	baclofen	27
albuterol sulfate	6	ARANESP (ALBUMIN FREE)....22, 23		BALCOLTRA.....	40
ALBUTEROL SULFATE HFA.....	6	aranesp (albumin free)	22	balsalazide disodium	20
alclometasone dipropionate	15	aripiprazole	10	Balziva.....	40
alendronate sodium	18	armodafinil	95	BARACLUDGE.....	63
ALFERON N.....	60	Ascomp-Codeine.....	35	BAYER ASPIRIN EXTRA	
alfuzosin hcl er	21	Ashlyna.....	37	STRENGTH.....	33
ALINIA.....	8	ASMANEX (120 METERED		BD AUTOSHIELD.....	74
allergy 24-hr	56	DOSES).....	7	BD AUTOSHIELD DUO.....	74
allopurinol	28	ASMANEX (14 METERED		BD INSULIN SYRINGE.....	74
ALOCRIAL.....	23	DOSES).....	7	BD INSULIN SYRINGE HALF-	
alogliptin benzoate	48	ASMANEX (30 METERED		UNIT.....	74
ALOMIDE.....	23	DOSES).....	7		

BD INSULIN SYRINGE		<i>briellyn</i>	40	<i>carglumic acid</i>	20
MICROFINE.....	74	<i>brimonidine tartrate</i>	23	<i>carisoprodol</i>	27
BD INSULIN SYRINGE U/F.....	74	Bromfed Dm.....	84	<i>carteolol hcl</i>	24
BD INSULIN SYRINGE U/F		<i>bromocriptine mesylate</i>	62	Cartia Xt.....	68
1/2UNIT.....	74	<i>budesonide</i>	7, 72	<i>carvedilol</i>	68
BD INSULIN SYRINGE		<i>budesonide-formoterol fumarate</i> ... 7		Cataflam.....	31
ULTRAFINE.....	74	<i>bumetanide</i>	81	Cavarest.....	27
BD PEN NEEDLE MICRO U/F.....	74	<i>buprenorphine hcl</i>	34	CAYA.....	80
BD PEN NEEDLE MINI U/F.....	74	<i>buprenorphine hcl-naloxone hcl</i> .. 34		CAYSTON.....	9
BD PEN NEEDLE NANO 2ND		<i>bupropion hcl</i>	46	Caziant.....	39
GEN.....	74	<i>bupropion hcl er (smoking det)</i> 30		<i>cefaclor</i>	71
BD PEN NEEDLE NANO U/F.....	74	<i>bupropion hcl er (sr)</i>	46	<i>cefaclor er</i>	71
BD PEN NEEDLE ORIGINAL U/F... 74		<i>bupropion hcl er (xl)</i>	46	<i>cefadroxil</i>	71
BD PEN NEEDLE SHORT U/F.....	74	<i>buspironone hcl</i>	5	<i>cefдинir</i>	71
BD SAFETYGLIDE INSULIN		<i>butalbital-acetaminophen</i>	33	<i>cefditoren pivoxil</i>	71
SYRINGE.....	74	<i>butalbital-apap</i>	33	<i>cefixime</i>	71
BD SAFETY-LOK INSULIN		<i>butalbital-apap-caff-cod</i>	35	<i>cefpodoxime proxetil</i>	71
SYRINGE.....	74	<i>butalbital-apap-caffeine</i>	33	<i>cefprozil</i>	71
BD VEO INSULIN SYR U/F		<i>butalbital-asa-caff-codeine</i>	35	<i>ceftibuten</i>	71
1/2UNIT.....	74	<i>butalbital-asa-caffeine</i>	33	<i>cefuroxime axetil</i>	71
BD VEO INSULIN SYRINGE U/F... 74		<i>butalbital-aspirin-caffeine</i>	33	<i>celecoxib</i>	32
Bekyree.....	37	<i>butorphanol tartrate</i>	34	<i>cephalexin</i>	71
<i>benazepril hcl</i>	55	<i>cabergoline</i>	18	Cerisa Wash.....	15
<i>benazepril-hydrochlorothiazide</i> ... 55		<i>calcipotriene</i>	14	CESAMET.....	51
BENZEFOAM.....	18	<i>calcipotriene-betameth diprop</i> 15		<i>cevimeline hcl</i>	26
<i>benzonatate</i>	85	<i>calcitonin (salmon)</i>	19	Charlotte 24 Fe.....	40
<i>benzoyl peroxide</i>	18	Calcitrene.....	14	Chateal.....	40
<i>benzoyl peroxide cleanser</i>	18	<i>calcium + d3</i>	87	Chateal Eq.....	40
<i>benzoyl peroxide-erythromycin</i> 15		<i>calcium acetate</i>	20	CHEMET.....	51
<i>benztropine mesylate</i>	62	<i>calcium acetate (phos binder)</i> 20		CHEMSTRIP K.....	91
BERINERT.....	22	<i>calcium carb-cholecalciferol</i> 87		<i>cheratussin ac</i>	85
Beser.....	15	Camila.....	38	<i>chlordiazepoxide hcl</i>	6
BESIVANCE.....	24	CAMINO PRO 15PE.....	92	<i>chlorhexidine gluconate</i>	26
BESTMED COMPRESSOR		CAMINO PRO.....		<i>chloroquine phosphate</i>	61
NEBULIZER.....	73	COMPLETE/GLYTACTIN.....	92	<i>chlorpromazine hcl</i>	11
BESTMED ULTRASONIC		CAMINO PRO PKU.....	92	<i>chlorthalidone</i>	81
NEBULIZER.....	73	Camrese.....	37	<i>chlorzoxazone</i>	27
<i>betaine</i>	20	Camrese Lo.....	37	<i>choline fenofibrate</i>	52
<i>betamethasone dipropionate</i>	15	<i>candesartan cilexetil-hctz</i>	54	<i>chorionic gonadotropin</i>	19
<i>betamethasone dipropionate aug</i> 15		Capacet.....	33	Ciclodan.....	14
<i>betamethasone valerate</i>	15	<i>capecitabine</i>	58	<i>ciclopirox</i>	14
<i>betaxolol hcl</i>	24, 67	CAPRELSA.....	59	<i>ciclopirox olamine</i>	14
<i>bethanechol chloride</i>	51	CARBAGLU.....	20	<i>cilostazol</i>	22
<i>bexarotene</i>	58	<i>carbamazepine</i>	44	<i>cimetidine</i>	86, 87
BEXSERO.....	98	<i>carbamazepine er</i>	44	<i>cimetidine 200</i>	85
<i>bicalutamide</i>	58	<i>carbidopa</i>	62	<i>cimetidine hcl</i>	86
BIJUVA.....	82	<i>carbidopa-levodopa</i>	62	<i>cinacalcet hcl</i>	18
BIKTARVY.....	66	<i>carbidopa-levodopa er</i>	62	<i>ciprofloxacin hcl</i>	24, 25, 82
<i>bimatoprost</i>	25	<i>carbinoxamine maleate</i>	56	<i>ciprofloxacin-ciproflox hcl er</i> 82	
<i>bisoprolol fumarate</i>	67	CAREFINE PEN NEEDLES.....	74	<i>ciprofloxacin-dexamethasone</i> 26	
<i>bisoprolol-hydrochlorothiazide</i> ... 55		<i>careone insulin syringe</i>	74	<i>citalopram hydrobromide</i>	46
Blisovi 24 Fe.....	40	<i>careone unifine pentips</i>	74	CITRANATAL B-CALM.....	88
Blisovi Fe 1.5/30.....	40	<i>careone unifine pentips plus</i> 75		Claravis.....	18
Blisovi Fe 1/20.....	40	CAREPOINT SYRINGE LUER		<i>clarithromycin</i>	84
BOOSTRIX.....	97	LOCK.....	75	<i>clarithromycin er</i>	84
BOSULIF.....	57	CARETOUCH INSULIN SYRINGE.. 75		Clearplex X.....	18
<i>bp folinatal plus b</i>	88	CARETOUCH PEN NEEDLES.....	75	<i>clemastine fumarate</i>	56
<i>bp multinatal plus</i>	88	CARETOUCH TWIST MC		CLEVER CHOICE COMFORT EZ... 75	
<i>bpo foaming cloths</i>	18	LANCETS 30G.....	80	CLICKFINE PEN NEEDLES.....	75

<i>clickfine pen needles</i>	75	<i>corti-sav</i>	13	<i>diclofenac potassium</i>	31
Clindacin Etz.....	13	<i>cortisone acetate</i>	72	<i>diclofenac sodium</i>	12, 23, 31
Clindacin-P.....	13	CORTISPORIN.....	15	<i>diclofenac sodium er</i>	31
<i>clindamycin hcl</i>	9	CRIXIVAN.....	65	<i>dicloxacillin sodium</i>	91
<i>clindamycin palmitate hcl</i>	9	<i>cromolyn sodium</i>	6, 23	<i>dicyclomine hcl</i>	86
<i>clindamycin phos-benzoyl perox</i>	15	Cryselle-28.....	40	<i>didanosine</i>	66
<i>clindamycin phosphate</i>	13, 94	Curity Sterile Saline.....	21	<i>diflunisal</i>	33
Clinpro 5000.....	27	<i>cvs clotrimazole</i>	14	Digitek.....	70
<i>clobetasol prop emollient base</i>	15	<i>cvs heartburn relief</i>	86	Digox.....	70
<i>clobetasol propionate</i>	15, 16	<i>cvs lansoprazole</i>	86	<i>digoxin</i>	70, 71
<i>clobetasol propionate e</i>	15	<i>cvs omeprazole magnesium</i>	86	<i>dihydroergotamine mesylate</i>	94
<i>clobetasol propionate emulsion</i> ...	15	<i>cvs sleep aid nighttime</i>	82	DILANTIN.....	45
<i>clocortolone pivalate</i>	16	<i>cyancobalamin</i>	22	<i>diltiazem cd</i>	68
<i>clocortolone pivalate pump</i>	16	Cyclafem 1/35.....	40	<i>diltiazem hcl</i>	69
Clodan.....	16	Cyclafem 7/7/7.....	39	<i>diltiazem hcl er</i>	69
<i>clomipramine hcl</i>	45	<i>cyclobenzaprine hcl</i>	27	<i>diltiazem hcl er beads</i>	68, 69
<i>clonazepam</i>	43	<i>cyclophosphamide</i>	61	<i>diltiazem hcl er coated beads</i>	69
<i>clonidine hcl</i>	54	<i>cycloserine</i>	9	<i>dilt-xr</i>	69
<i>clopidogrel bisulfate</i>	22	<i>cyclosporine</i>	72	<i>dimethyl fumarate</i>	28
<i>clotrimazole</i>	13, 14, 26	<i>cyclosporine modified</i>	72	<i>dimethyl fumarate starter pack</i>	28
<i>clotrimazole af</i>	13	<i>cyproheptadine hcl</i>	56	<i>diphenatol</i>	50
<i>clotrimazole anti-fungal</i>	13	Cyred.....	40	<i>diphenhydramine hcl</i>	56
CLOTTRIMAZOLE GRX.....	14	Cyred Eq.....	40	<i>diphenoxylate-atropine</i>	50
<i>clotrimazole-betamethasone</i>	13	DALIRESP.....	8	<i>diphtheria-tetanus toxoids dt</i>	97
Clovique.....	72	<i>danazol</i>	35	<i>dipyridamole</i>	22
<i>clozapine</i>	10, 11	<i>dantrolene sodium</i>	27	<i>disopyramide phosphate</i>	35
<i>c-nate dha</i>	88	<i>dapsone</i>	8, 13	<i>disulfiram</i>	29
COARTEM.....	62	DAPTACEL.....	97	<i>divalproex sodium</i>	43
<i>codeine sulfate</i>	33	Dasetta 1/35.....	40	<i>divalproex sodium er</i>	43
<i>colchicine</i>	28	Dasetta 7/7/7.....	39	Dodex.....	22
<i>colchicine-probenecid</i>	28	Daysee.....	37	<i>dofetilide</i>	36
<i>colesevelam hcl</i>	53	Deblitane.....	38	Dolishale.....	37
Colocort.....	5	Decadron.....	72	<i>dorzolamide hcl</i>	25
COMETRIQ (100 MG DAILY DOSE).....	59	Deltasone.....	72	<i>dorzolamide hcl-timolol mal</i>	24
COMETRIQ (140 MG DAILY DOSE).....	59	Delyla.....	40	Dotti.....	82
COMETRIQ (60 MG DAILY DOSE).....	59	<i>demeclocycline hcl</i>	96	DOVATO.....	66
COMFORT ASSIST INSULIN SYRINGE.....	73, 75	Denta 5000 Plus.....	27	<i>doxazosin mesylate</i>	54
COMFORT EZ INSULIN SYRINGE.....	75	Dentagel.....	27	<i>doxepin hcl</i>	45, 83
COMFORT EZ MICRO PEN NEEDLES.....	75	DESCOVY.....	66	<i>doxycycline</i>	12
COMFORT EZ SHORT PEN NEEDLES.....	75	<i>desipramine hcl</i>	45	<i>doxycycline hyclate</i>	96
COMFORT TOUCH ALCOHOL PREP.....	73	<i>desloratadine</i>	56	<i>doxycycline monohydrate</i>	96, 97
COMFORT TOUCH INSULIN PEN NEED.....	75	<i>desmopressin ace spray refrig</i>	20	<i>dronabinol</i>	51
COMIRNATY.....	99	<i>desmopressin acetate</i>	20	DROPLET GENTEEL LANCING DEVICE.....	80
<i>complete natal dha</i>	88	<i>desmopressin acetate spray</i>	20	DROPLET INSULIN SYRINGE.....	75
<i>completenate</i>	88	<i>desogestrel-ethinyl estradiol</i> ..	37, 40	DROPLET PEN NEEDLES.....	73, 75
CO-NATAL FA.....	88	<i>desonide</i>	16	DROPSAFE ALCOHOL PREP.....	73
CONCEPT DHA.....	88	<i>desoximetasone</i>	16	<i>dropsafe safety pen needles</i>	75
CONCEPT OB.....	88	<i>desvenlafaxine succinate er</i>	47	<i>drosipren-eth estrad-levomefol</i>	40
<i>constulose</i>	83	<i>dexamethasone</i>	72, 73	<i>drosiprenone-ethinyl estradiol</i>	40
Coremino.....	96	<i>dexamethasone sodium phosphate</i>	25	DROXIA.....	22
Cormax Scalp Application.....	16	<i>dexmethylphenidate hcl</i>	95	<i>drug mart unifine pentips</i>	75
		<i>dexmethylphenidate hcl er</i>	95	<i>drug mart unifine pentips plus</i>	75
		<i>dextroamphetamine sulfate</i>	95	DULERA.....	7
		<i>dextroamphetamine sulfate er</i>	95	<i>duloxetine hcl</i>	47
		DIASTIX.....	91	E.E.S. 400.....	84
		DIATHRIVE PEN NEEDLE.....	75	<i>easy comfort insulin syringe</i>	75
		<i>diazepam</i>	6	<i>easy comfort pen needles</i>	75
		Diazepam Intensol.....	6	<i>easy glide pen needles</i>	75

EASY TOUCH FLIPLOCK			
INSULIN SY	75	<i>eql insulin syringe</i>	75
EASY TOUCH INSULIN SAFETY		<i>eql lansoprazole</i>	86
SYR	73, 75	<i>equacare jr</i>	92
EASY TOUCH INSULIN SYRINGE	75	ERBITUX	57
EASY TOUCH PEN NEEDLES	75	<i>ergocalciferol</i>	101
EASY TOUCH SAFETY PEN		<i>ergoloid mesylates</i>	29
NEEDLES	75	<i>ergotamine-caffeine</i>	94
EASY TOUCH SHEATHLOCK		ERIVEDGE	59
SYRINGE	75	<i>erlotinib hcl</i>	57
<i>ec-naproxen</i>	31	Errin	38
<i>econazole nitrate</i>	14	<i>ertapenem sodium</i>	8
ECONTRA EZ	38	<i>ery</i>	13
ECONTRA ONE-STEP	38	Ery-Tab	84
EDURANT	65	ERYTHROCIN STEARATE	84
<i>efavirenz</i>	65	<i>erythromycin</i>	13, 24, 84
Effer-K	87	<i>erythromycin base</i>	84
<i>effervescent pot chloride</i>	87	<i>erythromycin ethylsuccinate</i>	84
Elinest	40	<i>erythromycin stearate</i>	84
ELIQUIS	36	<i>escitalopram oxalate</i>	46
ELIQUIS DVT/PE STARTER PACK	36	Esgic	33
ELITE-OB	88	<i>essentra wipes 9x9"</i>	17
ELLA	38	<i>est estrogens-methyltest</i>	82
ELMIRON	21	Estarylla	40
Eluryng	43	<i>estradiol</i>	82, 94
<i>embrace lancing device/ejector</i>	80	<i>estradiol-norethindrone acet</i>	82
EMBRACE PRESSURE		ESTRING	94
ACTIVATED 21G	80	<i>estropipate</i>	82
EMBRACE PRESSURE		<i>ethacrynic acid</i>	81
ACTIVATED 28G	80	<i>ethambutol hcl</i>	9
EMCYT	60	<i>ethosuximide</i>	45
EMGALITY	93, 94	<i>ethynodiol diac-eth estradiol</i>	40
EMGALITY (300 MG DOSE)	93	<i>etonogestrel-ethinyl estradiol</i>	43
Emoquette	40	<i>etoposide</i>	61
<i>emtricitabine</i>	66	<i>etravirine</i>	65
<i>emtricitabine-tenofovir df</i>	66	<i>euthyrox</i>	30
EMTRIVA	66	<i>everolimus</i>	58
<i>enalapril maleate</i>	55	EVUSHELD	12
<i>enalapril-hydrochlorothiazide</i>	55	EXEL COMFORT POINT INSULIN	
ENBREL	32	SYR	75
ENBREL MINI	31	EXEL COMFORT POINT PEN	
ENBREL SURECLICK	32	NEEDLE	75
Endocet	35	<i>exemestane</i>	60
ENFAGROW PREMIUM LIPIL	92	EXTAVIA	28
ENFAGROW PREMIUM OLDER		EZ FLU SHOT-FLUCELVAX	
TODDLER	92	QUAD	99
ENGERIX-B	99	<i>ezetimibe</i>	52
<i>enoxaparin sodium</i>	36	Falmina	40
Enpresse-28	39	<i>famciclovir</i>	63
Enskyce	40	<i>famotidine</i>	86
<i>entacapone</i>	62	FARXIGA	48
<i>enulose</i>	20	FARYDAK	59
EPCLUSA	63, 64	Fayosim	37
<i>epinastine hcl</i>	24	<i>fe c tab plus</i>	22
<i>epinephrine</i>	101	<i>felbamate</i>	44, 45
Epitol	44	<i>felodipine er</i>	69
EPIVIR HBV	63	FEMCAP	80
<i>eq lansoprazole</i>	86	Femynor	40
<i>eq nighttime sleep aid max st</i>	82	<i>fenofibrate</i>	52
		<i>fenofibrate micronized</i>	52
		<i>fenofibric acid</i>	52
		<i>fentanyl</i>	33
		FIBERSOURCE HN	92
		FIFTY50 PEN NEEDLES	75
		FIFTY50 SUPERIOR COMFORT	
		SYR	76
		<i>finasteride</i>	21
		Finzala	40
		<i>flecainide acetate</i>	36
		FLOVENT DISKUS	7
		FLOVENT HFA	7
		FLUAD	99
		FLUAD QUADRIVALENT	99
		FLUARIX QUADRIVALENT	99
		FLUBLOK	99
		FLUBLOK QUADRIVALENT	99
		FLUCELVAX QUADRIVALENT	99
		<i>fluconazole</i>	57
		<i>flucytosine</i>	56
		<i>fludrocortisone acetate</i>	73
		FLULAVAL QUADRIVALENT	99
		FLUMIST QUADRIVALENT	99
		<i>fluocinolone acetonide</i>	16, 26
		<i>fluocinolone acetonide body</i>	16
		<i>fluocinolone acetonide scalp</i>	16
		<i>fluocinonide</i>	16
		<i>fluocinonide emulsified base</i>	16
		FLUOR-A-DAY	87
		Fluoridex	27
		Fluoridex Enhanced Whitening	27
		FLUORIDEX SENSITIVITY	
		RELIEF	26
		<i>fluoritab</i>	87
		<i>fluorometholone</i>	25
		<i>fluorouracil</i>	13
		<i>fluoxetine hcl</i>	46, 47
		<i>fluoxetine hcl (pmdd)</i>	28
		<i>fluphenazine hcl</i>	11
		<i>flurandrenolide</i>	16
		<i>flutamide</i>	58
		<i>fluticasone propionate</i>	16, 23
		<i>fluticasone-salmeterol</i>	7
		<i>fluvastatin sodium</i>	52
		<i>fluvastatin sodium er</i>	52
		FLUVIRIN	99
		FLUZONE HIGH-DOSE	99
		FLUZONE HIGH-DOSE	
		QUADRIVALENT	100
		FLUZONE QUADRIVALENT	100
		FOLCAPS OMEGA 3	88
		<i>folic acid</i>	22
		FOLIVANE-OB	88
		<i>fondaparinux sodium</i>	36
		FORTICAL	19
		FOSAMAX PLUS D	18
		<i>fosamprenavir calcium</i>	65
		<i>fosinopril sodium</i>	55
		<i>fosinopril sodium-hctz</i>	55
		<i>freds pharmacy unifine pentip+</i>	76

freds pharmacy unifine pentips	76	GLYTACTIN SWIRL 15PE.....	92	HM ULTICARE INSULIN SYRINGE	76
FREESTYLE PRECISION INS		gnp clickfine pen needles	76	HM ULTICARE SHORT PEN	
SYR.....	76	gnp heartburn relief	86	NEEDLES.....	76
furosemide	81	gnp insulin syringe	76	HOMACTIN AA PLUS.....	92
FUZEON.....	64	gnp insulin syringes	76	HUMALOG.....	48, 49
Fyavolv.....	82	gnp insulin syringes 28gx1/2"	76	HUMALOG JUNIOR KWIKPEN.....	49
g tussin ac	85	gnp insulin syringes 29gx1/2"	76	HUMALOG KWIKPEN.....	49
gabapentin	44	gnp insulin syringes 30gx5/16"	76	HUMALOG MIX 50/50.....	49
galantamine hydrobromide	29	gnp insulin syringes 31gx5/16"	76	HUMALOG MIX 50/50 KWIKPEN....	49
galantamine hydrobromide er	29	gnp lansoprazole	86	HUMALOG MIX 75/25.....	49
GARDASIL 9.....	100	gnp nicotine	30	HUMALOG MIX 75/25 KWIKPEN....	49
GAVILYTE-C.....	83	gnp nicotine mini	30	HUMIRA.....	32
Gavilyte-G.....	83	gnp sterile lancets 28g	80	HUMIRA PEDIATRIC CROHNS	
Gavilyte-H.....	83	gnp sterile lancets 30g	80	START.....	32
Gavilyte-N With Flavor Pack.....	83	gnp sterile lancets 33g	80	HUMIRA PEN.....	32
gemfibrozil	52	gnp ulticare pen needles	76	HUMIRA PEN-CD/UC/HS	
Gemmily.....	40	GNP ULTIGUARD SAFEPAK		STARTER.....	32
generlac	20	NEEDLE.....	76	HUMIRA PEN-PEDIATRIC UC	
Gengraf.....	72	gnp ultra com insulin syringe	76	START.....	32
GENTAK.....	24	goodsense aspirin adults	33	HUMIRA PEN-PS/UV/ADOL HS	
gentamicin sulfate	24	goodsense clickfine pen needle	76	START.....	32
GENVOYA.....	66	goodsense lansoprazole	86	HUMIRA PEN-PSOR/UEVIT	
Gianvi.....	40	GOODSENSE PEN NEEDLE		STARTER.....	32
Gildagia.....	41	PENFINE.....	76	HUMULIN 70/30.....	49
Gildess 1.5/30.....	41	griseofulvin microsize	56, 57	HUMULIN 70/30 KWIKPEN.....	49
Gildess 1/20.....	41	griseofulvin ultramicrosize	57	HUMULIN N.....	49
GILENYA.....	29	guaiaatussin ac	85	HUMULIN N KWIKPEN.....	49
GILOTRIF.....	58	guaifenesin ac	85	HUMULIN R.....	49
GLEOSTINE.....	61	guaifenesin-codeine	85	HUMULIN R U-500	
glimepiride	50	guanfacine hcl	54	(CONCENTRATED).....	49
glipizide	50	guanidine hcl	9	HUMULIN R U-500 KWIKPEN.....	49
glipizide er	50	Hailey 1.5/30.....	41	HYCAMTIN.....	61
glipizide xl	50	Hailey 24 Fe.....	41	hydralazine hcl	56
glipizide-metformin hcl	48	Hailey Fe 1.5/30.....	41	hydrochlorothiazide	81
global ease inject pen needles	76	Hailey Fe 1/20.....	41	hydrocod polst-cpm polst er	85
global easy glide insulin syr	76	halcinonide	16	hydrocodone bit-homatrop mbr ... 85	
global easy glide pen needles	76	halobetasol propionate	16	hydrocodone-acetaminophen	35
global inject ease insulin syr ..73, 76		HALOG.....	16	hydrocodone-homatropine	85
global insulin syringes	76	haloperidol	10	hydrocodone-ibuprofen	35
GLUCAGEN DIAGNOSTIC.....	91	HAVRIX.....	100	hydrocortisone	5, 17, 73
GLUCAGEN HYPOKIT.....	50	healthwise micron pen needles	76	hydrocortisone (perianal)	5
glucagon hcl (diagnostic)	92	healthwise mini pen needles	76	hydrocortisone ace-pramoxine	5
glyburide	50	healthwise pen needles	76	hydrocortisone butyr lipo base	16
glyburide-metformin	48	healthwise short pen needles	76	hydrocortisone butyrate	16, 17
glycopyrrolate	86	healthwise unifine pentips	76	hydrocortisone valerate	17
GLYTACTIN BETTERMILK.....	92	healthy accents unifine pentip	76	hydrocortisone-acetic acid	26
GLYTACTIN BETTERMILK 15.....	92	HEALTHY LIVING		hydromet	85
GLYTACTIN BUILD 10PE.....	92	COMPRESSOR/NEB.....	73	hydromorphone hcl	33
GLYTACTIN BUILD 20/20 PKU.....	92	Heather.....	38	hydroxychloroquine sulfate	61
GLYTACTIN BURST.....	92	h-e-b incontrol pen needles	76	hydroxyurea	60
GLYTACTIN COMPLETE 10PE.....	92	H-E-B INCONTROL UNIFINE		hydroxyzine hcl	5
GLYTACTIN RESTORE 10.....	92	PENTIP.....	76	hydroxyzine pamoate	5
GLYTACTIN RESTORE 5.....	92	Hemmorex-Hc.....	5	hyoscyamine sulfate er	85
GLYTACTIN RESTORE LITE 10.....	92	HEPLISAV-B.....	100	hyoscyamine sulfate sl	85
GLYTACTIN RESTORE LITE		HEXALEN.....	58	HYQVIA.....	12
10PE.....	92	HIBERIX.....	98	ibandronate sodium	18
GLYTACTIN RTD 10.....	92	hm famotidine	86	IBRANCE.....	60
GLYTACTIN RTD 15.....	92	hm fexofenadine hcl	56	lbu.....	31
GLYTACTIN RTD LITE 15.....	92	hm lansoprazole	86	IBUDONE.....	35

<i>ibuprofen</i>	31	JANUVIA.....	48	<i>lamivudine</i>	66
Iclevia.....	37	JARDIANCE.....	48	<i>lamivudine-zidovudine</i>	66
ICLUSIG.....	57	<i>jasmiel</i>	41	<i>lamotrigine</i>	44
<i>imatinib mesylate</i>	57	Javygtor.....	19	LANOXIN.....	71
IMBRUVICA.....	57	Jencycla.....	38	<i>lansoprazole</i>	86
<i>imipramine hcl</i>	45	<i>jevantique lo</i>	82	LANTUS.....	49
<i>imiquimod</i>	17	Jinteli.....	82	LANTUS SOLOSTAR.....	49
IMOVAX RABIES.....	100	Jolessa.....	37	<i>lapatinib ditosylate</i>	59
IMVEXXY MAINTENANCE PACK...	94	Jolivette.....	38	Larin 1.5/30.....	41
INATAL GT.....	89	Juleber.....	41	Larin 1/20.....	41
Incassia.....	38	Junel 1.5/30.....	41	Larin 24 Fe.....	41
INCONTROL ULTICARE PEN		Junel 1/20.....	41	Larin Fe 1.5/30.....	41
NEEDLES.....	76	Junel Fe 1.5/30.....	41	Larin Fe 1/20.....	41
<i>indapamide</i>	81	Junel Fe 1/20.....	41	Larissia.....	41
<i>indomethacin</i>	31	Junel Fe 24.....	41	<i>latanoprost</i>	25
<i>indomethacin er</i>	31	Kaitlib Fe.....	41	Layolis Fe.....	41
INFANRIX.....	97	Kalliga.....	41	<i>leader insulin syringe</i>	77
INLYTA.....	61	Karigel.....	27	LEADER UNIFINE PENTIPS.....	77
<i>insulin degludec</i>	49	Karigel-N.....	27	LEADER UNIFINE PENTIPS PLUS	77
<i>insulin degludec flextouch</i>	49	Kariva.....	37	Leena.....	39
<i>insulin glargine-yfgn</i>	49	KATE FARMS CORE		<i>lenalidomide</i>	72
<i>insulin lispro</i>	49	ESSENTIALS 1.0.....	92	LENVIMA (10 MG DAILY DOSE)....	61
<i>insulin lispro (1 unit dial)</i>	49	KATE FARMS PEPTIDE 1.5.....	92	LENVIMA (12 MG DAILY DOSE)....	61
<i>insulin lispro junior kwikpen</i>	49	KATE FARMS STANDARD 1.0.....	92	LENVIMA (14 MG DAILY DOSE)....	61
<i>insulin lispro prot & lispro</i>	49	KATE FARMS STANDARD 1.4.....	93	LENVIMA (18 MG DAILY DOSE)....	61
<i>insulin syringe</i>	76	<i>k-effervescent</i>	87	LENVIMA (20 MG DAILY DOSE)....	61
<i>insulin syringe/needle</i>	76	Kelnor 1/35.....	41	LENVIMA (24 MG DAILY DOSE)....	61
<i>insulin syringe-needle u-100</i>	76	Kelnor 1/50.....	41	LENVIMA (4 MG DAILY DOSE).....	61
<i>insupen pen needles</i>	76	<i>ketoconazole</i>	14, 57	LENVIMA (8 MG DAILY DOSE).....	61
INSUPEN SENSITIVE.....	76	Ketodan.....	14	Lessina.....	41
INSUPEN ULTRAFIN.....	76	<i>ketone test</i>	91	<i>letrozole</i>	60
INTELENCE.....	65	<i>ketorolac tromethamine</i>	23, 31	<i>leucovorin calcium</i>	58
INTRON A.....	60	KETOSTIX.....	91	LEUKERAN.....	61
Introvale.....	37	KETOVIE.....	93	<i>leuprolide acetate</i>	58
INVANZ.....	9	KETOVIE PEPTIDE.....	93	<i>levabuterol tartrate</i>	6
INVIRASE.....	65	Kimidess.....	37	<i>levetiracetam</i>	44
IPOL.....	100	<i>kinray insulin syringe</i>	76	<i>levetiracetam er</i>	44
<i>ipratropium bromide</i>	7, 23	KINRIX.....	97	<i>levocarnitine</i>	19
<i>ipratropium-albuterol</i>	7	Kionex.....	72	<i>levocarnitine sf</i>	19
<i>irbesartan</i>	53	Klor-Con.....	87	<i>levocetirizine dihydrochloride</i>	56
<i>irbesartan-hydrochlorothiazide</i>	54	Klor-Con 10.....	87	<i>levofloxacin</i>	24, 82
ISENTRESS.....	64, 65	Klor-Con M10.....	87	Levonest.....	39
Isibloom.....	41	Klor-Con M15.....	87	<i>levonorgest-eth est & eth est</i>	37
Isochron.....	6	Klor-Con M20.....	87	<i>levonorgest-eth estrad 91-day</i>	37
<i>isoniazid</i>	9	Klor-Con Sprinkle.....	87	<i>levonorgestrel</i>	38
<i>isosorbide dinitrate</i>	6	KLOXXADO.....	51	<i>levonorgestrel-ethinyl estrad</i> ..	37, 41
<i>isosorbide dinitrate er</i>	6	<i>kls lansoprazole</i>	86	<i>levonorg-eth estrad triphasic</i>	39
<i>isosorbide mononitrate</i>	6	<i>kmart valu insulin syringe 29g</i>	76	Levora 0.15/30 (28).....	41
<i>isosorbide mononitrate er</i>	6	<i>kmart valu insulin syringe 30g</i>	77	Levo-T.....	30
ISOVACTIN AA PLUS.....	92	<i>kp clotrimazole</i>	14	<i>levothyroxine sodium</i>	30
<i>itraconazole</i>	57	<i>kp fexofenadine hcl</i>	56	<i>levothyroxine-liothyronine</i>	30
<i>ivermectin</i>	52	<i>kp folic acid</i>	22	Levoxyl.....	30
IXIARO.....	100	<i>croger insulin syringe</i>	77	LEXAN POCKET NEBULIZER.....	73
Jaimiess.....	37	<i>croger pen needles</i>	77	LEXIVA.....	65
JAKAFI.....	60	Kurvelo.....	41	<i>lidocaine viscous</i>	26
<i>janssen covid-19 vaccine</i>	100	<i>k-vescent</i>	87	<i>lidocaine viscous hcl</i>	26
Jantoven.....	36	<i>lactulose</i>	83	<i>lidocaine-hydrocortisone ace</i>	5
JANUMET.....	48	<i>lactulose encephalopathy</i>	20	<i>lidocaine-prilocaine</i>	15
JANUMET XR.....	48	LAGEVRIO.....	63	Lillow.....	41

<i>lindane</i>	17	<i>meclofenamate sodium</i>	31	Microgestin Fe 1.5/30.....	42
<i>linezolid</i>	9	<i>medicine shoppe pen needles</i>	77	Microgestin Fe 1/20.....	42
<i>liothyronine sodium</i>	30	<i>medroxyprogesterone acetate</i> 38, 94		<i>midodrine hcl</i>	101
<i>lisinopril</i>	55	<i>mefloquine hcl</i>	61	MIGERGOT.....	94
<i>lisinopril-hydrochlorothiazide</i> 55, 56		<i>meijer pen needles</i>	77	Mili.....	42
LITETOUCH INSULIN SYRINGE....	77	MEKINIST.....	59	Mimvey.....	82
LITETOUCH PEN NEEDLES.....	77	Melodetta 24 Fe.....	42	Mimvey Lo.....	82
<i>lithium</i>	10	<i>meloxicam</i>	31	<i>minocycline hcl</i>	97
<i>lithium carbonate</i>	10	<i>melfhalan</i>	61	<i>minocycline hcl er</i>	97
<i>lithium carbonate er</i>	9, 10	<i>memantine hcl</i>	29	<i>minoxidil</i>	56
LO LOESTRIN FE.....	37	MENACTRA.....	98	<i>mirtazapine</i>	46
Loestrin 1.5/30 (21).....	41	MENQUADFI.....	98	<i>misoprostol</i>	86
Loestrin 1/20 (21).....	41	MENVEO.....	98	<i>mm insulin syringe/needle</i>	77
Loestrin Fe 1.5/30.....	41	<i>meperidine hcl</i>	33, 34	MM PEN NEEDLES.....	77
Loestrin Fe 1/20.....	41	<i>mercaptapurine</i>	58	M-M-R II.....	98
Lojaimiess.....	37	Merzee.....	42	<i>m-natal plus</i>	89
Lomedia 24 Fe.....	41	<i>mesalamine er</i>	20	Moderiba.....	64
<i>longs insulin syringe</i>	77	<i>mesalamine-cleanser</i>	20	<i>moderna covid-19 bival booster</i> 100	
<i>lopinavir-ritonavir</i>	66, 67	Metadate Er.....	95	<i>moderna covid-19 vac (booster)</i> 100	
Lopreeza.....	82	<i>metaproterenol sulfate</i>	6	<i>moderna covid-19 vacc 6-11y</i>	100
<i>lorazepam</i>	6	<i>metformin hcl</i>	48	<i>moderna covid-19 vacc 6m-5y</i>	100
Lorcet.....	35	<i>metformin hcl er</i>	48	<i>moderna covid-19 vaccine</i>	100
Lorcet Hd.....	35	<i>methadone hcl</i>	34	<i>mometasone furoate</i>	17
Loryna.....	41	Methadone Hcl Intensol.....	34	MONOJECT INSULIN SYRINGE....	77
<i>losartan potassium</i>	53	Methadose.....	34	MONOJECT ULTRA COMFORT	
<i>losartan potassium-hctz</i>	54	<i>methazolamide</i>	81	SYRINGE.....	77
LOTEMAX.....	25	<i>methenamine hippurate</i>	8	Mono-Linyah.....	42
<i>loteprednol etabonate</i>	25	Methergine.....	91	Mononessa.....	42
<i>lovastatin</i>	52	<i>methimazole</i>	30	<i>montelukast sodium</i>	6
Low-Ogestrel.....	41	<i>methitest</i>	35	Morgidox.....	97
<i>loxapine succinate</i>	11	<i>methocarbamol</i>	27	<i>morphine sulfate</i>	34
Lo-Zumandimine.....	41	<i>methotrexate</i>	58	<i>morphine sulfate (concentrate)</i>	34
<i>lubiprostone</i>	20	<i>methotrexate sodium</i>	58	<i>morphine sulfate er</i>	34
Ludent.....	87	<i>methoxsalen</i>	14	MOTOFEN.....	51
LUMIGAN.....	25	<i>methoxsalen rapid</i>	14	<i>moxifloxacin hcl</i>	24
LUPANETA PACK.....	19	<i>methscopolamine bromide</i>	86	<i>ms insulin syringe</i>	77
Lutera.....	41	<i>methyclothiazide</i>	81	MULTAQ.....	36
Lyleq.....	38	<i>methyldopa</i>	54	<i>multi vit/fl</i>	88
Lyllana.....	82	<i>methyldopa-hydrochlorothiazide</i> 53		<i>multi-vit/fluoride</i>	88
Lymepak.....	97	<i>methylergonovine maleate</i>	91	<i>multivitamin/fluoride</i>	88
LYNPARZA.....	60	<i>methylphenidate hcl</i>	96	<i>multi-vitamin/fluoride</i>	88
LYSODREN.....	58	<i>methylphenidate hcl er</i>	96	<i>multivitamins/fluoride</i>	88
Lyza.....	38	<i>methylphenidate hcl er (cd)</i>	96	<i>multi-vitamins/fluoride</i>	88
MAGELLAN INSULIN SAFETY		<i>methylphenidate hcl er (la)</i>	96	<i>mupirocin</i>	13
SYR.....	77	<i>methylphenidate hcl er (osm)</i>	96	Mvc-Fluoride.....	88
<i>malathion</i>	17	<i>methylprednisolone</i>	73	M-VIT.....	89
<i>maprotiline hcl</i>	46	<i>metipranolol</i>	24	MY CHOICE.....	38
MARATHON MEDICAL PENTIPS... 77		<i>metoclopramide hcl</i>	21	MY WAY.....	38
<i>maraviroc</i>	64	<i>metoprolol succinate er</i>	67	<i>mycophenolate mofetil</i>	72
<i>marlissa</i>	42	<i>metoprolol tartrate</i>	67	<i>mycophenolate sodium</i>	72
<i>marten-tab</i>	33	<i>metoprolol-hydrochlorothiazide</i> ...55		MYLERAN.....	58
MATULANE.....	60	<i>metronidazole</i>	8, 12, 94	MYNATAL.....	89
Matzim La.....	69	<i>mexiletine hcl</i>	36	MYNATAL ADVANCE.....	89
MAXICOMFORT II PEN NEEDLE... 77		Mibelas 24 Fe.....	42	<i>mynatal plus</i>	89
MAXI-COMFORT INSULIN		MICOTRIN AC.....	14	<i>mynatal-z</i>	89
SYRINGE.....	77	MICRODOT PEN NEEDLE.....	77	<i>mynate 90 plus</i>	89
MAXI-COMFORT SAFETY PEN		Microgestin 1.5/30.....	42	Myzilra.....	39
NEEDLE.....	77	Microgestin 1/20.....	42	<i>nabumetone</i>	31
<i>meclizine hcl</i>	51	Microgestin 24 Fe.....	42	<i>nadolol-bendroflumethiazide</i>	55

Nafrinse.....	87	norethindron-ethinyl estrad-fe	39	ONETOUCH DELICA LANCETS	
naloxone hcl	51	norethin-eth estradiol-fe	42	FINE.....	80
naltrexone hcl	51	norgestimate-eth estradiol	42	ONETOUCH DELICA SAFETY	
naphazoline hcl	25	norgestim-eth estrad triphasic	39	LANCING.....	80
naproxen	31	Norlyda.....	38	ONETOUCH SOLUTIONS	
naproxen dr	31	Norlyroc.....	38	COMPLETE.....	80
naproxen kit	31	Nortrel 0.5/35 (28).....	42	ONETOUCH SOLUTIONS REFILL.....	81
naproxen sodium	31	Nortrel 1/35 (21).....	42	ONETOUCH ULTRA.....	91
naratriptan hcl	93	Nortrel 1/35 (28).....	42	ONETOUCH VERIO.....	91
NATALVIT.....	89	Nortrel 7/7/7.....	39	OPCICON ONE-STEP.....	38
NATAZIA.....	38	nortriptyline hcl	45	OPTION 2.....	38
NATURE-THROID.....	30	NORVIR.....	65	Oralone.....	26
nebulizer updraft-style	73	NOURISH.....	93	ORENCIA.....	33
Necon 0.5/35 (28).....	42	novavax covid-19 vaccine	100	ORENCIA CLICKJECT.....	33
Necon 1/35 (28).....	42	NOVOFINE.....	77	ORFADIN.....	20
NECON 1/50 (28).....	42	NOVOFINE AUTOCOVER.....	77	Orsythia.....	42
Necon 7/7/7.....	39	NOVOFINE AUTOCOVER PEN		oseltamivir phosphate	67
nefazodone hcl	46	NEEDLE.....	77	OTEZLA.....	33
neomycin sulfate	31	NOVOFINE PEN NEEDLE.....	77	oxandrolone	35
neomycin-bacitracin zn-polymyx	24	NOVOFINE PLUS.....	77	oxcarbazepine	44
neomycin-polymyxin-dexameth		NOVOFINE PLUS PEN NEEDLE.....	77	oxybutynin chloride	52
.....	24, 25	NOVOLIN N FLEXPEN.....	50	oxybutynin chloride er	52
neomycin-polymyxin-gramicidin	24	NOVOLIN N FLEXPEN RELION.....	50	oxycodone hcl	34
neomycin-polymyxin-hc	25, 26	NOVOLIN R FLEXPEN.....	50	oxycodone-acetaminophen	35
Neo-Polycin.....	24	NOVOLIN R FLEXPEN RELION.....	50	oxycodone-aspirin	35
Neo-Polycin Hc.....	25	NOVOTWIST.....	77	oxycodone-ibuprofen	35
NEULASTA.....	23	NOVOTWIST PEN NEEDLE.....	77	oxymorphone hcl	34
NEULASTA ONPRO.....	23	Np Thyroid.....	30	OZEMPIC (0.25 OR 0.5	
Neutragard Advanced.....	27	NUTRAMINE.....	93	MG/DOSE).....	47
neutral sodium fluoride	27	NUTROPIN AQ NUSPIN 10.....	19	OZEMPIC (1 MG/DOSE).....	47
nevirapine	65	NUTROPIN AQ NUSPIN 20.....	19	OZEMPIC (2 MG/DOSE).....	47
NEW DAY.....	38	NUTROPIN AQ NUSPIN 5.....	19	Pacerone.....	36
NEXT CHOICE ONE DOSE.....	38	Nyamyc.....	14	palonosetron hcl	51
niacin er (antihyperlipidemic)	52	Nylia 1/35.....	42	pantoprazole sodium	86
nicotine polacrilex mini	30	Nylia 7/7/7.....	39	paricalcitol	20
NICOTROL.....	30	Nymyo.....	42	Paroex.....	26
NICOTROL NS.....	30	nystatin	14, 26, 57	paromomycin sulfate	31
Nifedical XI.....	69	nystatin-triamcinolone	13	paroxetine hcl	47
nifedipine	70	Nystop.....	14	paroxetine hcl er	47
nifedipine er	69	OBSTETRIX DHA.....	89	PAXLOVID (150/100).....	63
nifedipine er osmotic release	70	OBSTETRIX EC.....	89	PAXLOVID (300/100).....	63
Nikki.....	42	OBSTETRIX ONE.....	89	pc unifine pentips	73, 77
nilutamide	58	O-CAL PRENATAL.....	89	PEDIARIX.....	97
nisoldipine er	70	Ocella.....	42	PEDVAX HIB.....	98
nitazoxanide	8	ODOMZO.....	59	peg 3350	83, 84
nitisinone	20	OFEV.....	30	peg 3350/electrolytes	83
NITRO-BID.....	6	ofloxacin	24, 26, 82	peg 3350-kcl-na bicarb-nacl	83
nitrofurantoin	8	OGESTREL.....	42	peg-3350/electrolytes	83
nitrofurantoin macrocrystal	8	olanzapine	10	peg-3350/electrolytes/ascorbat	83
nitrofurantoin monohyd macro	8	olmesartan medoxomil	53	PEGANONE.....	45
nitroglycerin	6	olmesartan medoxomil-hctz	54	PEGASYS.....	64
nitroglycerin er	6	olopatadine hcl	23, 24	PEGASYS PROCLICK.....	64
NIVA-PLUS.....	89	omega-3-acid ethyl esters	52	PEGINTRON.....	64
Nora-Be.....	38	omeprazole	86	PEG-INTRON.....	64
norethin ace-eth estrad-fe	42	OMNIFLEX DIAPHRAGM.....	80	PEG-INTRON REDIPEN.....	64
norethindrone	38	ondansetron	51	PEG-INTRON REDIPEN PAK 4.....	64
norethindrone acetate	94	ondansetron hcl	51	peg-kcl-nacl-nasulf-na asc-c	83
norethindrone acet-ethinyl est	42	one vite womens plus	89	pen needles	73, 77
norethindrone-eth estradiol	82	ONETOUCH COMBO PACK.....	73	pen needles 1/2"	77

<i>pen needles 3/16"</i>	77	<i>potassium citrate-citric acid</i>	21	Proctosol Hc.....	5
<i>pen needles 5/16"</i>	77	PR NATAL 400.....	89	Proctozone-Hc.....	5
<i>penicillamine</i>	72	PR NATAL 400 EC.....	89	PRODIGY INSULIN SYRINGE.....	78
<i>penicillin v potassium</i>	91	PR NATAL 430.....	89	<i>progesterone</i>	94
PENTACEL.....	97	PR NATAL 430 EC.....	89	<i>progesterone micronized</i>	94
PENTIPS.....	77	<i>pramcort</i>	5	PROMACTA.....	22
<i>pentoxifylline er</i>	21	<i>pramipexole dihydrochloride</i> ..	62, 63	PROMACTIN AA PLUS.....	93
Periogard.....	26	<i>pravastatin sodium</i>	53	<i>promethazine hcl</i>	56
<i>permethrin</i>	17	<i>praziquantel</i>	52	<i>promethazine vc</i>	85
<i>perphenazine</i>	11	<i>prazosin hcl</i>	54	<i>promethazine vc plain</i>	85
<i>pfizer covid-19 vac bival 5-11</i>	100	<i>prednicarbate</i>	17	<i>promethazine vclcodeine</i>	84
<i>pfizer covid-19 vac bivalent</i>	100	<i>prednisolone</i>	73	<i>promethazine-codeine</i>	85
<i>pfizer covid-19 vac-tris 5-11y</i>	100	<i>prednisolone acetate</i>	25	<i>promethazine-dm</i>	85
<i>pfizer covid-19 vac-tris 6m-4y</i>	100	<i>prednisolone sodium phosphate</i>		<i>promethazine-phenyleph-</i>	
<i>pfizer-biont covid-19 vac-tris</i>	100	25, 73	<i>codeine</i>	84
<i>pfizer-biontech covid-19 vacc</i>	100	<i>prednisone</i>	73	<i>promethazine-phenylephrine</i>	85
PHENACTIN AA PLUS.....	93	PREFERAOB +DHA.....	89	Promethegan.....	56
Phenadoz.....	56	<i>preferred plus insulin syringe</i>	77	PROMETHEGAN.....	56
<i>phenelzine sulfate</i>	46	<i>preferred plus unifine pentips</i>	77	PRONUTRIENTS CALCIUM+D3.....	87
<i>phenobarbital</i>	82, 83	<i>pregabalin</i>	44	<i>propafenone hcl</i>	36
<i>phenoxybenzamine hcl</i>	53	<i>prehevbrio</i>	100	<i>propafenone hcl er</i>	36
<i>phenytoin sodium extended</i>	45	PREMARIN.....	82, 94	<i>proparacaine hcl</i>	23
Philith.....	42	PREMPHASE.....	82	<i>propranolol hcl</i>	68
<i>phosphate laxative</i>	84	PREMPRO.....	82	<i>propranolol hcl er</i>	67, 68
PHOSPHOLINE IODIDE.....	25	<i>prena 1 true</i>	89	<i>propranolol-hctz</i>	55
Phrenilin Forte.....	33	<i>prenaissance harmony dha</i>	89	<i>propylthiouracil</i>	30
<i>pilocarpine hcl</i>	25	<i>prenaissance next</i>	89	PROQUAD.....	98
<i>pimecrolimus</i>	17	<i>prenaissance next-b</i>	89	<i>protriptyline hcl</i>	45
<i>pimozide</i>	29	PRENATA.....	89	PROVIDA OB.....	90
Pimtree.....	37	PRENATABS RX.....	89	<i>pseudoeph-bromphen-dm</i>	84
<i>pioglitazone hcl</i>	50	<i>prenatal</i>	89	PULMICORT FLEXHALER.....	8
Pirmella 1/35.....	42	<i>prenatal 19</i>	89	PULMOMATE COMP/MICRO-	
Pirmella 7/7/7.....	39	<i>prenatal one daily</i>	89	MIST NEB.....	73
PKU GO.....	93	<i>prenatal plus</i>	90	PULMOZYME.....	30
PKU SPHERE 20.....	93	<i>prenatal plus iron</i>	90	<i>pure comfort pen needle</i>	78
PLEGRIDY.....	28, 29	<i>prenatal plus vitamin/mineral</i>	90	<i>pure comfort spacer chamber</i>	80
PLEGRIDY STARTER PACK.....	28	<i>prenatal vitamin plus low iron</i>	90	<i>px acid reducer max st</i>	86
PLENVU.....	83	PRENATAL-U.....	90	<i>px extra short pen needles</i>	78
PNEUMOVAX 23.....	98	<i>preplus</i>	90	<i>px insulin syringe</i>	78
<i>pnv folic acid + iron</i>	89	<i>pretab</i>	90	<i>px lancets microthin 33g</i>	81
<i>pnv prenatal plus multivit+dha</i>	89	PREVENT SAFETY PEN		<i>px mini pen needles</i>	78
<i>pnv prenatal plus multivitamin</i>	89	NEEDLES.....	77	<i>px pen needle</i>	78
<i>pnv tabs 29-1</i>	89	PREVENTEZA.....	38	<i>px shortlength pen needles</i>	78
<i>pnv-dha</i>	89	Previfem.....	42	<i>pyrazinamide</i>	9
<i>pnv-select</i>	89	PREVNAR 13.....	98	<i>pyridostigmine bromide</i>	9
<i>pnv-vp-u</i>	89	PREVNAR 20.....	98	<i>pyrimethamine</i>	61
<i>podofilox</i>	13	PREZISTA.....	65	<i>qc calcium 600 +d3</i>	87
Polycin.....	24	PRIFTIN.....	9	<i>qc clotrimazole</i>	14
<i>polyethylene glycol 3350</i>	84	<i>primaquine phosphate</i>	61	<i>qc fexofenadine hydrochloride</i>	56
<i>polymyxin b sulfate</i>	9	<i>primidone</i>	44	<i>qc nicotine transdermal system</i> ...	30
<i>polymyxin b-trimethoprim</i>	24	PRO COMFORT INSULIN		<i>qc pen needles</i>	78
<i>polyvitamin/fluoride</i>	88	SYRINGE.....	78	<i>qc unifine pentips</i>	78
POMALYST.....	59	<i>pro comfort pen needles</i>	78	QUADRACEL.....	97
Portia-28.....	42	PRO COMFORT PEN NEEDLES....	78	Quasense.....	37
<i>pot bicarb-pot chloride</i>	87	<i>probenecid</i>	28	<i>quetiapine fumarate</i>	10
<i>potassium bicarbonate</i>	88	Procentra.....	95	<i>quinapril hcl</i>	55
<i>potassium chloride crys er</i>	88	<i>prochlorperazine maleate</i>	11	<i>quinapril-hydrochlorothiazide</i>	56
<i>potassium chloride er</i>	88	Procto-Med Hc.....	5	<i>quinidine sulfate</i>	35
<i>potassium citrate er</i>	21	Procto-Pak.....	5	<i>quinidine sulfate er</i>	35

<i>quinine sulfate</i>	61	<i>saline laxative</i>	84	<i>spironolactone</i>	81
<i>ra clotrimazole</i>	14	<i>salitech forte</i>	13	Sprintec 28.....	42
<i>ra insulin syringe</i>	78	SANDOSTATIN LAR DEPOT.....	18	SPRYCEL.....	57
<i>ra lansoprazole</i>	86	<i>sanofi covid-19 vac (booster)</i>	101	SPS.....	72
<i>ra pen needles</i>	78	<i>sapropterin dihydrochloride</i>	19	Sronyx.....	42
RABAVERT.....	100	SAVELLA.....	28	Ssd.....	18
Rajani.....	42	SAVELLA TITRATION PACK.....	28	Ssd (Silver Sulfadiazine).....	18
<i>raloxifene hcl</i>	19	<i>sb cimetidine</i>	86	<i>stavudine</i>	66
<i>ramipril</i>	55	<i>sb insulin syringe</i>	78	STELARA.....	14, 21
<i>rasagiline mesylate</i>	62	<i>sb polyethylene glycol 3350</i>	84	STIVARGA.....	59
REACT.....	38	<i>scopolamine</i>	51	STRIBILD.....	67
REBIF.....	29	<i>selegiline hcl</i>	62	<i>sucralfate</i>	87
REBIF REBIDOSE.....	29	<i>selenium sulfide</i>	17	<i>sulfacetamide sodium</i>	25
REBIF REBIDOSE TITRATION PACK.....	29	SELZENTRY.....	64	<i>sulfacetamide sodium (acne)</i>	13
Reclipsen.....	42	SEMGLEE.....	50	<i>sulfacetamide sod-sulfur wash</i>	15
RECOMBIVAX HB.....	100, 101	<i>se-natal 19</i>	90	<i>sulfacetamide-prednisolone</i>	25
Relafen.....	31	SEREVENT DISKUS.....	7	<i>sulfacetamide-sulfur in urea</i>	15
RELENZA DISKHALER.....	67	<i>sertraline hcl</i>	47	<i>sulfadiazine</i>	94
RELION INSULIN SYRINGE.....	78	Setlakin.....	37	<i>sulfamethoxazole-trimethoprim</i>	8
RELI-ON INSULIN SYRINGE.....	78	<i>sevelamer carbonate</i>	20	<i>sulfasalazine</i>	21
RELION KETONE.....	91	<i>sf</i>	27	Sulfatrim Pediatric.....	8
RELION KETONE TEST.....	91	<i>sf 5000 plus</i>	27	<i>sulindac</i>	31
RELION MINI PEN NEEDLES.....	78	Sharobel.....	38	<i>sumatriptan succinate</i>	93
RELION PEN NEEDLES.....	78	SHINGRIX.....	101	<i>sumatriptan succinate refill</i>	93
RELION SHORT PEN NEEDLES....	78	SHOPKO UNIFINE PENTIPS.....	78	<i>sunitinib malate</i>	59
REPATHA.....	53	SHOPKO UNIFINE PENTIPS PLUS.....	78	SUPRAX.....	71
REPATHA PUSHTRONEX SYSTEM.....	53	<i>silver sulfadiazine</i>	18	<i>sure comfort insulin syringe</i>	78
REPATHA SURECLICK.....	53	SIMILAC PURE BLISS.....	92	<i>sure comfort pen needles</i>	78
RESCRIPTOR.....	65, 66	Simliya.....	37	SURE-FINE PEN NEEDLES.....	78
REVLIMID.....	72	Simpesse.....	37	SURE-JECT INSULIN SYRINGE....	78
Ribasphere.....	64	SIMPONI.....	32	SUSPENDRX W/BITTERBLOC	
RIBASPHERE.....	64	SIMPONI ARIA.....	32	SWEET.....	5
<i>ribavirin</i>	64	<i>simvastatin</i>	53	SUSPENDRX W/BITTERBLOC	
<i>rifabutin</i>	9	<i>sirolimus</i>	72	UNSWEET.....	5
<i>rifampin</i>	9	SIRTURO.....	9	Syeda.....	42
RIFATER.....	9	SLYND.....	38	SYNJARDY.....	48
<i>rimantadine hcl</i>	64	<i>sm fexofenadine hcl</i>	56	SYNJARDY XR.....	48
<i>risedronate sodium</i>	18	<i>sm insulin syringe</i>	78	TABLOID.....	58
<i>risperidone</i>	10	<i>sm lansoprazole</i>	86	<i>tacrolimus</i>	17
Risperidone M-Tab.....	10	<i>sm nicotine polacrilex</i>	30	<i>tadalafil</i>	12
<i>ritonavir</i>	65	<i>sodium chloride</i>	21, 88	<i>tadalafil (pah)</i>	12
<i>rivastigmine tartrate</i>	29	<i>sodium chloride (pf)</i>	88	TAFINLAR.....	58
Rivelsa.....	37	<i>sodium fluoride</i>	27, 87	TAKE ACTION.....	38
<i>rizatriptan benzoate</i>	93	<i>sodium fluoride 5000 enamel</i>	26	<i>tamoxifen citrate</i>	58
<i>robafen ac</i>	85	<i>sodium fluoride 5000 plus</i>	27	<i>tamsulosin hcl</i>	21
<i>ropinirole hcl</i>	62, 63	<i>sodium fluoride 5000 ppm</i>	27	Targadox.....	97
<i>ropinirole hcl er</i>	62	<i>sodium fluoride 5000 sensitive</i>	26	Tarina 24 Fe.....	43
Rosadan.....	12	<i>sodium phenylbutyrate</i>	19	Tarina Fe 1/20.....	43
<i>rosuvastatin calcium</i>	53	<i>sodium polystyrene sulfonate</i>	72	Tarina Fe 1/20 Eq.....	43
ROTARIX.....	101	<i>sorafenib tosylate</i>	59	TARON-C DHA.....	90
ROTATEQ.....	101	Sorine.....	68	TARON-PREX.....	90
SAFESNAP INSULIN SYRINGE....	78	<i>sotalol hcl</i>	68	TASIGNA.....	57
<i>safety pen needles</i>	78	<i>sotalol hcl (af)</i>	68	Taysofy.....	43
Salacyn.....	13	<i>sotalol hydrochloride</i>	68	Taztia Xt.....	70
<i>salicylic acid</i>	13	SPIKEVAX COVID-19 VACCINE...101		TDVAX.....	97
<i>salicylic acid-cleanser</i>	13	<i>spinosad</i>	17	<i>techlite insulin syringe</i>	78
		SPIRIVA HANDIHALER.....	7	TECHLITE PEN NEEDLES.....	78
		SPIRIVA RESPIMAT.....	7	<i>temazepam</i>	83
				<i>temozolomide</i>	60

TENCON.....	33	<i>triamcinolone acetonide</i>	17, 26	TYLACTIN RTD 15.....	93
TENIVAC.....	97	<i>triamcinolone in absorbase</i>	17	TYPHIM VI.....	98
<i>tenofovir disoproxil fumarate</i>	66	<i>triamterene</i>	81	TYZEKA.....	63
<i>terazosin hcl</i>	54	<i>triamterene-hctz</i>	81	ULTICARE INSULIN SAFETY SYR.....	79
<i>terbinafine hcl</i>	57	Trianex.....	17	ULTICARE INSULIN SYRINGE.....	79
<i>terconazole</i>	94	<i>triazolam</i>	83	ULTICARE MICRO PEN	
TERUMO SURGUARD2 SYRINGE.....	78	TRICARE.....	90	NEEDLES.....	79
<i>testosterone</i>	35	TRICARE PRENATAL DHA ONE.....	90	ULTICARE MINI PEN NEEDLES....	79
<i>testosterone cypionate</i>	35	Triderm.....	17	ULTICARE PEN NEEDLES.....	79
<i>tetanus-diphtheria toxoids td</i>	97	<i>trientine hcl</i>	71	ULTICARE SHORT PEN	
<i>tetracycline hcl</i>	97	Tri-Estarylla.....	39	NEEDLES.....	79
<i>tgt clotrimazole</i>	14	<i>trifluoperazine hcl</i>	11	<i>ultiguard safepack pen needle</i>	79
THALOMID.....	71, 72	<i>trihexyphenidyl hcl</i>	62	ULTIGUARD SAFEPAK	
THEOCHRON.....	8	Tri-Legest Fe.....	39	SYR/NEEDLE.....	79
Theochron.....	8	Tri-Linyah.....	39	ULTILET INSULIN SYRINGE	
<i>theophylline</i>	8	Tri-Lo-Estarylla.....	39	SHORT.....	79
<i>theophylline er</i>	8	Tri-Lo-Marzia.....	39	ULTILET PEN NEEDLE.....	79
Thermazene.....	18	Tri-Lo-Mili.....	39	ULTRA FLO INSULIN PEN	
<i>thioridazine hcl</i>	11	Tri-Lo-Sprintec.....	39	NEEDLES.....	79
<i>thiothixene</i>	11	Trilyte.....	83	ULTRA FLO INSULIN SYR 1/2	
<i>thrivite 19</i>	90	<i>trimethobenzamide hcl</i>	51	UNIT.....	79
<i>thrivite rx</i>	90	<i>trimethoprim</i>	8	ULTRA FLO INSULIN SYRINGE.....	79
<i>thyroid</i>	30	Tri-Mili.....	39	ULTRA THIN PEN NEEDLES.....	79
Tiadyt Er.....	70	<i>trimipramine maleate</i>	45	<i>ultracare insulin syringe</i>	79
<i>tiagabine hcl</i>	45	<i>trinatal rx 1</i>	90	<i>ultracare pen needles</i>	79
<i>ticlopidine hcl</i>	22	TRINATE.....	90	<i>ultra-comfort insulin syringe</i>	79
Tilia Fe.....	39	Trinessa (28).....	39	ULTRA-THIN II INS SYR SHORT....	79
<i>timolol maleate</i>	24, 68	Trinessa Lo.....	39	ULTRA-THIN II INSULIN SYRINGE	79
<i>tinidazole</i>	8	Tri-Nymyo.....	39	ULTRA-THIN II MINI PEN NEEDLE	79
TIVICAY.....	65	Tri-Previfem.....	39	ULTRA-THIN II PEN NEEDLE	
<i>tizanidine hcl</i>	27	Tri-Sprintec.....	39	SHORT.....	79
<i>tobramycin</i>	24, 31	<i>tri-tabs dha</i>	90	ULTRA-THIN II PEN NEEDLES.....	79
<i>tobramycin-dexamethasone</i>	25	Tritocin.....	17	UNIFINE PEN NEEDLES.....	79
<i>today's health mini pen needles</i>	78	TRIUMEQ.....	67	UNIFINE PENTIPS.....	79
<i>today's health pen needles</i>	78	TRIUMEQ PD.....	67	UNIFINE PENTIPS PLUS.....	79
<i>today's health short pen needle</i>	78	TRIVEEN-DUO DHA.....	90	UNIFINE SAFECONTROL PEN	
<i>tolbutamide</i>	50	<i>tri-vit/fluoride</i>	88	NEEDLE.....	79
<i>tolterodine tartrate</i>	52	<i>tri-vitamin/fluoride</i>	88	UNIFINE ULTRA PEN NEEDLE.....	79
<i>tolterodine tartrate er</i>	52	<i>tri-vite/fluoride</i>	88	Unithroid.....	30
<i>topcare clickfine pen needles</i>	78	Trivora (28).....	39	<i>valacyclovir hcl</i>	63
<i>topcare ultra comfort ins syr</i>	78	Tri-Vylibra.....	39	<i>valganciclovir hcl</i>	63
<i>topiramate</i>	44	<i>tri-vylibra lo</i>	39	<i>valproate sodium</i>	43
<i>toremifene citrate</i>	58	<i>tropicamide</i>	25	<i>valproic acid</i>	43
<i>torseamide</i>	81	<i>true comfort insulin syringe</i>	78	<i>valsartan</i>	53
Tovet.....	17	TRUE COMFORT PEN NEEDLES..	78	<i>valsartan-hydrochlorothiazide</i>	54
<i>tramadol hcl</i>	34	<i>true comfort pro insulin syr</i>	78	<i>value health insulin syringe</i>	79
<i>trandolapril</i>	55	TRUEPLUS 5-BEVEL PEN		<i>valumark pen needles</i>	79
<i>trandolapril-verapamil hcl er</i>	55	NEEDLES.....	79	Vanadom.....	27
<i>tranexamic acid</i>	23	TRUEPLUS INSULIN SYRINGE....	79	<i>vancomycin hcl</i>	9
<i>tranylcyromine sulfate</i>	46	TRUEPLUS PEN NEEDLES.....	79	VANDAZOLE.....	94
<i>travoprost (bak free)</i>	25	TRULICITY.....	47	VANISHPOINT INSULIN SYRINGE	79
<i>trazodone hcl</i>	46	TRUMENBA.....	98	VAQTA.....	101
<i>treprostinil</i>	12	Tulana.....	39	<i>varenicline tartrate</i>	30
<i>treprostinil sodium</i>	12	TUZISTRA XR.....	85	VARIVAX.....	101
TRESIBA.....	50	TWINRIX.....	98	VAXNEUVANCE.....	98
TRESIBA FLEXTOUCH.....	50	Tydemy.....	43	VELIVET.....	39
<i>tretinoin</i>	18, 61	TYLACTIN BUILD 20PE TYR.....	93	VEMAVITE-PRX 2.....	90
<i>tretinoin (emollient)</i>	12	TYLACTIN RESTORE 10.....	93	VEMLIDY.....	63
Tri Femynor.....	39	TYLACTIN RESTORE 5PE.....	93	<i>venlafaxine hcl</i>	47

venlafaxine hcl er	47	WIDE-SEAL DIAPHRAGM 95.....	80
VENTAVIS.....	12	wixela inhub	7
verapamil hcl	70	Wymzya Fe.....	43
verapamil hcl er	70	XALKORI.....	57
Vestura.....	43	XARELTO.....	36
Vicodin.....	35	XARELTO STARTER PACK.....	37
Vicodin Es.....	35	XIGDUO XR.....	48
Vicodin Hp.....	35	XIIDRA.....	23
VICTOZA.....	47	XOFLUZA (40 MG DOSE).....	67
VIDA MIA UNIFINE PENTIPS.....	79	XOFLUZA (80 MG DOSE).....	67
Vienva.....	43	XTANDI.....	58
VILACTIN AA PLUS.....	93	Xulane.....	43
vilazodone hcl	46	YF-VAX.....	101
VINATE II.....	90	Yuvaferm.....	94
VINATE M.....	90	Zafemy.....	43
VINATE ONE.....	90	zaleplon	83
viorele	37	zamicet	35
VIRACEPT.....	65	Zarah.....	43
VIREAD.....	66	Zebutal.....	33
virt nate	90	ZELBORAF.....	58
virt-advance	90	Zenatane.....	18
virt-c dha	90	Zenchent.....	43
virtprex	90	Zenchent Fe.....	43
virtrate-k	21	ZENPEP.....	93
virtussin alc	85	Zenzedi.....	95
virt-vite gt	90	ZENZEDI.....	95
VITAFOL GUMMIES.....	90	zevrx insulin syringe	80
VITAFOL STRIPS.....	90	zevrx pen needles	73, 80
vitamin d (ergocalciferol)	101	zevrx twist top lancets 30g	81
vitamins acd-fluoride	88	zidovudine	66
VITA-PREN.....	90	ziprasidone hcl	10
VITUZ.....	85	ZIRGAN.....	24
VIVOTIF.....	98	ZOLINZA.....	59
Volnea.....	37	zolpidem tartrate	83
vol-plus	90	zolpidem tartrate er	83
vol-tab rx	90	zonisamide	44
VORTEX HOLD		ZOSTAVAX.....	101
CHMBR/MASK/CHILD.....	81	Zovia 1/35 (28).....	43
VORTEX HOLD		Zovia 1/35E (28).....	43
CHMBR/MASK/TODDLER.....	81	Zovia 1/50E (28).....	43
VOTRIENT.....	59	Zumandimine.....	43
vp insulin syringe	79	ZYBAN.....	30
vp-ggr-b6 prenatal	90	ZYDELIG.....	60
vp-heme ob + dha	90	ZYKADIA.....	57
Vyfemla.....	43		
Vylibra.....	43		
VYVANSE.....	95		
warfarin sodium	36		
wegmans unifine pentips plus	80		
Wera.....	43		
westab plus	90		
WESTHROID.....	30		
WIDE-SEAL DIAPHRAGM 60.....	80		
WIDE-SEAL DIAPHRAGM 65.....	80		
WIDE-SEAL DIAPHRAGM 70.....	80		
WIDE-SEAL DIAPHRAGM 75.....	80		
WIDE-SEAL DIAPHRAGM 80.....	80		
WIDE-SEAL DIAPHRAGM 85.....	80		
WIDE-SEAL DIAPHRAGM 90.....	80		

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